



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: **2018 MAR 19 12:35** Beginning Date: 01/01/2018 Ending Date: 03/09/2018

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

Jose L. Albuquerque
Candidate Full Name (if applicable)
Board of Selectmen, Andover, MA
Office Sought and District
197 Greenwood Road, Andover, MA 01810
Residential Address
E-mail: jlalbuquerque@yahoo.com
Phone # (optional): _____

Committee to Elect Joe Albuquerque
Committee Name
Edward J. Hayes
Name of Committee Treasurer
197 Greenwood Road, Andover, MA 01810
Committee Mailing Address
E-mail: jlalbuquerque@yahoo.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,800
Line 3: Subtotal (line 1 plus line 2)	5,800
Line 4: Total expenditures this period (page 5, line 14)	3,100.87
Line 5: Ending Balance (line 3 minus line 4)	2,699.13
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	70.60
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: Edward J. Hayes (Treasurer's signature) Date: 3-17-18

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: Joe Albuquerque (Candidate's signature) Date: 03/17/2018

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)
	See attached Schedule A Committee to Elect Joe Albuquerque		
Line 9: Total Receipts over \$50 (or listed above)		5,800	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,800	← 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 A: Receipts (Committee to Elect Joe Albuquerque)

Date	Amount	Name	Address	City/Town	Country	State	Zipcode	Occupation	Employer - Name
01/25/2018	\$100.00	Keith Saxon	15 Wethersfield Drive	Andover	US	MA	01810	-	-
01/25/2018	\$200.00	Stacey Albuquerque	197 Greenwood Road	Andover	US	MA	01810	Pharmacist	Boston Childrens Hospital
01/26/2018	\$100.00	Jose L. Albuquerque	197 Greenwood Road	Andover	US	MA	01810	Director, Strategic Operations	Brigham and Womens Hospital
01/26/2018	\$20.00	Abigail O'Hara	111 Commercial Street	Provincetown	US	MA	02657	-	-
01/27/2018	\$700.00	Jose L. Albuquerque	197 Greenwood Road	Andover	US	MA	01810	Director, Strategic Operations	Brigham and Womens Hospital
01/27/2018	\$300.00	Ann Constantine	81 Central Street	Andover	US	MA	01810	Interior Designer	Ann Constantine
01/28/2018	\$250.00	John Boness	4 Robinswood Way	Andover	US	MA	01810	Retired	Retired
02/02/2018	\$200.00	Ann and Evan Sermos	6 Carriage Hill Road	Andover	US	MA	01810	Self/Owner	Snap On Franchisee
02/02/2018	\$100.00	Matt Murrell	5628 Rockway Drive	New Palestine	US	IN	46163	-	-
02/03/2018	\$100.00	Janet and Gary Clarke	5 Carriage Hill Road	Andover	US	MA	01810	-	-
02/03/2018	\$50.00	Maureen Weisner	6 Cricket Circle	Andover	US	MA	01810	-	-
02/04/2018	\$100.00	Krystal Solimine	2 Surrey Lane	Andover	US	MA	01810	-	-
02/05/2018	\$100.00	Barbara Cloonan	108 Dascomb Road	Andover	US	MA	01810	-	-
02/05/2018	\$50.00	Lauren Annarelli	7 Cherokee Circle	Andover	US	MA	01810	-	-
02/05/2018	\$100.00	Michael McNeely	125 Dascomb Road	Andover	US	MA	01810	-	-
02/05/2018	\$200.00	Courtney Driscoll	1 Carriage Hill Road	Andover	US	MA	01810	Director of Digital Marketing	SAP
02/06/2018	\$500.00	Jason and Nonnie Haskell	68 Elm Street	Andover	US	MA	01810	Engineer / President	Taurus PCC, Inc.
02/06/2018	\$200.00	Brad Wright	189 Greenwood Road	Andover	US	MA	01810	Financial Planner/Advisor	New England Financial Planning Group
02/09/2018	\$500.00	Carlene Bell-Flanagan	9 Pleasant Street	Andover	US	MA	01810	Accommodation Ass't in the Office of Accessibility Services	Merrimack College
02/11/2018	\$50.00	Jon Strimling	PO Box 10175	Bedford	US	NH	03110	-	-
02/13/2018	\$50.00	Ernest & Patricia Deveres	44 Wayside Lane	Lowell	US	MA	01852	-	-
02/13/2018	\$100.00	Sandra Desuk	909A Ridgefield Circle	Clinton	US	MA	01510	-	-
02/13/2018	\$500.00	Stacey Albuquerque	197 Greenwood Road	Andover	US	MA	01810	Pharmacist	Boston Childrens Hospital
02/15/2018	\$50.00	Antonio & Ceu Albuquerque	15 Leedham Street	Attleboro	US	MA	02703	-	-
02/18/2018	\$25.00	Denise Breakall	49 Josephine Ave apt 2	Somerville	US	MA	02144	-	-
02/19/2018	\$50.00	John and Pam Sheehan	104 Dascomb Road	Andover	US	MA	01810	-	-
02/19/2018	\$50.00	Andrew Gordon	15 Pine Street	Andover	US	MA	01810	-	-
02/23/2018	\$50.00	Connie Bassiakis	33 Dascomb Road	Andover	US	MA	01810	-	-
02/24/2018	\$300.00	Stacey Albuquerque	197 Greenwood Road	Andover	US	MA	01810	Pharmacist	Boston Childrens Hospital
02/26/2018	\$200.00	Jane Gifun	9 Castle Heights Road	Andover	US	MA	01810	Retired	Retired
02/26/2018	\$50.00	Jon and Fatima Palais	17 Hidden Oak Drive	Farmington	US	CT	06032	-	-
02/26/2018	\$25.00	Rob Ciampa	53 Pine Street	Andover	US	MA	01810	-	-
03/03/2018	\$100.00	Allan Hoffman	22 Spring Grove Road	Andover	US	MA	01810	-	-
03/04/2018	\$25.00	Lucia Albuquerque Herrmann	45 Robin Hood Road	Nashua	US	NH	03062	-	-
03/06/2018	\$55.00	Todd R. Candelet	25 Burden Avenue	North Attleboro	US	MA	02763	-	-
03/08/2018	\$50.00	Michael Roli	2 College Circle	Andover	US	MA	01810	Hair Stylist	Self employed @ Diego Hair Salon
03/08/2018	\$200.00	Matthew Hawes	190 Tremont Street	Newton	US	MA	02458	-	-

