



**Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2016 Reporting Period: Beginning Date: 4/12/16 Ending Date: 12/31/16

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

Paul D Murphy
Candidate Full Name (if applicable)

Andover school committee
Residential Address

6 School St. Andover MA 01810
Office Sought and District

E-mail: pmurphy@andover.edu

Phone # (optional): _____

Committee to Elect Paul Murphy
Committee Name

Sarah Pendleton
Name of Committee Treasurer

6 School St. Andover MA 01810
Committee Mailing Address

E-mail: pendletonsarah@yahoo.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$1076.95</u>
Line 2: Total receipts this period	<u>\$ 823.75</u>
Line 3: Subtotal	<u>\$1900.70</u>
Line 4: Total expenditures this period	<u>\$ 1711.19</u>
Line 5: Ending Balance	<u>\$ 189.51</u>
Line 6: Total in-kind contributions this period	<u>-</u>
Line 7: Total (all) outstanding liabilities	<u>\$823.75</u>
Line 8: Name of bank(s) used:	<u>T.D. BANK</u>

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

Year end accounting audit

RECEIVED
CITY OF ANDOVER, MASS
2017 APR 21 P 4:13

Signed under the penalties of perjury:

[Signature]
(Candidate's signature)

Date: 4-22-17

Signed under the penalties of perjury:

Sarah C Pendleton
(Treasurer's signature)

Date: 4-21-17

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)
4/13	Paul Murphy	\$ 700	Personal Loan to campaign acct
12/31/16	uncashed check # 106	\$ 123,75	

Line 9: Total Receipts over \$50 (or listed above)	\$ 823.75
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	\$ 823.75

← 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 Paul Murphy

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.

committee to elect Paul Murphy

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
4/14	Paul Murphy	6 School St Andover MA 01810	all signs - (reim for Ad King)	\$1473.54
4/14	Paul Murphy	6 School St Andover MA 01810	Additional Buttons (reim for Ad King)	\$123.75
4/14	Paul Murphy	6 School St Andover MA 01810	stickers (reim to Graphics and)	\$85.95
12/31/16	TD Bank	Main Street Andover	check fees for acct	\$25.95
11/30/16	TD Bank	Main Street Andover	Paper statement fee	\$ 2.00
Line 12: Total Expenditures over \$50 (or listed above)				\$1,711.19
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1,711.19

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 Paul Murphy

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.

Committee to elect Paul Murphy

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.

committee to elect Paul Murphy

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
4/13/16	Paul Murphy	6 School St Andover MA	Personal loan to campaign acct	\$700-
3/26/16	Paul Murphy (Uncashed check)	6 School St Andover MA	check #106 Never cashed	\$123.75

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

\$823.75

committee to elect Paul Murphy



Commonwealth of Massachusetts

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

RECEIVED
SOLICITOR'S OFFICE

2017 APR 21 P 4:13

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

OFFICE ANDOVER, MASS

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: 4/14/16

Name of Individual Being Reimbursed: PAUL MURPHY

Committee Name: Committee to Elect Paul Murphy

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/14/16	Ad King	Turnpike St N. Andover, MA	Yard signs	1473.54
4/14/16	Ad King	" "	buttons	123.75
4/14/16	Graphicsland	8061 186th St Tinley Park, IL	Stickers	85.95

(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 1683.24

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

Line 3: TOTAL AMOUNT REIMBURSED: 1683.24

Signed under the penalties of perjury:

Sarah C Pendleton
Signature of Candidate / Treasurer

Date: 4/21/17

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

RECEIVED
CLERK'S OFFICE

2017 APR 21 P 4:13

TOWN OF ANDOVER, MASS

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: 3-2-16

Name of Individual Being Reimbursed: Betsy Murphy

Committee Name: Committee to Elect Paul Murphy

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/2/16	Staples	Turnpike St No. Andover	postcards for mailings	\$330.51

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$330.51
Line 2: Expenditures \$50 or under (not itemized):	88.79
Line 3: TOTAL AMOUNT REIMBURSED:	419.30

Signed under the penalties of perjury:

Sarah C Pendleton

Signature of Candidate / Treasurer

Date: 4/21/17

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

RECEIVED
TOWN CLERK'S OFFICE

2017 APR 21 P 4: 14

TOWN OF ANDOVER, MASS

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: 4-1-16

Name of Individual Being Reimbursed: Ann Murphy

Committee Name: COMMITTEE TO ELECT PAUL MURPHY

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

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/1/16	U.S POST OFFICE	Stevens St, Andover	STAMPS	\$105

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$105
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	\$105

Signed under the penalties of perjury:

Sarah C Pendleton
Signature of Candidate / Treasurer

Date: 4/21/17

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