



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2017 03 26 Beginning Date: Mar 11, 2017 Ending Date: Apr 17, 2017

Type of Report: (Check one) ANDOVER, MASS  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Joel Blumstein  
Candidate Full Name (if applicable)

Andover School Committee  
Office Sought and District

3 Athena Circle, Andover, MA 01810  
Residential Address

E-mail: jcjb95@gmail.com

Phone # (optional): \_\_\_\_\_

Committee to Elect Joel Blumstein  
Committee Name

Irene Pien  
Name of Committee Treasurer

5 Athena Circle, Andover, MA 01810  
Committee Mailing Address

E-mail: ipien@comcast.net

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,033.67
Line 2: Total receipts this period (page 3, line 11)	136
Line 3: Subtotal (line 1 plus line 2)	1,169.67
Line 4: Total expenditures this period (page 5, line 14)	1,088.9
Line 5: Ending Balance (line 3 minus line 4)	80.77
Line 6: Total in-kind contributions this period (page 6)	219.17
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Enterprise Bank

**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Irene Pien (Treasurer's signature) Date: 4/23/2017

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with Committee and no activity independent of the committee**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

**Candidate without Committee OR Candidate with independent activity filing separate report**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Joel Blumstein (Candidate's signature) Date: 04/23/2017

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

**(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Mar 20, 2017	Ronald Eskin 45 North Street Andover, MA 01810	100	Request sent 3/27/17 & 4/19/17
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		100	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		36	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		136	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 1, 2017	Joel Blumstein	3 Athena Circle Andover, MA 01810	Reimbursement for printing, office supplies, Facebook ad (see R1)	951.9
Mar 19, 2017	John Zipeto	14 Canterbury Street Andover, MA 01810	Reimbursement for Andover Townsmen insert (see R1)	90.05
Line 12: Total Expenditures over \$50 (or listed above)				1,041.95
Line 13: Total Expenditures \$50 and under* (not listed above)				46.95
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1,088.9</b>

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.









# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 80%;" type="text" value="Apr 1, 2017"/>
Name of Individual Being Reimbursed: <input style="width: 90%;" type="text" value="Joel Blumstein"/>	
Committee Name: <input style="width: 90%;" type="text" value="Committee to Elect Joel Blumstein"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 2, 2017	Vistaprint	275 Wyman Street Waltham, MA 02451	Printing postcards and flyers	\$343.68
Mar 14, 2017	Vistaprint	275 Wyman Street Waltham, MA 02451	Printing postcards	\$138.12
Mar 17, 2017	United States Post Office	10 Stevens Street Andover, MA 01810	Postage stamps	\$340.00
Mar 19, 2017	Staples	73 Turnpike Street North Andover, MA 01845	Printing flyers	\$63.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="884.8"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text" value="67.1"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input style="width: 90%;" type="text" value="951.9"/>

Signed under the penalties of perjury:

*Joel Blumstein*

\_\_\_\_\_  
Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <span style="border: 1px solid black; padding: 2px;">Mar 19, 2017</span>
Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">John Zipeto</span>	
Committee Name: <span style="border: 1px solid black; padding: 2px;">Committee to Elect Joel Blumstein</span>	
CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;"> </span>	Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"> </span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 10, 2017	North of Boston Media Group/ Eagle Tribune	100 Turnpike Street North Andover, MA 01845	Andover Townsman insert	\$90.05

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">90.05</span>
Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;">90.05</span>

**Signed under the penalties of perjury:**

*John Zipeto*  
\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 4 / 23 / 2017

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE 2017 APR 19 P 1:15

File with: City or Town Clerk or Election Commission

ANDOVER, MASS 4/18/2017

Reporting Period - Beginning: 3/11/2017 Ending: 4/17/2017

Type of report: 30 day after election

Table with 2 columns: Candidate Information (Sheila M Doherty, Moderator, 9 Juniper Road, Andover, MA 01810) and Committee Information (The Doherty Committee, James D Doherty Jr, 45 Martingale Lane, Andover, MA 01810)

SUMMARY BALANCE INFORMATION

Summary Balance Information table with rows for Ending Balance from previous report, Total receipts, Subtotal, Total expenditures, Ending Balance, Total inkind contributions, Total outstanding liabilities, and Name of bank(s) used (Northmark Bank).

Affidavit of Committee Treasurer:

I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity...

Signed under the penalties of perjury:

Handwritten signature of James D Doherty Jr and date 4/18/17.

