



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2018 APR 30 A 11:19

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 03/10/2018 Ending Date: 04/16/2018

Type of Report: (Check one)

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: <u>jlabuquerque@yahoo.com</u>
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: <u>jlabuquerque@yahoo.com</u>
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,699.13
Line 2: Total receipts this period (page 3, line 11)	300
Line 3: Subtotal (line 1 plus line 2)	2,999.13
Line 4: Total expenditures this period (page 5, line 14)	2,765.88
Line 5: Ending Balance (line 3 minus line 4)	233.25
Line 6: Total in-kind contributions this period (page 6)	583.5
Line 7: Total (all) outstanding liabilities (page 7)	0
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: Edward J. Hayes (Treasurer's signature)

Date: 4/30/18

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: Jose L. Albuquerque (Candidate's signature)

Date: 04/30/2018

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)
03/16/2018	Matthew Quall 56 Porter Road Andover, MA 01810	100	
03/17/2018	Evan Sermos 6 Carriage Hill Road Andover, MA 01810	100	Self/Owner, Snap On Franchisee
03/25/2018	Patricia Burke 6 Mt. Vernon Terrace Lawrence, MA 01843	100	
Line 9: Total Receipts over \$50 (or listed above)		300	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		300	← 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
03/12/2018	Goodway Group of MA, Inc.	16 A Street Burlington, MA 01803	Friend to Friend Cards	385.16
03/12/2018	Goodway Group of MA, Inc.	16 A Street Burlington, MA 01803	Selectman Cards - Direct Mailing	680
03/12/2018	FundRazr	171 Water Street Vancouver, BC, Canada V6B 1A7	Fundraising Fees	20.75
03/16/2018	North of Boston Media Group	100 Turnpike Street North Andover, MA 01845	Digital Ads on Andover Townsman website	100
03/16/2018	US Post Office	207 Washington Street Brookline, MA 02445	Postage for Cards	140
03/19/2018	FundRazr	171 Water Street Vancouver, BC, Canada V6B 1A7	Fundraising Fees	8.2
03/19/2018	North of Boston Media Group	100 Turnpike Street North Andover, MA 01845	Digital Ads on Andover Townsman website	100
03/19/2018	North of Boston Media Group	100 Turnpike Street North Andover, MA 01845	Ad in Andover Townsman newspaper	1,031.62
03/27/2018	Stacey Albuquerque	197 Greenwood Road Andover, MA 01810	Election Night Campaign Party	212.22
04/04/2018	JB Systems LLC	P.O. Box #496 Moline, IL 61266	Robocalls	87.93
Line 12: Total Expenditures over \$50 (or listed above)				2,765.88
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,765.88

* 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)

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 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
03/12/2018	Andover Republican Town Committee	68 Beacon Street Andover, MA 01810	Direct Endorsement Mailing	371.66
03/21/2018	Mark Pascarella Entrepreneur, Self Employed	81 Osgood Street Andover, MA 01810	Facebook Ads	25
03/22/2018	Mark Pascarella Entrepreneur, Self Employed	81 Osgood Street Andover, MA 01810	Facebook Ads	50
04/05/2018	Mark Pascarella Entrepreneur, Self Employed	81 Osgood Street Andover, MA 01810	Facebook Ads	136.84
Line 15: In-Kind Contributions over \$50 (or listed above)				583.5
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				583.5

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
Feb 23, 2018	Stacey Albuquerque	197 Greenwood Road Andover, MA 01810	Signage Supples from Lowe's	27.72
Feb 28, 2018	Stacey Albuquerque	197 Greenwood Road Andover, MA 01810	Signage Supples from Lowe's	42.88
Mar 10, 2018	Stacey Albuquerque	197 Greenwood Road Andover, MA 01810	Signage Supplies - Repayment for previously reported liability on 8 Days Preceeding Report	-70.6
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0