As of 03/09/2018 **\$5,800.00**

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 \$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
	See attached Schedule B Committee to Elect Joe Albuquerque			
Line 12: Total Expenditures over \$50 (or listed above)				3,100.87
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,100.87

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

* 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 B: Expenditures (Committee to Elect Joe Albuquerque)

Date	Amount	Purpose	Name	Address	City/Town	State	Zipcode
01/29/2018	\$70.23	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	Canada, V6B 1A7
02/05/2018	\$44.95	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	Canada, V6B 1A7
02/12/2018	\$96.90	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	Canada, V6B 1A7
02/12/2018	\$489.00	Yard Signs	24 Hour Signs	2151 Denton Avenue	Cookeville	TN	38506
02/19/2018	\$10.48	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	Canada, V6B 1A7
02/23/2018	\$27.72	Signage Supplies from Lowe's	Stacey Albuquerque	197 Greenwood Road	Andover	MA	1810
02/24/2018	\$517.35	Postage for Selectman Cards - Direct Mailing	Goodway Group of MA, Inc.	16 A Street	Burlington	MA	1803
02/24/2018	\$233.75	Printing supplies	Keith Saxon	15 Wethersfield Drive	Andover	MA	1810
02/26/2018	\$8.50	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	Canada, V6B 1A7
02/26/2018	\$489.00	Yard Signs	24 Hour Signs	2151 Denton Avenue	Cookeville	TN	38506
02/26/2018	\$693.00	Insert Ads in Andover Townsman newspaper	North of Boston Media Group	100 Turnpike Street	North Andover	MA	01845
02/28/2018	\$42.88	Signage Supplies from Lowe's	Stacey Albuquerque	197 Greenwood Road	Andover	MA	1810
03/02/2018	\$100.00	Digital Ads on Andover Townsman website	North of Boston Media Group	100 Turnpike Street	North Andover	MA	01845
03/02/2018	\$144.00	Mobile Ads on Andover Townsman website	North of Boston Media Group	100 Turnpike Street	North Andover	MA	01845
03/05/2018	\$33.11	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	Canada, V6B 1A7
03/08/2018	\$100.00	Digital Ads on Andover Townsman website	North of Boston Media Group	100 Turnpike Street	North Andover	MA	01845

As of 03/09/2018 **3,100.87**

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
Feb 23, 2018	Stacey Albuquerque	197 Greenwood Road	Signage Supplies from Lowe's	27.72
Feb 28, 2018	Stacey Albuquerque	197 Greenwood Road	Signage Supplies from Lowe's	42.88
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				70.60



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:	02/24/2018
Name of Individual Being Reimbursed:	Keith Saxon	
Committee Name:	Committee to Elect Joe Albuquerque	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Jan 29, 2018	Minuteman Press	79 N Main Street Andover, MA 01810	Printing supplies	\$229.50
Jan 29, 2018	Dollar Tree Stores, Inc.	72 Main Street North Reading, MA 01864	Printing supplies	\$4.25

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	233.75
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	233.75

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date: 3-17-18

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

2018 MAR 12 A 11:29

TOWN OF ANDOVER, MASS

3/12/2018

File with:
City or Town Clerk or Election Commission

Reporting Period - Beginning: 1/1/2018 Ending: 3/9/2018

Type of report: Pre-election

Sheila M Doherty

Full Name of Candidate

Moderator

Office Sought/ District

9 Juniper Road
Andover, MA 01810

Residential Address

The Doherty Committee

Committee Name

James D Doherty Jr

Name of Committee Treasurer

45 Martingale Lane
Andover, MA 01810

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$420.36
Total receipts this period:	\$2,500.00
Subtotal:	\$2,920.36
Total expenditures this period:	\$2,289.54
Ending Balance:	\$630.82
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
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 including all contributions, loans, receipts, expenditures, disbursements, inkind 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:

Treasurer's signature (in ink)

3/12/18
Date

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, and 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, inkind 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. 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 and 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, inkind 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:

3/12/18

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
3/5/2018	Doherty, Sheila M 9 Juniper Road Andover, MA 01810	\$2,500.00	Insurance Broker Doherty Insurance Agen
Total Itemized Receipts		\$2,500.00	
Total Unitemized Receipts		\$0.00	
Total Receipts		\$2,500.00	

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
3/5/2018	Metter Media, LLC 552 Mass Ave, Suite 215 Cambridge, MA 02139	\$750.00	Social Media Provider
3/5/2018	The Ad King, Inc 27 Charles Street North Andover, MA 01845	\$1,539.54	Signs and Bumper Stickers
	Total Itemized Expenditures	\$2,289.54	
	Total Unitemized Expenditures	\$0.00	
	Total Expenditures	\$2,289.54	

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
		\$0.00	
		\$0.00	
		\$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

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: Beginning Date: Jan. 1 - 2018 Ending Date: March 9 2018

Type of Report: (Check one)

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

<u>Marilyn M. Fitzgerald</u> Candidate Full Name (if applicable)	<u>Committee to elect Marilyn Fitzgerald</u> Committee Name
<u>Greater Lawrence Reg. Voc. Tech. School Committee</u> Office Sought and District	<u>Michael Spring</u> Name of Committee Treasurer
<u>25 Washington Ave, Andover, MA 01810</u> Residential Address	<u>16 Brady Loop, Andover, MA 01810</u> Committee Mailing Address
Telephone Number (optional): <u>978 475 7118</u>	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>- 0 -</u>
Line 2: Total receipts this period (page 3, line 11)	<u>- 0 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>- 0 -</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>- 0 -</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>- 0 -</u>
Line 6: Total in-kind contributions this period (page 6)	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>- 0 -</u>
Line 8: Name of bank(s) used:	<u>N/A</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: [Signature] (Treasurer's signature) Date: 3/9/18

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: [Signature] (Candidate's signature) Date: 3-9-2018

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
Line 12: Total Expenditures over \$50 (or listed above)				- 0 -
Line 13: Total Expenditures \$50 and under* (not listed above)				- 0 -
Line 14: TOTAL EXPENDITURES IN THE PERIOD				- 0 -

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.



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: January 1, 2018 Ending Date: March 9, 2018

Type of Report: (Check one)

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

Ann W. Gilbert
Candidate Full Name (if applicable)

Town of Andover Selectman
Office Sought and District

12 Gray Road, Andover, MA 01810
Residential Address

E-mail: anniegilbert@verizon.net

Phone # (optional): _____

Committee to Elect Annie Gilbert
Committee Name

Sara A. Wells
Name of Committee Treasurer

12 Coventry Lane, Andover, MA 01810
Committee Mailing Address

E-mail: salexiswells@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3,021.85
Line 2: Total receipts this period (page 3, line 11)	7,285.00
Line 3: Subtotal (line 1 plus line 2)	10,306.85
Line 4: Total expenditures this period (page 5, line 14)	9,187.22
Line 5: Ending Balance (line 3 minus line 4)	1,119.63
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
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 A. Wells (Treasurer's signature)

Date: 3/9/18

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: Annie Gilbert (Candidate's signature)

