



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2017 Ending Date: 3/17 Mar 10, 2017 **A 10: 22**

Type of Report: (Check one)

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

Joel Blumstein
Candidate Full Name (if applicable)

Andover School Committee
Office Sought and District

3 Athena Circle, Andover, MA 01810
Residential Address

E-mail: jcjb95@gmail.com

Phone # (optional): _____

Committee to Elect Joel Blumstein
Committee Name

Irene Pien
Name of Committee Treasurer

5 Athena Circle, Andover, MA 01810
Committee Mailing Address

E-mail: ipien@comcast.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	118.97
Line 2: Total receipts this period (page 3, line 11)	3,060
Line 3: Subtotal (line 1 plus line 2)	3,178.97
Line 4: Total expenditures this period (page 5, line 14)	2,145.3
Line 5: Ending Balance (line 3 minus line 4)	1,033.67
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:	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: 3/19/2017

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

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

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 3/20/2017

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb 10, 2017	Andover Democratic Town Committee P.O. Box 1746 Andover, MA 01810	250	CPF ID#70009
Feb 10, 2017	Joel Blumstein 3 Athena Circle Andover, MA 01810	500	Retired
Feb 17, 2017	Lauren Conoscenti 129 Rattlesnake Hill Road Andover, MA 01810	100	
Mar 6, 2017	Ronald Eskin 45 North Street Andover, MA 01810	150	
Feb 17, 2017	Annie Gilbert 12 Gray Road Andover, MA 01810	100	
Mar 5, 2017	Bettina Girdwood 15 Tucker Road Andover, MA 01810	100	
Feb 14, 2017	Mary Goad 111 Chestnut Street Andover, MA 01810	100	
Feb 27, 2017	Laura Gregory 5 Embassy Lane Andover, MA 01810	100	
Feb 27, 2017	Rosemary Halloran 197 Haggetts Pond Road Andover, MA 01810	125	
Mar 5, 2017	Roberta Hantgan 1 Powder Mill Square, #308 Andover, MA 01810	100	
Feb 21, 2017	Gina Murray 3 Wescott Road Andover, MA 01810	100	
Feb 15, 2017	Irene Pien 5 Athena Circle Andover, MA 01810	200	Teacher, Andover Country Day School
Line 9: Total Receipts over \$50 (or listed above)		1,925	
Line 10: Total Receipts \$50 and under* (not listed above)		835	
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 15, 2017	Mary Pritchard 399 River Road Andover, MA 01810	100	
Feb 10, 2017	Shannon Scully 34 School Street Andover, MA 01810	100	
Feb 17, 2017	Sara Wells 12 Coventry Lane Andover, MA 01810	100	

Line 9: Total Receipts over \$50 (or listed above) 300

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

Line 11: **TOTAL RECEIPTS IN THE PERIOD** 3,060 ← 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
Feb 27, 2017	Joel Blumstein	3 Athena Circle Andover, MA 01810	Reimbursement for printing, office supplies, postage (see R1)	1,107.6
Mar 10, 2017	Joel Blumstein	3 Athena Circle Andover, MA 01810	Reimbursement for lawn signs and stakes, printing (see R1)	1,015.98
Line 12: Total Expenditures over \$50 (or listed above)				2,123.58
Line 13: Total Expenditures \$50 and under* (not listed above)				21.72
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,145.3

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



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:	Feb 27, 2017
Name of Individual Being Reimbursed:	Joel Blumstein	
Committee Name:	Committee to Elect Joel Blumstein	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Feb 19, 2017	Vistaprint	275 Wyman Street Waltham, MA 02451	Printing postcards	\$228.92
Feb 22, 2017	United States Postal Service	10 Stevens Street Andover, MA 01810	Purchase postage stamps	\$850.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	
Line 2: Expenditures \$50 or under (not itemized):	28.68
Line 3: TOTAL AMOUNT REIMBURSED:	1,107.6

Signed under the penalties of perjury:

Joel Blumstein

Signature of Candidate / Treasurer

Date: 3 | 19 | 2017

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="Mar 10, 2017"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="Joel Blumstein"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Joel Blumstein"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Feb 23, 2017	Vogel Printing	300 Canal Street Lawrence, MA 01840	Printing plastic & cardboard signs	\$807.50
Feb 26, 2017	Staples	73 Turnpike Street North Andover, MA 01845	Printing handouts	\$150.00
Feb 28, 2017	Vogel Printing	300 Canal Street Lawrence, MA 01840	Purchase stakes for lawn signs	\$58.48

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text" value="1,015.98"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text" value="0"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text" value="1,105.98"/>

<p>Signed under the penalties of perjury:</p> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> Signature of Candidate / Treasurer </div>	Date: <input style="width: 100%;" type="text" value="3 19 2017"/>
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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

File with: City or Town Clerk or Election Commission

RECEIVED
TOWN CLERK'S OFFICE
2017 MAR 16 P 3:52
TOWN OF ANDOVER, MASS

Reporting Period - Beginning: 1/1/2017 Ending: 3/10/2017

Type of report: Pre-election

Sheila M Doherty <i>Full Name of Candidate</i>	The Doherty Committee <i>Committee Name</i>
Moderator	James D Doherty Jr <i>Name of Committee Treasurer</i>
Office Sought/ District	45 Martingale Lane <i>Committee Address</i>
9 Juniper Road	Andover, MA 01810
Andover, MA 01810 <i>Residential Address</i>	

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$420.36
Total receipts this period:	\$0.00
Subtotal:	\$420.36
Total expenditures this period:	\$0.00
Ending Balance:	\$420.36
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:

[Handwritten Signature]
Treasurer's signature (in ink)

3/13/17
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:

[Handwritten Signature]

Schedule A: Receipts

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

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

Schedule B: Expenditures

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

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

Schedule C: "Inkind" Contributions

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

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

Schedule D: Liabilities

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

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY OF ANDOVER OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Feb 1, 2017 Ending Date: Mar 10, 2017 P 12:36

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

Laura M. Gregory
Candidate Full Name (if applicable)
Town of Andover Board of Selectmen
Office Sought and District
5 Embassy Lane, Andover, MA 01810
Residential Address
E-mail: lmeyergregory@yahoo.com
Phone # (optional): 7813679973

Committee to Elect Laura Gregory
Committee Name
Sara Wells
Name of Committee Treasurer
12 Coventry Lane, Andover, MA 01810
Committee Mailing Address
E-mail: salexiswells@gmail.com
Phone # (optional): 6177973367

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,122.63
Line 3: Subtotal (line 1 plus line 2)	5,122.63
Line 4: Total expenditures this period (page 5, line 14)	4,829.48
Line 5: Ending Balance (line 3 minus line 4)	293.15
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:	<u>Citizens 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: Sara Wells (Treasurer's signature) Date: 3/10/17

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

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

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

Signed under the penalties of perjury: Laura M. Gregory (Candidate's signature) Date: 3/18/17