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: 100%;" type="text" value="03/10/2018"/>
Name of Individual Being Reimbursed: <input style="width: 90%;" type="text" value="Stacey Albuquerque"/>	
Committee Name: <input style="width: 90%;" type="text" value="Committee to Elect Joe Albuquerque"/>	
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
Feb 23, 2018	Lowe's Home Centers, LLC	15 Commerce Way Woburn, MA 01801	Signage supplies	\$27.72
Feb 28, 2018	Lowe's Home Centers, LLC	15 Commerce Way Woburn, MA 01801	Signage supplies	\$42.88
(Include items listed on Page 2) →			Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 100%;" type="text" value="70.6"/>
			Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text" value="0"/>
			Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 100%;" type="text" value="70.6"/>

Signed under the penalties of perjury: <div style="text-align: center;"> <hr style="width: 100%;"/> Signature of Candidate / Treasurer </div>	Date: <input style="width: 100%;" type="text" value="4/30/18"/>
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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: <input style="width: 100%;" type="text" value="04/11/2018"/>
Name of Individual Being Reimbursed:	<input style="width: 100%;" type="text" value="Stacey Albuquerque"/>
Committee Name:	<input style="width: 100%;" type="text" value="Committee to Elect Joe Albuquerque"/>
CPF ID Number (if applicable):	<input style="width: 50%;" type="text"/> Telephone Number (optional): <input style="width: 50%;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 27, 2018	Casa Blanca	10 Main Street Andover, MA 01810	Election Night Campaign Party	\$212.22

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 100%;" type="text" value="212.22"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text" value="0"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 100%;" type="text" value="212.22"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Page 2 Total (add to Line 1 on Page 1):				



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

2018 APR 18 A 9:24

File with:
City or Town Clerk or Election Commission

TOWN OF ANDOVER, MASS 4/17/2018

Reporting Period - Beginning: 3/10/2018 Ending: 4/16/2018

Type of report: 30 day after 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:	\$630.82
Total receipts this period:	\$950.00
Subtotal:	\$1,580.82
Total expenditures this period:	\$1,528.87
Ending Balance:	\$51.95
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:

4/17/18

Treasurer's signature (in ink)

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, 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:

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
4/10/2018	Dohertyty, Sheila 9 Juniper Road Andover, MA 01810	\$950.00	Insurance Broker Broke Doherty Insurance Agen
Total Itemized Receipts		\$950.00	
Total Unitemized Receipts		\$0.00	
Total Receipts		\$950.00	

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
4/11/2018	Advertising Management Services 283 So Main Street Andover, MA 01810	\$600.00	Signs and Advertizing
4/11/2018	Lanam Club Inc. Po Box 8 Andover, MA 01810	\$928.87	Election Day Results Party
Total Itemized Expenditures		\$1,528.87	
Total Unitemized Expenditures		\$0.00	
Total Expenditures		\$1,528.87	

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

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: 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="- 0 -"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1 0 -"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="- 0 -"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="- 0 -"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="- 0 -"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="1 0 -"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="1 0 -"/>
Line 8: Name of bank(s) used:	<input type="text" value="N/A"/>

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)
Line 9: Total Receipts over \$50 (or listed above)		- 0 -	
Line 10: Total Receipts \$50 and under* (not listed above)		- 0 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		- 0 -	← 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) - 0 -

Line 10: Total Receipts \$50 and under* (not listed above) - 0 -

Line 11: TOTAL RECEIPTS IN THE PERIOD - 0 -

← 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)	- 0 -
			Line 13: 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.

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)	- 0 -
			Line 16: In-Kind Contributions \$50 & under (not listed above)	- 0 -
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	- 0 -

* 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
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission
2018 APR 25 11:02 AM
TOWN OF ANDOVER, MASS

Fill in Reporting Period dates: Beginning Date: March 10, 2018 Ending Date: April 12, 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	1,119.63
Line 2: Total receipts this period (page 3, line 11)	685
Line 3: Subtotal (line 1 plus line 2)	1,804.63
Line 4: Total expenditures this period (page 5, line 14)	1,804.63
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	875
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	

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: 4/12/18

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: Ann W. Gilbert (Candidate's signature)