Affidavit of Candidate (check 1 box only) :

[X] Candidate with Committee and no activity independent of the committee. I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity...

[ ] Candidate without Committee OR candidate with independent activity filing separate report. I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity...

Signed under the penalties of perjury:

Handwritten signature of Sheila M Doherty.

## Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
	Total Itemized Receipts	\$0.00	
	Total Unitemized Receipts	\$0.00	
	Total Receipts	\$0.00	

## Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
	Total Itemized Expenditures	\$0.00	
	Total Unitemized Expenditures	\$0.00	
	Total Expenditures	\$0.00	

## Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Itemized Inkind Contributions		\$0.00	
Total Unitemized Inkind Contributions		\$0.00	
Total Inkind Contributions		\$0.00	

## Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
Total Outstanding Liabilities		\$0.00	



Commonwealth of Massachusetts

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Office of Campaign and Political Finance

RECEIVED  
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 03/11/2017 Ending Date: 04/17/2017

Type of Report: (Check one)

8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Laura M. Gregory  
Candidate Full Name (if applicable)

Town of Andover Board of Selectmen  
Office Sought and District

5 Embassy Lane, Andover, MA 01810  
Residential Address

E-mail: lmeysregregory@yahoo.com

Phone # (optional): (781) 367-9973

Committee to Elect Laura Gregory  
Committee Name

Sara Wells  
Name of Committee Treasurer

12 Coventry Lane, Andover, MA 01810  
Committee Mailing Address

E-mail: SalexisWells@gmail.com

Phone # (optional): (617) 797-3367

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	293.15
Line 2: Total receipts this period (page 3, line 11)	1,015.42
Line 3: Subtotal (line 1 plus line 2)	1,308.57
Line 4: Total expenditures this period (page 5, line 14)	1,308.57
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	294.65
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Citizens Bank

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Sara Wells (Treasurer's signature)

Date: 4/19/17

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

##### Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Laura M Gregory (Candidate's signature)

Date: 4/28/2017

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

**(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Mar 14, 2017	Alan French 17 Moreland Avenue Andover, MA 01810	100	
April 13, 2017	Laura Gregory - LOAN 5 Embassy Lane Andover, MA 01810	184.43	
March 31, 2017	Stephen Lisauskas - LOAN 2 Blanchard Street Andover, MA 01810	290.99	
March 24, 2017	Retired Public Employees Committee for Political Action (OCPF #80153 Y) 11 Beacon Street, Boston, MA 02108	300	
March 24, 2017	Brian Sullivan 7 Gott Street Rockport, MA 01966	100	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		<b>975.42</b>	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>		<b>40</b>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,015.42</b>	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
April 15, 2017	Cromwell, Inc.	232 S. Beach Street Ormond Beach, FL 32174	Food for volunteers	265
April 15, 2017	Laura Gregory	5 Embassy Lane Andover, MA 01810	Repayment of loan	184.43
April 15, 2017	Stephen Lisauskas	2 Blanchard Street Andover, MA 01810	Repayment of loan	290.99
April 15, 2017	Wes Ritchie	113 George Street Boston, MA 02119	Robocalls and support	81.49
April 15, 2017	Stop & Shop	265 Main Street North Reading, MA 01864	Food for volunteer events	129.46
March 23, 2017 <small>+</small>	United States Postal Service	10 Stevens Street Andover, MA 01810	Stamps	245
Line 12: Total Expenditures over \$50 (or listed above)				1,196.37
Line 13: Total Expenditures \$50 and under* (not listed above)				112.2
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1,308.57</b>

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/11/2017	Raphael Brickman	15 Locke Street Andover, MA 01810	graphic design	200
03/20/2017	Committee to Elect Barbara L'Italien	P. O. Box 1936 Andover, MA 01810	phone list	94.65
<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>				<b>294.65</b>
<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>294.65</b>

Enter on page 1, line 6 →

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/1/17 Ending Date: 4/17/17

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

MARY O'DONOGHUE  
Candidate Full Name (if applicable)  
SELECTMAN  
Office Sought and District  
69 SALEM ST ANDOVER MA 01810  
Residential Address  
Telephone Number (optional):

COMMITTEE TO ELECT MARY O'DONOGHUE  
Committee Name  
DONALD W ROBB  
Name of Committee Treasurer  
69 SALEM ST ANDOVER MA 01810  
Committee Mailing Address  
Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>876.03</u>
Line 2: Total receipts this period (page 3, line 11)	<u>6050.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6926.03</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>6293.53</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>632.50</u>
Line 6: Total in-kind contributions this period (page 6)	<u>500.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>2542.00</u>
Line 8: Name of bank(s) used:	<u>ENTERPRISE BANK</u>