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/8/17	Andover Democratic Town Committee (CPF ID #70009) P. O. Box 1746, Andover, MA 01810	\$250.00	
3/5/17	Andover Firefighters Union 32 North Main Street Andover, MA 01810	\$250.00	
2/15/17	Antonellis, Anthony 21 Gay Street Westwood, MA 02090	\$500.00	Partner at Sloane and Walsh, LLP
2/28/17	Blumstein, Joel 3 Athena Circle Andover, MA 01810	\$100.00	
2/20/17	Dalley, William 114 Marrett Road Lexington, MA 02421	\$200.00	Partner at Sloane and Walsh, LLP
2/20/17	Donovan, John 19 Valley Road Natick, MA 01760	\$100.00	
3/5/17	Forgue, Dennis 18 Reservation Road Andover, MA 01810	\$100.00	
2/21/17	Gaynor, Robert 23 Meeting House Lane Southborough, MA 01772	\$100.00	
3/5/17	Girdwood, Bettina 15 Tucker Road Andover, MA 01810	\$100.00	
2/11/17	Goad, Mary 111 Chestnut Street Andover, MA 01810	\$100.00	
2/16/17	Gordon, Andrew 15 Pine Street Andover, MA 01810	\$200.00	Sales Manager at Sheridan
3/3/17	Gregory, Laura - LOAN 5 Embassy Lane Andover, MA 01810	\$492.63	
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		CONT . . .	← 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)
2/3/17	Halloran, Rosemary 197 Haggetts Pond Road Andover, MA 01810	\$250.00	Self-employed
2/27/17	Halloran, Rosemary 197 Haggetts Pond Road Andover, MA 01810	\$100.00	
3/7/17	Hantgan, Roberta 1 Powder Mill Square #1308 Andover, MA 01810	\$100.00	
3/1/17	Hartnett, Shannon 3 Whittemore Terrace Andover, MA 01810	\$100.00	
2/17/17	Hinchev, Edward 44 Constellation Wharf Charlestown, MA 02129	\$250.00	Partner at Sloane and Walsh, LLP
2/28/17	Lisasuskas, Stephen 2 Blanchard Street Andover, MA 01810	\$200.00	Vice President of Waste Zero
2/13/17	Murray, Gina 3 Wescott Road Andover, MA 01810	\$200.00	Homemaker
2/22/17	Ryan, John 60 Redington Road Needham, MA 02492	\$100.00	
2/14/17	Srivistava, Jennifer 8 Endicott Road Andover, MA 01810	\$50.00	
2/23/17	Srivistava, Jennifer 8 Endicott Road Andover, MA 01810	\$50.00	
2/8/17	Wells, Sara 12 Coventry Lane Andover, MA 01810	\$300.00	Partner at Morgan, Lewis, & Bockius, LLP
2/28/17	Zahorik, Bonnie 2 Granli Drive Andover, MA 01810	\$100.00	
2/28/17	Zdunczyk, Christine 1 Rennie Drive Andover, MA 01810	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		4,392.63	
Line 10: Total Receipts \$50 and under* (not listed above)		730.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$5,122.63	← 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
2/25/17	The Eagle-Tribune	100 Turnpike Street North Andover, MA 01845	advertising in Andover Townsmen	\$1,143.45
3/3/17	Gregory, Laura	5 Embassy Lane Andover, MA 01810	repayment of loan	\$492.63
3/7/17	United States Postal Service	25 Dorchester Avenue Boston, MA 02205	postcard stamps	\$612.00
3/10/17	United States Postal Service	20 Main Street Andover, MA 01810	postcard stamps	\$680.00
3/3/17	VistaPrint	275 Wyman Street Waltham, MA 02451	printing of postcards	\$492.63
2/24/17	Vogel Printing	P. O. Box 127 Lawrence, MA 01842	printing signs and stakes	\$924.37
3/10/17	Vogel Printing	P. O. Box 127 Lawrence, MA 01842	printing signs and stakes	\$446.25
Line 12: Total Expenditures over \$50 (or listed above)				4,791.33
Line 13: Total Expenditures \$50 and under* (not listed above)				38.15
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				4,829.48

* 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
	NONE			
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. Page 6



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED
TOWN CLERK'S OFFICE

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: ²⁰¹⁷ MAR 17 ²⁰¹⁸ AUG 13
Beginning Date: 01/01/2017 Ending Date: 03/10/2017

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

MARY O'DONOGHUE
Candidate Full Name (if applicable)
SELECTMAN - ANDOVER
Office Sought and District
69 SALEM ST ANDOVER MA 01810
Residential Address
Telephone Number (optional): 978-337-8159

COMMITTEE TO ELECT MARY O'DONOGHUE
Committee Name
DONALD W. ROBB
Name of Committee Treasurer
69 SALEM ST ANDOVER MA 01810
Committee Mailing Address
Telephone Number (optional): 978-475-1968

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>6,225</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6,225</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3,186.22</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3,038.78</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>876.03</u>
Line 8: Name of bank(s) used:	<u>ENTERPRISE BANK</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Donald W. Robb (Treasurer's signature) Date: 3/16/2017