Date: 4/24/18

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)
Mar 11, 2018	Bettina Girdwood 15 Tucker Road Andover, MA 01810	100	
Mar 24, 2018	Amy Joyall 38 Prospect Road Andover, MA 01810	100	
Mar 24, 2018	Debra Silberstein 28 Burton Farm Drive Andover, MA 01810	200	Attorney, Burns & Levinson
Mar 22, 2018	Susan Stott 30 Pasho Street Andover, MA 01810	100	
Line 9: Total Receipts over \$50 (or listed above)		500	
Line 10: Total Receipts \$50 and under* (not listed above)		185	
Line 11: TOTAL RECEIPTS IN THE PERIOD		685	← 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
Mar 28, 2018	Diane Costagliola	15 Belknap Drive Andover, MA 01810	Reimbursement (see R1)	560
Apr 12, 2018	Ann Gilbert	12 Gray Road Andover, MA 01810	Reimbursement (see R1)	273.57
Mar 27, 2018	Oak & Iron Brewing Co.	18 Red Spring Road Andover, MA 01810	Campaign party room fee	450
Mar 24, 2018	United States Postal Service	10 Stevens Street Andover, MA 01810	Postcard stamps	60
Mar 28, 2018	Sara Wells	12 Coventry Lane Andover, MA 01810	Reimbursement (see R1)	451.08
Line 12: Total Expenditures over \$50 (or listed above)				1,794.65
Line 13: Total Expenditures \$50 and under* (not listed above)				9.98
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,804.63

* 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)				875
Line 17: TOTAL IN-KIND CONTRIBUTIONS				875

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



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: <input style="width: 90%;" type="text" value="March 28, 2018"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text" value="Diane Costagliola"/>
Committee Name:	<input style="width: 95%;" type="text" value="Committee to Elect Annie Gilbert"/>
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 24, 2018	United States Postal Service	10 Stevens Street Andover, MA 01810	Postcard stamps	\$560.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 90%;" type="text" value="560"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 90%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 90%;" type="text" value="560"/>

Signed under the penalties of perjury:

Sara A. Wells

Signature of Candidate / Treasurer

Date:

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



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:		April 12, 2018
Name of Individual Being Reimbursed:	Ann Gilbert	
Committee Name:	Committee to Elect Annie Gilbert	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Dec 15, 2017	Minuteman Press	79 North Main Street Andover, MA 01810	Copies	\$101.04
Mar 27, 2018	Oak & Iron Brewing Co.	18 Red Spring Road Andover, MA 01810	Campaign party service charge	\$122.80

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	223.84
Line 2: Expenditures \$50 or under (not itemized):	49.73
Line 3: TOTAL AMOUNT REIMBURSED:	273.57

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date: 4/12/18

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



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:	March 28, 2018
Name of Individual Being Reimbursed:	Sara Wells	
Committee Name:	Committee to Elect Annie Gilbert	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 27, 2018	Stop & Shop	757 Turnpike Street North Andover, MA 01845	Paper goods and cake for campaign party	\$101.14
Mar 27, 2018	Whole Foods Market	40 Railroad Street Andover, MA 01810	Food platters for campaign party	\$349.94

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	451.08
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	451.08

Signed under the penalties of perjury:

Sara A Wells

Signature of Candidate / Treasurer

Date: 4/12/18

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 MAY -3 A 9:31

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/10/2018 Ending Date: 04/16/2018

Type of Report: (Check one)

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	1,084.42
Line 2: Total receipts this period (page 3, line 11)	100
Line 3: Subtotal (line 1 plus line 2)	1,184.42
Line 4: Total expenditures this period (page 5, line 14)	760.32
Line 5: Ending Balance (line 3 minus line 4)	424.1
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: Apr 26, 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: 04/26/2018