Date: 3/15/18

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)
2/21/18	Linn Anderson 93 Abbot Street Andover, MA 01810	100.00	
3/6/18 & 3/9/18	Faisal Bashir 21 Ballardvale Road Andover, MA 01810	125.00	
2/12/18	Deborah Begos 6 Wabanaki Way Andover, MA 01810	100.00	
2/3/18 & 3/8/18	Julie Childs 244 South Main Street Andover, MA 01810	150.00	
1/6/18	Patricia Commene 7 Hall Avenue Andover, MA 01810	100.00	
2/21/18	Lauren Conoscenti 129 Rattlesnake Hill Road Andover, MA 01810	100.00	
1/28/18	Diane Costagliola 15 Belknap Drive Andover, MA 01810	100.00	
2/3/18	Judith Eskin 3 Athena Circle Andover, MA 01810	100.00	
2/7/18	Stephen Fink 26 Bateson Drive Andover, MA 01810	250.00	Retired
2/23/18 & 3/8/18	Marilyn Fitzgerald 25 Washington Avenue Andover, MA 01810	75.00	
2/5/18	Alan French 17 Moreland Avenue Andover, MA 01810	100.00	
3/4/18	Kay Frishman 21 Stratford Road Andover, MA 01810	100.00	
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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/5/18	Jo-Anne Gibson 39 High Plain Road Andover, MA 01810	100.00	
2/6/18	Daniel Guillet 31 Wolcott Avenue Andover, MA 01810	100.00	
1/28/18	Rosemary Halloran 197 Haggetts Pond Road Andover, MA 01810	100.00	
1/25/18	Jon Honea 10 Chapman Street Andover, MA 01810	100.00	
2/25/18	Ann Knowles 51 Maple Avenue Andover, MA 01810	100.00	
2/20/18	Flora McQuillen 53 Salem Street Andover, MA 01810	100.00	
2/3/18	Mary Pritchard 399 River Road Andover, MA 01810	100.00	
2/25/18	Elizabeth Roos 5 Buchan Road Andover, MA 01810	100.00	
3/3/18 & 3/9/18	Joseph Ruma 15 Blueberry Hill Road Andover, MA 01810	200.00	Retired
2/2/18	Richard Santagati 13 Muirfield Circle Andover, MA 01810	500.00	Consultant, Self-Employed
2/17/18 & 3/8/18	Greg Sebasky 15 Muirfield Circle Andover, MA 01810	350.00	CEO, Ascend Learning
1/22/18	Susan Stott 30 Pasho Street Andover, MA 01810	100.00	
2/5/18	Timothy Vaill 9 Bancroft Road Andover, MA 01810	500.00	CFO, Anbaric Transmission
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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/3/18	Cynthia Verda-Abraham 250 R Andover Street Andover, MA 01810	75.00	
3/9/18	Michael Vogler 32 Karlton Circle Andover, MA 01810	100.00	
2/3/18	Denise Wall 2 Blueberry Hill Road Andover, MA 01810	200.00	Homemaker
2/4/18 & 3/9/18	Taisha Weber 9 Hansom Road Andover, MA 01810	150.00	
3/9/18	Sara Wells 12 Coventry Lane Andover, MA 01810	200.00	Attorney, Morgan, Lewis & Bockius, LLP
1/31/18 & 3/8/18	Cary White 187 Chestnut Street Andover, MA 01810	150.00	
3/2/18	Amy Whitehead 20 Blueberry Hill Road Andover, MA 01810	100.00	
1/7/18	Roberta Wilson 12 Samuel Way North Andover, MA 01845	1,000.00	Retired
Line 9: Total Receipts over \$50 (or listed above)		5,825.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1,460.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7,285.00	← 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
3/5/18	Eagle-Tribune Publishing Company	100 Turnpike Street North Andover, MA 01810	Andover Townsman on-line political advertisements	300.00
2/7/18	United States Postal Service	online (www.usps.com)	Postcard stamps	2,751.75
2/26/18	United States Postal Service	online (www.usps.com)	Postcard stamps	1,395.75
3/7/18	United States Postal Service	online (www.usps.com)	Postcard stamps	681.75
2/15/18	VistaPrint	online (www.vistaprint.com)	Printing of postcards	1,023.09
2/27/18	VistaPrint	online (www.vistaprint.com)	Printing of postcards	489.23
3/7/18	VistaPrint	online (www.vistaprint.com)	Printing of postcards	364.42
1/4/18	Vogel Printing	P. O. Box 127 Lawrence, MA 01842	Printing signs and stakes	908.43
2/23/18	Vogel Printing	P. O. Box 127 Lawrence, MA 01842	Printing signs and stakes	505.75
3/9/18	Vogel Printing	P. O. Box 127 Lawrence, MA 01842	Printing signs and stakes	486.62
Line 12: Total Expenditures over \$50 (or listed above)				8,906.79
Line 13: Total Expenditures \$50 and under* (not listed above)				280.43
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				9,187.22

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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 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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



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: Beginning Date: 1/1/2018 Ending Date: 03/19/2018 **7:00 MAR 20 P 4:13**

Type of Report: (Check one) **TOWN OF ANDOVER, MASS**

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

Christian C. Huntress
Candidate Full Name (if applicable)

Board of Selectmen, Andover, MA
Office Sought and District

17 Tewksbury Street, Andover, MA 01810
Residential Address

E-mail: _____

Phone # (optional): _____

Committee to Elect Christian Huntress
Committee Name

John Kiely
Name of Committee Treasurer

PO Box 4103, Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,162
Line 2: Total receipts this period (page 3, line 11)	2,700
Line 3: Subtotal (line 1 plus line 2)	3,862
Line 4: Total expenditures this period (page 5, line 14)	2,777.58
Line 5: Ending Balance (line 3 minus line 4)	1,084.42
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1,000
Line 8: Name of bank(s) used:	Northmark Bank - Andover

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: John Kiely (Treasurer's signature) Date: Mar 19, 2018

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: Christian C. Huntress (Candidate's signature) Date: 03/19/2018