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Donald W Robb (Treasurer's signature) Date: 4/27/17

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

- Candidate with Committee and no activity independent of the committee
- I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
- Candidate without Committee OR Candidate with independent activity filing separate report
- I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Mary O'Donoghue (Candidate's signature) Date: 4/27/17

**SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2-25-17	LINN ANDERSON	\$100-	
3-12-17	4 ROBINSWOOD WAY BONESS ANDERSON JOHN	\$150	
3-11-17	16 BRADLEY RD. ANDOVER MA. 01810 DANISCH MELISSA	\$100	
3-20-17	1 CASTLE HEIGHTS RD. ANDOVER MA. 01810 FRONTE MAURICEN	\$100-	
3-13-17	9 CASTLE HEIGHTS RD ANDOVER MA. 01810 GIFUN JOE	\$250	Retired
3-3-17	GUO ZHEN 209 N. MAIN ST. ANDOVER MA. 01810	\$1000-	SELF EMPLOYED RESTAURANTEUR
3-23-17	HAKESY JOHN 44 W. HILL AVE. MELROSE MA. 02176	\$200-	Public Affair Strategist Prati Strategics
3-7-17	HARTWELL THOMAS 3 HEMLOCK RD ANDOVER MA. 01810	\$150-	
3-24-17	HOFFMAN WILLIAM 49 CRESTWOOD RD MARBLEHEAD MA 01945	\$400-	RETIRED
3-24-17	HOWE DOUG 665 OSGOOD ST N. ANDOVER MA. 01845	\$100	
3-20-17	KELLEHER MARY 16 HIDDEN RD. ANDOVER MA. 01810	\$100-	
3-15-17	KELLER MAURICEN 20 COUNTY ROAD ANDOVER MA. 01810	\$50-	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

(\$2,700)

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3-17-17	KOVACS JACKIE 53 MARTINGALE LANE ANDOVER MA. 01810	\$ 100-	
3-23-17	LUCCI DEB 45 PRINCE ST #201 BOSTON MA. 02113	\$ 100-	
3-23-17	MINAHAN JOANN 50 EUSTIS AVE WAKEFIELD MA. 01880	\$ 200	Housewife
3-12-17	MOFFITT JOHN 68 BEACON ST. ANDOVER MA. 01810	\$ 500-	Retired
3-20-17	MORRIS MICHAEL 11 ABBOT ST ANDOVER MA. 01810	\$ 200-	SELF EMPLOYED ATTORNEY
3-23-17	NICHOLSON JENNIE 86 OLD VILLAGE LANE N. ANDOVER MA. 01845	\$ 100-	
3-22-17	KAO GIRISH 249 HIGHLAND RD ANDOVER MA. 01810	\$ 100-	
3-7-17	SENIOR NEIL 14 ALDELBROOK RD ANDOVER MA. 01810	\$ 150-	
3-18-17	ZUCCHINO ALAN 9 OLYMPIA WAY ANDOVER MA. 01810	\$ 300-	Retired
3-24-17	BUCK BILL 5 LOCKWAY ANDOVER MA. 01810	\$ 100-	
4-27-17	MENTZ KARL 8 GILMORE AVE. READING MA. 01867	500	ENGINEER PRATT & WHITNEY
4-27-17	Beibhin O'DONOGHUE 8 GILMORE AVE. READING MA. 01867	1000 1	ANALYST VERTEX PHARMACEUTICAL

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$ 6050  
 PAGE 2 : 2700  
 PAGE 3 : 3350  
 ← Enter on page 1, line 2  
 \$ 6050

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

(3,350)

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/12	BW GRAPHICS	790 TURNPIKE ST NANDUVER MA 01845	POST CARDS	270.94
3/12	BW GRAPHICS	"	LETTER MAILING	605.09
4/7	BW GRAPHICS	"	POST CARD MAILING	713.96
4/7	BW GRAPHICS	"	POSTAGE	1022.98
4/7	BW GRAPHICS	"	POSTCARD	901.74
4/7	BW GRAPHICS	"	POSTAGE	189.13
3/13	RAM PRINTING	790 TURNPIKE ST NANDUVER MA 01845	POSTMASTER POSTAGE	706.97
3/17	RAM PRINTING	"	POSTMASTER POSTAGE	1018.66
3/17	VOGEL PRINTING	PO BOX 127 LAURENCE MA 01842	SIGNS	664.00