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 23, 2018	John Ross 6 Tamys Lane Andover, MA 01810	100	
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	← 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
Mar 24, 2018	Oakdale Liquors	1900 Main Street Tewksbury, MA 01876	Campaign Open House Food & Beverages	279.64
Mar 24, 2018	Market Basket	1900 Main Street Tewksbury, MA 01876	Campaign Open House Food & Beverages	375.68
Mar 15, 2018	US Postal Service - Ballardvale	187 Andover Street, Andover MA 01810	Postcard Stamps	105
Line 12: Total Expenditures over \$50 (or listed above)				760.32
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				760.32

* 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 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)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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 APR 27 A 11: 52

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: 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

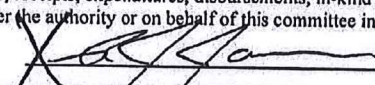
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	5,076.62
Line 2: Total receipts this period (page 3, line 11)	100
Line 3: Subtotal (line 1 plus line 2)	5,176.62
Line 4: Total expenditures this period (page 5, line 14)	8.2
Line 5: Ending Balance (line 3 minus line 4)	5,168.42
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	<input type="text" value="Enterprise Bank"/>

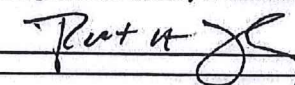
Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind 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)		100	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	← 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		100	← 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
	See attached Schedule B Committee to Elect Bob Landry			
Line 12: Total Expenditures over \$50 (or listed above)				8.2
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				8.2

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)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

* 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 A: Receipts (Committee to Elect Bob Landry)

Date	Amount	Last Name	First Name	Address	City	State	Zip (for contributions of \$200 or more.)	Occupation & Employer
3/31/2018	100.00	Annarelli	Lauren	7 Cherokee Circle	Andover	MA	01810	-

\$ 100.00

Schedule B: Expenditures (Committee to Elect Bob Landry)

Date	Amount	Purpose	Name	Address	City	State	Zipcode	Type
	\$ 8.20	Fundraising Fees	FundRazr	171 Water Street	Vancouver	BC	V6B1A7	Netted

\$ 8.20 (for reporting period 3/10/2018-4/16/2018)



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: Mar 10, 2018 Ending Date: Apr 16, 2018

Type of Report: (Check one)
 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>\$ 1,301.14</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 500.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 1,801.14</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 289.63</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 1,511.51</u>
Line 6: Total in-kind contributions this period (page 6)	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 5,049.12</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: 4/24/18

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: 4/24/18

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)
3/13	Marrann Gibson 9 Dean Circle Andover, ma 01810	\$100.00	
3/13	Anita Johnson 8 Germano Way Andover, ma 01810	\$100.00	
3/23	Rosemary Halloran 197 Haggetts Pond Rd Andover, ma 01810	\$100.00	
3/25	Sarah Meier 23 Algonquin Ave Andover, ma 01810	\$100.00	
3/27	Jennifer Srivastava 8 Endicott 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		\$500.00	← 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 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		\$500	← 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
3/24	Cyndi Webber	9 Gavin Circle Andover, ma 01810	Stamps for postcard mailing	\$120.75
3/24	Wes Ritchie	113 George St. Boston, MA 02119	robocall for campaign	\$60.00
4/2	Kristen Walsh	27 Stevens Street Andover, ma 01810	Facebook promotion costs	\$99.28
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				\$9.60
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$289.63

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 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	\$289.63

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



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: 3/24/18
Name of Individual Being Reimbursed: Cyndi Webber	
Committee Name: Committee to elect Susan McCready for S.C.	
CPF ID Number (if applicable): 	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/22/18	U.S. Post Office	10 Stevens Street Andover, ma 01810	Stamps for election mailing	\$120.75

(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:	\$120.75 \$120.75
---	---

Signed under the penalties of perjury: <div style="text-align: center; margin-top: 10px;"> _____ Signature of Candidate / Treasurer </div>	Date: 4/24/18
--	---

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



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:

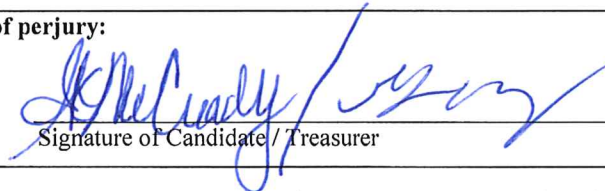
CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/24/18	Wes Ritchie	113 George St. Boston, ma 02119	robo call for campaign	\$ 60.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$ 60.00
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	\$ 60.00

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

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



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
4/2/18	Kristen Walsh	27 Stevens Street Andover, ma 01810	Facebook promotion Costs	\$99.28

(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.