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 9, 2018	Diane & Steve Derby 63 Center Street Andover, MA 01810	50	
Mar 9, 2018	Silvija Aprons 1 Powdermil Square Andover, MA 01810	50	
Mar 9, 2018	Shane Crabtree 41 carmel Road Andover, MA 01810	50	
Mar 9, 2018	Lance Fromme 23 Burton Farm Drive Andover, MA 01810	50	
Mar 9, 2018	Pasquale Agostino 11 Messinia Drive Andover, MA 01810	100	
Mar 7, 2018	Mary Eileen Reilly 4 Rocky Hill Road Andover, MA 01810	25	
Mar 6, 2018	Gina Murray 3 Wescott Road Andover, MA 01810	150	
Mar 5, 2018	Champa Bilwakesh 5 Garfield Lane East Andover, MA 01810	25	
Mar 3, 2018	Joseph Ruma 15 Blueberry Hill Road Andover, MA 01810	200	Retired - Fresenius Medical Care North America
Mar 1, 2018	Richard Krafton 4 Krafton Way Andover, MA 01810	25	
Feb 27, 2018	Rich Nill 9 Haskell Road Andover, MA 01810	100	
Feb 26, 2018	Mitch & Sue Keamy 14 Devonshire Place Andover, MA 01810	100	
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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb 26, 2018	Mike Igo 29 River Street Andover, MA 01810	250	Engineer - Aqueous Consultants, Inc.
Feb 22, 2018	Karen Van Welden-Herman 50 Sunset Rock Road Andover, MA 01810	50	
Feb 20, 2018	John Kiely 11 Blackberry Lane Andover, MA 01810	250	Consultant - Self Employed
Feb 15, 2018	Nancy Jeton 57 Chestnut Street Andover, MA 01810	100	
Feb 13, 2018	Jim Curtis 5 Orchard Street Andover, MA 01810	250	Engineer - Cooperstown Environmental
Feb 8, 2018	Jim Sutton 14 Farrwood Drive Andover, MA 01810	25	
Feb 5, 2018	Rick Huntress 1073 Nantasket Avenue Hull, MA	250	Sales Director - Jackson Labs
Feb 5, 2018	Alan French 17 Moreland Ave Andover, MA 01810	100	
Feb 3, 2018	Diane Costagliola 15 Belknap Drive Andover, MA 01810	50	
Mar 9, 2018	Tim McCarron 33 Marland Street Andover, MA 01810	300	Principal - Medway Public Schools
Mar 9, 2018	Charlotte Taylor 1 Marland Street Andover, MA 01810	50	
Jan 10, 2018	Verne B. Gifford Jr. 8407 Culver Place Alexandria VA 22308	100	Captain (Retired) - United States Coast Guard
Line 9: Total Receipts over \$50 (or listed above)		2,700	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,700	← 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
Jan 15, 2018	US Postal Service - Ballardvale	187 Andover Street, Andover MA 01810	Postage	713.4
Jan 15, 2018	Vistaprint (Online)	www.vistaprint.com	Postcard Printing	243.3
Jan 15, 2018	Delivery Signs	300 Cadman Plaza West Brooklyn NY 11201	Campaign Signs	817.44
Mar 9, 2018	Vistaprint (online)	www.vistaprint.com	Thank You Cards	66.08
Feb 27, 2018	Speedy Button (online)	www.speedybuttons.com	Campaign Buttons	83.13
Feb 27, 2018	Home Depot	72 Pleasan Valley Street Methuen, MA 01844	Straping, staple gun, staples for sign holding	48.17
Jan 12, 2018	Campaign Partner, Inc.	www.campaignpartner.com	Campaign Website (Annual)	348
Mar 6, 2018	Oakdale Liquors	1900 Main Street Tewksbury, MA 01876	Campaign Open House Food & Beverages	148.89
Mar 6, 2018	Market Basket	1900 Main Street Tewksbury, MA 01876	Campaign Open House Food & Beverages	309.17
Line 12: Total Expenditures over \$50 (or listed above)				2,777.58
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,777.58

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
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

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
12/18/2017	Christian HUntress	17 Tewksbury Street Andover, MA 01810	Candidate Loan	1,000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,000



Commonwealth of Massachusetts

RECEIVED TOWN CLERK'S OFFICE

2018 MAR 23 A 9:11

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: **TOWN OF ANDOVER, MASS.** Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

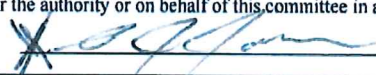
Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="4,504.07"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="950"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="5,454.07"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="377.45"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="5,076.62"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Enterprise Bank"/>

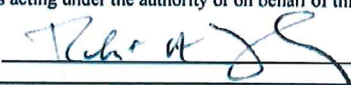
Affidavit of Committee Treasurer:
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind 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:  (Treasurer's signature) Date:

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:  (Candidate's signature) Date:

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)
	See attached Schedule A Committee to Elect Bob Landry		
Line 9: Total Receipts over \$50 (or listed above)		950	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		950	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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 A: Receipts (Committee to Elect Bob Landry)

Occupation & Employer

(for contributions of \$200 or more.)

Date	Amount	Last Name	First Name	Address	City	State	Zip	Occupation & Employer
1/28/2018	50.00	Cavallaro	Seb	480 S. Main Street	Andover	MA	01810	-
1/30/2018	200.00	Fradette	Marian	27 Osgood Street	Andover	MA	01810	Retired
2/6/2018	50.00	Smith	Suzanne	4 Comanche Place	Andover	MA	01810	-
2/6/2018	100.00	Ranalli	Shae	39 School Street	Andover	MA	01810	-
2/7/2018	100.00	Leeds	Jeff	3 Pilgrim Drive	Andover	MA	01810	-
2/7/2018	100.00	Boness	John	4 Robinswood Way	Andover	MA	01810	-
2/27/2018	250.00	Tompkins	Michael	1 Haven Drive	Andover	MA	01810	Financial Planning, Sage Therapeutics
3/6/2018	100.00	Alexandris	Maria	9 Pride Circle	Andover	MA	01810	-
	\$ 950.00							

Schedule B: Expenditures (Committee to Elect Bob Landry)