Line 12: Expenditures over \$50 (or listed above)	6293.53
Line 13: Expenditures \$50 and under* (not listed above)	0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>6293.53</b>

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
3/16/17	PAUL SALAFIA SELF EMPLOYED	283 N MAIN ST ANDOVER MA 01810	VIDEO	500
	ADVERTISING MANAGEMENT SERVICES			
Line 15: In-Kind Contributions over \$50 (or listed above)				500
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				500

Enter on page 1, line 6 →

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/26/17	BW GRAPHICS	790 TURNPIKE ST N ANDOVER MA 01845	MAILING	2,542
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>2,542</b>



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 11, 2017 Ending Date: Apr 17, 2017

Type of Report: (Check one)

8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Robert Pokress  
Candidate Full Name (if applicable)

School Committee  
Office Sought and District

3 Cherrywood Circle Andover, MA 01810  
Residential Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

Bob Pokress for School Committee  
Committee Name

Pamela Bukowski  
Name of Committee Treasurer

2 Surrey Lane Andover, MA 01810  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	637.96
Line 2: Total receipts this period (page 3, line 11)	2167.58
Line 3: Subtotal (line 1 plus line 2)	2805.54
Line 4: Total expenditures this period (page 5, line 14)	1,497.38
Line 5: Ending Balance (line 3 minus line 4)	1308.16
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	2,155.26
Line 8: Name of bank(s) used:	TD Bank

#### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Pamela Bukowski (Treasurer's signature) Date: 4/30/17

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

- Candidate with Committee and no activity independent of the committee
- I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period
- Candidate without Committee OR Candidate with independent activity filing separate report
- I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Robert Pokress (Candidate's signature) Date: 4/30/17



## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Mar 30, 2017	BW Graphics	790 Turnpike St. North Andover, MA 01845	Friends of Bob Mailers	249.16
Mar 31, 2017	BW Graphics	790 Turnpike St. North Andover, MA 01845	Flyers	250
Feb 28, 2016	Facebook	1601 Willow Rd. Menlo Park, CA 94025	Advertising	100
Mar 21, 2017	Facebook	1601 Willow Rd. Menlo Park, CA 94025	Advertising	250.01
Mar 27, 2017	Facebook	1601 Willow Rd. Menlo Park, CA 94025	Advertising	500.27
Apr 17, 2017	JB Systems	PO Box 496 Moline, IL 61266	Telephone Ad	140.95
Line 12: Total Expenditures over \$50 (or listed above)				1,490.39
Line 13: Total Expenditures \$50 and under* (not listed above)				6.99
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1,497.38</b>

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Mar 2, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	250
Mar 3, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	37.68
Apr 9, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	762.3
Apr 8, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	255
Feb 28, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	100
Mar 21, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	250.01
Mar 27, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	500.27
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>2,155.26</b>



# Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

RECEIVED  
TOWN CLERK'S OFFICE

**Report Being Amended:** Year: 2017 Reporting Period: Beginning Date: 03/11/2017 Ending Date: 04/17/2017 2017 DEC 28 P 3:20

8th day preceding preliminary   
  8th day preceding election   
  30 day after election   
  year-end report   
  dissolution

Robert Pokress  
Candidate Full Name (if applicable)

3 Cherrywood Circle Andover, MA 01810  
Residential Address

School Committee  
Office Sought and District

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

Bob Pokress for School Committee  
Committee Name

Pamela Bukowski  
Name of Committee Treasurer

2 Surrey Lane Andover, MA 01810  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
<b>Line 1:</b> Ending Balance from previous report	353.8
<b>Line 2:</b> Total receipts this period	1,050.28
<b>Line 3:</b> Subtotal	1,404.08
<b>Line 4:</b> Total expenditures this period	1,397.38
<b>Line 5:</b> Ending Balance	6.7
<b>Line 6:</b> Total in-kind contributions this period	_____
<b>Line 7:</b> Total (all) outstanding liabilities	2,155.26
<b>Line 8:</b> Name of bank(s) used: <u>TD Bank</u>	

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

1. Removed erroneous receipt reported in the amounts of 762.30, 255.00 which were correctly included in the previous filing.
2. Removed erroneous receipt and expense of 100.00 and added to previous filing amendment

Signed under the penalties of perjury:

Signed under the penalties of perjury:

(Candidate's signature)

(Treasurer's signature)

Date: 12/27/17

Date: 12-21-17