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)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				- 0 -

* 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

Comm. Hee 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
	Susan McCready	8 Dean Circle Andover, ma 01810	postage expenses	\$ 35.00
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	4x6 Friend to Friend cards, thank yous & Bus. cards	\$ 239.06
3/2/18	Susan McCready	8 Dean Circle Andover, ma 01810	postage for 6x9 mailing	\$ 2,001.75
3/13/15	Susan McCready	8 Dean Circle Andover, ma 01810	stamp costs (remaining 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)	\$ 5,049.12

Committee to elect Susan McCready for Sc.



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: 03/10/2018 Ending Date: 04/16/2018

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): 7814545330

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: krystalsolimine@verizon.net

Phone # (optional): 9782657242

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$1610.00
Line 2: Total receipts this period (page 3, line 11)	\$200.00
Line 3: Subtotal (line 1 plus line 2)	\$1810.00
Line 4: Total expenditures this period (page 5, line 14)	\$1039.66
Line 5: Ending Balance (line 3 minus line 4)	\$770.34
Line 6: Total in-kind contributions this period (page 6)	\$371.67
Line 7: Total (all) outstanding liabilities (page 7)	\$859.42
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: 4/26/18

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: 4/25/18

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)
3/17/18	Evan Sermos 6 Carraige Hill Road Andover MA 01810	\$200.00	Owner/Self Employed Snap-On-Tools Franchise
Line 9: Total Receipts over \$50 (or listed above)		\$200.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$200.00	← 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 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

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
3/14/18	Goodway Group	16 A Street Burlington MA 01803	Postage for Direct Mail 6x9	\$517.35
4/2/18	Goodway Group	16 A Street Burlington MA 01803	Printing/Production Direct Mail 6x9 Card	\$434.38
4/9/18	JB Systems LLC	PO Box #496 Moline, IL 61266	Phone Service - Automated Campaign Calls	\$87.93
Line 12: Total Expenditures over \$50 (or listed above)				\$1039.66
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1039.66

* 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 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
3/12/18	Andover Republican Town Committee	68 Beacon Street Andover MA 01810	Direct Mailing - Endorsement	\$371.67
Line 15: In-Kind Contributions over \$50 (or listed above)				\$371.67
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$371.67

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. **Page 6**

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 - 1st Batch (24 Hour Yard Signs)	\$389.00
3/2/18	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Wooden Poles Used for Holding Signs (Lowe's)	\$25.12
3/16/18	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Yard Signs - 2nd Batch (24 Hour Yard Signs)	\$389.00
3/23/18	Keith Saxon	15 Wethersfield Drive Andover MA 01810	Wooden Poles and Hardware for Signs to Used at Polling Locations (Lowe's)	\$35.06
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$859.42



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 10, 2018 Ending Date: April 16, 2018 10:52

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

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	1,509.95
Line 2: Total receipts this period (page 3, line 11)	200
Line 3: Subtotal (line 1 plus line 2)	1,709.95
Line 4: Total expenditures this period (page 5, line 14)	1,700.46
Line 5: Ending Balance (line 3 minus line 4)	9.49
Line 6: Total in-kind contributions this period (page 6)	28.00 <i>28</i>
Line 7: Total (all) outstanding liabilities (page 7)	0
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: 4/10/18

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: 4/17/18

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)
3/19/2018	Jennifer Ziolkowski 19 Woodhaven Drive Andover, MA 01810	200	CFO, Solid Biosciences
Line 9: Total Receipts over \$50 (or listed above)		200	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		200	← 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