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
 Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
 Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Mary O'Donoghue (Candidate's signature) Date: 3/17/2017

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/01/17	ALEXANDRIA, MARIA 9 PRIDES CIRCLE ANDOVER MA 01810	1,000	MANAGEMENT SERVICES ALPHA DEVELOPMENTS CORP
02/25/17	ANDERSON, LINN 435 ABBOT ST ANDOVER MA 01810	100	
02/27/17	BARTLETT, MARIA 26 JENKINS RD ANDOVER MA 01810	75	
02/15/17	BASILAKIS, CONNIE 23 DASCOMA RD ANDOVER MA 01810	50	
02/22/17	CLARKE, KRISTEN 129 BAILEY RD ANDOVER MA 01810	50	
03/02/17	DE LUCA, ROSEMARY 6 NORWICH PLACE ANDOVER MA 01810	100	
02/26/17	GIFUN, JANE 9 CASTLE HEIGHTS ANDOVER MA 01810	500	RETIRED
02/16/17	HAM, PATRICIA 92 WILDWOOD RD ANDOVER MA 01810	50	
03/10/17	DANIEL A. HAYES, FR 6 AVALON COURT METHUEN MA 01844	200	ATTORNEY MORRIS, ROSSI & HAYES
02/20/17	JURGEN, MARGARET 88 SUMMER ST ANDOVER MA 01810	50	
02/07/17	LARSEN, LARRY 28 ANDOVER ST ANDOVER MA 01810	100	
02/21/17	McKALLAGAT, PETER 65 LOVEJOY RD 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)
03/04/17	MENTZ, KARL 8 GILMORE AVE READING MA 01867	500	ENGINEER PRATT & WHITNEY
03/10/17	MORRIS, MARY JOAN 11 ABBOT ST ANDOVER MA 01810	125	
03/05/17	MORRIS, MICHAEL 11 ABBOT ST ANDOVER MA 01810	250	ATTORNEY MORRIS, ROSSI & HAYES
03/08/17	MORRIS, MICHAEL, JR 32 CHESTNUT ST ANDOVER MA 01810	100	
02/24/17	O'DONOGHUE, GEOFF 69 SALEM ST ANDOVER MA 01810	1000	ENGINEER BROADCOM
02/21/17	O'DONOGHUE, MARY 69 SALEM ST ANDOVER MA 01810	1000	REALTOR WM RAVEIS
03/06/17	ODUM, FRANK 1 AGAWAM LANE ANDOVER MA 01810	200	RETIRED
03/04/17	PETTY, JOHN 10 TALBOT RD ANDOVER MA 01810	100	
03/04/17	PONTI, JOSEPH 10 HARRISON AVE ANDOVER MA 01810	25	
03/10/17	ROBB, DONALD 36 YORK ST ANDOVER MA 01810	100	
02/27/17	ROLI, MICHAEL 2 COLLEGE CIRCLE ANDOVER MA 01810	100	
3/10/17	ROSSI, LAURENCE 32 CHESTNUT ST ANDOVER MA 01810	250	ATTORNEY MORRIS, ROSSI & HAYES
02/24/17	SULLIVAN, TIMOTHY 31 RIVER RD ANDOVER MA 01810	100	
Line 9: Total Receipts over \$50 (or listed above)		6,225	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,225	← 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
3/6/17	POSTMASTER	EAST HAMPSTEAD NH 03826	POSTAGE: LETTER	1,377.73
2/24/17	VOGEL PRINTING	PO Box 167 LAWRENCE MA 01842	LAWN SIGNS	924.37
2/24/17	VOGEL PRINTING	PO Box 167 LAWRENCE MA 01842	BANNERS	586.12
Line 12: Expenditures over \$50 (or listed above)			3,186.22	
Line 13: Expenditures \$50 and under* (not listed above)			0	
Line 14: TOTAL EXPENDITURES IN THE PERIOD			3,186.22	

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.