Date	Amount	Purpose	Name	Address	City	State	Zipcode	Type
2/12/2018	\$ 300.00	Peer Review	Merrimack Engineering	66 Park Street	Andover	MA	01810	Check
	\$ 77.45	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	V6B1A7	Netted

\$ 377.45 (for reporting period 1/1/2018-3/19/2018)



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: Beginning Date: 1/1/2018 Ending Date: 3/14/2018

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

Susan McCready
Candidate Full Name (if applicable)
School Committee
Office Sought and District
8 Dean Circle, Andover, MA 01810
Residential Address
Telephone Number (optional): 978-623-9993

Committee to Elect Susan McCready for School Committee
Committee Name
Gina Murray
Name of Committee Treasurer
3 Wescott Road, Andover, MA 01810
Committee Mailing Address
Telephone Number (optional): 978-474-9344

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>- 0 -</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 1,650.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 1,650.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 348.86</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 1,301.14</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 173.40</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 5,014.12</u>
Line 8: Name of bank(s) used:	<u>DCU</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: [Signature] (Treasurer's signature) Date: 3/15/18

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: [Signature] (Candidate's signature) Date: 3/15/18

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)
1/29	Monick Reedy 10 Dean Circle Andover, ma 01810	\$25.00	
2/3	David McCready 8 Dean Circle Andover, ma 01810	\$100.00	
2/11	Sara Wells 12 Coventry Lane Andover, ma 01810	\$100.00	
2/17	Melissa Litton 190 High Plain Road Andover, ma 01810	\$50.00	
2/7	Judith E. Smith 3 Athena Circle Andover, ma 01810	\$100.00	
2/22	Elaine Pineault 209 Lowell Street Andover, ma 01810	\$100.00	
3/1	Andie Wang 6 Webster Street Andover, ma 01810	\$25.00	
3/2	Edana Jayne Melia 209 Avenue G Redondo Beach, CA 90277	\$100.00	
3/2	Gina Murray 3 Wescoth Road Andover, ma 01810	\$500.00	Home maker
3/3	Jen Srivastava 8 Endicott Road Andover, ma 01810	\$150.00	
3/9	Lynn Ribar 112 Urick Court monroeville, PA 15146	\$150.00	
3/4	Margaret Sulhran 77 Corbett Street Andover, ma 01810	\$50.00	
Line 9: Total Receipts over \$50 (or listed above)		\$1,450.00	
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.

Committee to Elect Susan McCready for SC.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/6	Eileen Shannon 91 Central Street Andover, Ma 01810	\$100.00	
3/7	Brian and Allyson Gangemi 14 Basswood Lane Andover, Ma 01810	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$200.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,650.00	← 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.

Committee to Elect Susan McCready to SC

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
3/5	Sara Wells	12 Coventry Lane Andover, ma 01810	Advertising in Andover Townsmans ^(online) pd on behalf campaign	\$300.00
Line 12: Total Expenditures over \$50 (or listed above)				\$300.00
Line 13: Total Expenditures \$50 and under* (not listed above)				\$48.86
Line 14: TOTAL EXPENDITURES IN THE PERIOD				348.86

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.

Committee to Elect Susan McCready to SC

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
3/1	Melissa & Michael Dolan	14 Dean Circle Andover, ma 01810	Cedar board for paper board signs	\$ 23.40
3/1	monica Reedy	10 Dean Circle Andover, ma 01810	Design work for & mailings	\$ 150.00
Line 15: In-Kind Contributions over \$50 (or listed above)				\$ 173.40
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$ 173.40

* 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. Page 6

Committee to Elect Susan McCready to SC

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
1/29/18	Susan McCready	8 Dean Circle Andover, ma 01810	Signs & yard stakes	999.43
3/1/18	Susan McCready	8 Dean Circle Andover, ma 01810	6x9 postcard mailing	\$417.55
3/4/18	Susan McCready	8 Dean Circle Andover, ma 01810	4x4 Friend to Friend Cards, Thank you & Biz cards	\$239.06
3/2/18	Susan McCready	8 Dean Circle Andover, ma 01810	postage for 6x9 mailing	\$2,001.75
			Face book Advertising	
3/13/15	Susan McCready	8 Dean Circle Andover, ma 01810	Stamps (remainig 2015 campaign)	\$326.64
2/14/15	Susan McCready	8 Dean Circle Andover, ma 01810	Loan to campaign to open acct.	\$100.00
2/4/15	Susan McCready	8 Dean Circle Andover, ma 01810	Signs for Advertising 2015 campaign	\$929.69
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$5,014.12

Committee to Elect Susan McCready to SE



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/5/18	Eagle Tribune Publishing Co.	100 Turnpike St. N. Andover MA 01845	online advertising Andover Townsman	\$300.-

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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

Committee to Elect Susan McCready for SC



Commonwealth of Massachusetts

RECEIVED TOWN CLERK

2018 MAR 19 P 12:35

TOWN OF ANDOVER, MASS

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: 01/01/2018 Ending Date: 03/09/2018

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

Keith M. Saxon
 Candidate Full Name (if applicable)
 Moderator, Town of Andover
 Office Sought and District
 15 Wethersfield Drive, Andover MA 01810
 Residential Address
 E-mail: ksaxon@aol.com
 Phone # (optional): 781-454-5330