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
4/4/2018	Mak & Co.	18 Red Spring Road, Andover MA 01810	Thank you gifts for volunteers	117.94
4/3/2018	Tracey Spruce	23 Woodhaven Drive, Andover MA 01810	Reimbursement of Loan from Tracey Spruce as detailed in prior two PF M 102 Forms	1,568.42
Line 12: Total Expenditures over \$50 (or listed above)				1,686.36
Line 13: Total Expenditures \$50 and under* (not listed above)				14.10
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1700.46

* 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 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
3/26/2018	Alison Campbell	6 Heritage Lane Andover, MA 01810	200 Coins for Paperless Post	28.00
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	28.00
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	28.00

* 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)				



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of: Andover

Reporting Period:	Beginning: <u>3/10/2018</u> <small>(MM/DD/YYYY)</small>	Ending: <u>4/16/2018</u> <small>(MM/DD/YYYY)</small>
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Type of Report: (Check One)

8th day preceding preliminary/primary
 8th day preceding election
 30th day following election (town or special)
 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	PRINT NAME	SIGNATURE <small>Signed under the penalties of perjury</small>	RESIDENTIAL ADDRESS <small>(Street and Number)</small>	OFFICE SOUGHT
<u>5/3/18</u>	Eric Stubenhaus		18 Enfield Drive, Andover	Punchard Free School Trustee

RECEIVED
 TOWN CLERK'S OFFICE
 2018 MAY -7 P 12:51
 TOWN OF ANDOVER, MASS



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: 03/10/2018 Ending Date: 04/16/2018

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	30.46
Line 2: Total receipts this period (page 3, line 11)	1410.00
Line 3: Subtotal (line 1 plus line 2)	1440.46
Line 4: Total expenditures this period (page 5, line 14)	1317.87
Line 5: Ending Balance (line 3 minus line 4)	122.59
Line 6: Total in-kind contributions this period (page 6)	674.36
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: 04/23/2018

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: 04/23/2018

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)
03/27/18	Aihua Jiang 311 Lowell st apt 3211, Andover MA 01810	88	
03/27/18	Jennifer Zhang 3 Windemere Drive, Andover MA 01810	300	Northrop Grumman Corp
03/19/18	Jiening Lai 4 hearthstone place, Andover MA 01810	100	
03/27/18	Min Wang 10 Starr Ave East, Andover MA 01810	200	Mingong, LLC
03/27/18	Peng Cui 197 high street unit 15, Andover MA 01810	50	
03/27/18	Tianqi Wang 15 Orchard Crossing, Andover MA 01810	50	
03/10/18	Xian Wu 204 Andover St #403, Andover MA 01810	300	Sino-American Culture and Economic Development Foundation
03/27/28	Xiaofei Pu 1 Christian Way, Andover MA 01810	50	
03/27/18	Yueping Xu 15 Orchard Crossing, Andover MA 01810	50	
03/11/18	Z Chen 168 River Rd Apt225, Andover, 01810	50	
Line 9: Total Receipts over \$50 (or listed above)		1238.00	
Line 10: Total Receipts \$50 and under* (not listed above)		172.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1410.00	← 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
03/16/18	Connolly Printing	17 Gill St, Woburn, MA 01801	printing postcards	1041.76
03/15/18	Home depot	72 Pleasant valley st, methuen, MA 01844	material for holding signs	19.11
03/17/18	USPS	10 Stevens st, Andover, MA 01810	US stamps	205
03/16/18	Walmart	70 Pleasant valley st, methuen, MA 01844	everlope	17.64
03/230/18			Website transaction fee	34.36
Line 12: Total Expenditures over \$50 (or listed above)				1246.76
Line 13: Total Expenditures \$50 and under* (not listed above)				71.11
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1317.87

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/16/18	Shishan wang Charm Sciences Inc. Senior scientist	10 Brady Loop, Andover MA 01810	postcard postage	674.36
Line 15: In-Kind Contributions over \$50 (or listed above)				674.36
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				674.36

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. Page 6