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
3/6/17	BW GRAPHICS	790 TURNPIKE ST NO. ANDOVER MA 01845	DESIGN - SIGNS	270.94
3/8/17	BW GRAPHICS	790 TURNPIKE ST NO ANDOVER MA 01842	DESIGN - BANNERS	605.09
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
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2017 Ending Date: Mar 10, 2017

Type of Report: (Check one)

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

Robert Pokress
Candidate Full Name (if applicable)

School Committee
Office Sought and District

3 Cherrywood Circle Andover, MA 01810
Residential Address

E-mail: _____

Phone # (optional): _____

Bob Pokress for School Committee
Committee Name

Pamela Bukowski
Name of Committee Treasurer

2 Surrey Lane Andover, MA 01810
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,304.14
Line 3: Subtotal (line 1 plus line 2)	2,304.14
Line 4: Total expenditures this period (page 5, line 14)	1,666.18
Line 5: Ending Balance (line 3 minus line 4)	637.96
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1,554.14
Line 8: Name of bank(s) used:	TD Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Pamela Bukowski (Treasurer's signature) Date: 3/16/2017

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

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

Signed under the penalties of perjury: Bob Pokress (Candidate's signature) Date: 3/16/2017

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb 21, 2017	Pamela Bukowski 3 Middle St., Andover MA 01810	50	
Feb 27, 2017	Robert and Alice Friedenson 109 Bellevue Rd. Andover, MA 01810	100	
Mar 10, 2017	Patrice Ham 92 Wildwood Rd., Andover MA 01810	50	
Mar 10, 2017	Frank Odium 1 Agawam Lane, Andover, MA 01810	200	Dentist
Mar 1, 2017	Bob Pokress 3 Cherrywood Circle, Andover, MA 01810	250	Retired
Mar 7, 2017	Bob Pokress 3 Cherrywood Circle, Andover, MA 01810	249.16	Retired
Mar 8, 2017	Bob Pokress 3 Cherrywood Circle, Andover, MA 01810	255	Retired
Mar 9, 2017	Bob Pokress 3 Cherrywood Circle, Andover, MA 01810	762.3	Retired
Feb 27, 2017	Mike Roll 2 College Circle, Andover, MA 01810	100	
Feb 27, 2017	Krystal Solimine 2 Surrey Lane, Andover MA 01810	100	
Mar 1, 2017	Krystal Solimine 2 Surrey Lane, Andover MA 01810100	50	
Feb 28, 2017	Kelle Sutliff 1 Carter Lane, Andover MA 01810	50	
Line 9: Total Receipts over \$50 (or listed above)		2,216.46	
Line 10: Total Receipts \$50 and under* (not listed above)		87.68	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,304.14	← 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
Mar 9, 2017	Eagle Tribune Publishing	100 Turnpike St. North Andover, MA 01845	Newspaper Advertisement	762.3
Mar 8, 2017	USPS	10 Stevens St Andover, MA 01810	Postage	255
Mar 2, 2017	Vogel Printing	300 Canal St. Lawrence, MA 01840	Campaign Signs	599.25
Line 12: Total Expenditures over \$50 (or listed above)				1,616.55
Line 13: Total Expenditures \$50 and under* (not listed above)				49.63
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,666.18

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. 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)				
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. 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
Mar 2, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	250
Mar 3, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	37.68
Mar 7, 2017	BW Graphics	790 Turnpike St. Suite 202 North Andover, MA 01845	Friends of Bob Mailers	249.16
Mar 9, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	762.3
Mar 8, 2017	Bob Pokress	3 Cherrywood Circle Andover, MA 01810	Loan to Campaign	255
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,554.14



**Form CPF M 102-0: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

City or Town of: Andover

Please print or type all information, except signatures.

Reporting Period: Beginning: 1/1/2017 Ending: 3/10/2017
(MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: (Check One)

8th day preceding preliminary/primary election
 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>3/15/17</u>	<u>Donald F. Schroeder</u>		<u>204 Haggetts Pond Road, Andover</u>	<u>Punchard Free School Trustee</u>

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 2017 MAR 20 P 12 10
 OFFICE OF CAMPAIGN AND POLITICAL FINANCE