Committee to Elect Keith Saxon Moderator
 Committee Name
 Krystal Solimine
 Name of Committee Treasurer
 15 Wethersfield Drive, Andover MA 01810
 Committee Mailing Address
 E-mail: krystal.solimine@verizon.net
 Phone # (optional): 978-265-7242

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$0.00
Line 2: Total receipts this period (page 3, line 11)	\$1675.00
Line 3: Subtotal (line 1 plus line 2)	\$1675.00
Line 4: Total expenditures this period (page 5, line 14)	\$65.00
Line 5: Ending Balance (line 3 minus line 4)	\$1610.00
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$435.36
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: Krystal Solimine (Treasurer's signature) Date: 3/17/18

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: Keith M. Saxon (Candidate's signature) Date: 3/17/18

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)
2/5/18	Keith Saxon 15 Wethersfield Drive Andover MA 01810	\$175.00	
2/5/18	Krystal Solimine 2 Surrey Lane Andover MA 01810	\$100.00	
2/11/18	Joe Albuquerque 197 Greenwood Road Andover MA 01810	\$100.00	Operations Manager <i>Director</i> Brigham & Womens Physicians Organization <i>Hospital</i>
2/18/18	Jane Giffun 9 Castle Heights Rd Andover MA 01810	\$200.00	Retired
2/20/18	James Berberian 27 Bobby Jones Drive Andover MA 01810	\$100.00	
2/24/18	Sharon Stubblebine 119 Shawsheen Rd Andover MA 01810	\$100.00	
2/24/18	Joe Albuquerque 197 Greenwood Rd Andover MA 01810	\$300.00	Operations Manager <i>Director</i> Brigham & Womens Physicians Organization <i>Hospital</i>
3/3/18	Girish Rao 249 Highland Rd Andover MA 01810	\$100.00	
3/3/18	Max Arai 66 County Road Andover MA 01810	\$200.00	Adjunct Faculty Suffolk University
3/7/18	Brad Wright 189 Greenwood Rd Andover MA 01810	\$200.00	Financial Planner New England Financial Planning Group
Line 9: Total Receipts over \$50 (or listed above)		\$1575.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$100.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1675.00	← 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
Varies	FundRazr - ConnectionPoint Systems Inc	Suite 200 171 Water Street Vancouver, BC Canada V6B 1A7	Fundraising	\$65.00
Line 12: Total Expenditures over \$50 (or listed above)				\$65.00
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$65.00

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 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
2/22/18	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Campaign Promotional Business Cards (Staples)	\$21.24
2/23/18	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Yard Signs (24 Hour Yard Signs)	\$389.00
3/2/18	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Wooden Poles for Used for Holding Signs (Lowe's)	\$25.12
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$435.36



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

RECEIVED
TOWN CLERK'S OFFICE
2018 MAR 19 A 11:26

Fill in Reporting Period dates: Beginning Date: 1/1/2018 Ending Date: 3/9/2018

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

Tracey E. Spruce
Candidate Full Name (if applicable)
Town of Andover School Committee
Office Sought and District
23 Woodhaven Drive, Andover, MA 01810
Residential Address
E-mail: sprucelo@gmail.com
Phone # (optional): 978-475-6802

Committee to Elect Tracey Spruce
Committee Name
Vanessa Weisman
Name of Committee Treasurer
9 Coventry Lane, Andover, MA 01810
Committee Mailing Address
E-mail: vanebewe@gmail.com
Phone # (optional): 917-693-6914

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,544.51
Line 2: Total receipts this period (page 3, line 11)	2,310.00
Line 3: Subtotal (line 1 plus line 2)	3,854.41
Line 4: Total expenditures this period (page 5, line 14)	2,344.56
Line 5: Ending Balance (line 3 minus line 4)	1,509.95
Line 6: Total in-kind contributions this period (page 6)	21.04
Line 7: Total (all) outstanding liabilities (page 7)	1,407.75
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: Vanessa Weisman (Treasurer's signature) Date: 3/13/18

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: Tracey E Spruce (Candidate's signature) Date: 3/15/18

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)
1/19/2018	Nancy Buckley 112 High Plain Rd Andover, MA, 01810	100	
2/26/2018	Alison Connell 1 Scotland Dr Andover, MA, 01810	100	
1/29/2018	Lauren Conoscenti 129 Rattlesnake Hill Rd Andover MA, 01810	100	
2/27/2018	Dana Dalton 9 Spencer Ct Andover, MA, 01810	100	
2/7/2018	Judith Eskin 3 Athena Circle Andover, MA, 01810	100	
1/19/2018	Laura Gregory 5 Embassy Ln Andover, MA, 01810	100	
1/18/2018	James Hammons 34 Linnaean St, #2 Cambridge, MA, 02138	75	
2/3/2018	Elizabeth Raponi 12 Ridge St Andover, MA, 01810	100	
1/16/2018	Cori Segal 11 Dawn Circle Andover, MA, 01810	100	
1/19/2018	Anne Spruce 1639 Amberwood Dr SE Bolivia, NC, 28422	100	
1/3/2018	Tracey Spruce - LOAN 23 Woodhaven Dr. Andover, MA 01810	380	Attorney, Spruce Law LLC
1/18/2018	David Vidoni 13 Hansom Rd Andover, MA, 01810	250	VP of Information Technology, Pegasystems
Line 9: Total Receipts over \$50 (or listed above)		1605	
Line 10: Total Receipts \$50 and under* (not listed above)		705	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,310	← 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
3/8/2018	Andover Townsman		Newspaper Notice	220
1/5/2018	Raphael Brickman	15 Locke Street Andover, MA 01810	Logo Design	225
3/5/2018	United States Postal Service		Postage for Mailings	141.75
2/9/2018	Vista Print		Post Cards	260.10
1/12/2018	Vogel Printing	PO Box 127, Canal Street, Lawrence, MA 01842	Lawn Signs	1,413.12
Line 12: Total Expenditures over \$50 (or listed above)				2,259.97
Line 13: Total Expenditures \$50 and under* (not listed above)				84.59
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,334.56

* 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
12/31/2017	Tracey Spruce	23 Woodhaven Dr. Andover, MA 01810	\$400 Loan for Campaign Expenses & \$48 reimbursement for Wordpress Receipt	448
1/3/2018	Tracey Spruce	23 Woodhaven Dr. Andover, MA 01810	To add funds to bank account in preparation for paying Vogel Printing invoice.	380
1/17/2018	Tracey Spruce	23 Woodhaven Dr. Andover, MA 01810	1700 US Postage Stamps	579.75
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,407.75



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

RECEIVED
TOWN CLERK'S OFFICE

Municipal Form

Office of Campaign and Political Finance

2018 MAR 19 A 11:09

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: ANDOVER, MASS Beginning Date: 01/01/2018 Ending Date: 03/09/2018

Type of Report: (Check one)

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

Shishan Wang
Candidate Full Name (if applicable)

Andover school committee
Office Sought and District

10 Brady Loop, Andover MA 01810
Residential Address

E-mail: shishan.wang@gmail.com

Phone # (optional): _____

COMMITTEE TO ELECT SHISHAN WANG
Committee Name

ZHENHUA SUN
Name of Committee Treasurer

10 Brady loop, andover MA 01810
Committee Mailing Address

E-mail: zhhsun@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	975
Line 3: Subtotal (line 1 plus line 2)	975
Line 4: Total expenditures this period (page 5, line 14)	944.54
Line 5: Ending Balance (line 3 minus line 4)	30.46
Line 6: Total in-kind contributions this period (page 6)	385
Line 7: Total (all) outstanding liabilities (page 7)	
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: [Signature] (Treasurer's signature) Date: 03/14/2018

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: [Signature] (Candidate's signature) Date: 03/18/2018

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)
03/05/18	Andie Wang 6 Webster st Andover MA 01810	20	
02/16/18	Chengjie Ji 26 Farrwood Dr. Andover MA 01810	100	
02/16/18	Ji Wu 22 Somerset Dr Andover MA 01810	20	
02/18/18	Joey Tang 99 River St ANDOVER MA 01810	100	
03/08/18	Jun Xu 6 Garfield Ln W Andover MA 01810	50	
03/01/18	Lin Zhang 2 mulberry cir Andover MA 01810	20	
03/01/18	María Lee 27 Andover Country Club Lane Andover MA 01810	100	
02/16/18	Min Wang 10 Starr Ave East Andover MA 01810	70	
Line 9: Total Receipts over \$50 (or listed above)		570	
Line 10: Total Receipts \$50 and under* (not listed above)		405	
Line 11: TOTAL RECEIPTS IN THE PERIOD		975	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/05/18	Roseanne Qiu 17 Stafford In Andover MA 01810	100	
02/15/18	Shishan Wang 10 Brady Loop ANDOVER MA 01810	50	
02/15/18	Shishan Wang 10 Brady Loop ANDOVER MA 01810	20	
02/02/18	Shishan Wang 10 Brady Loop ANDOVER MA 01810	10	
02/02/18	Shishan Wang 10 Brady Loop ANDOVER MA 01810	45	
02/16/18	Xuedong Chen 75 greenwood rd Andover MA 01810	20	
02/16/18	Yi Xing 6 Apple Blossom RD Andover MA 01810	50	
03/01/18	Yuantai Du 16 Evergreen LN ANDOVER MA 01810	50	
02/16/18	Zhaoji Zhou 4 Freemont In Andover MA 01810	50	
03/07/18	Zhenwei Chu Po box 681 Andover MA 01810	100	
Line 9: Total Receipts over \$50 (or listed above)		570	
Line 10: Total Receipts \$50 and under* (not listed above)		405	
Line 11: TOTAL RECEIPTS IN THE PERIOD		975	← 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 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
02/28/2018	Shishan Wang Charm Sciences Inc. Senior Scientist	10 Brady Loop, Andover MA 01810	100 Yard sign cost	329
01/17/2018	Shishan Wang	10 Brady Loop, Andover MA 01810	P.O. box rental fee	56
Line 15: In-Kind Contributions over \$50 (or listed above)				385
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				385

* 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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				