



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

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

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

Joel Blumstein
Candidate Full Name (if applicable)

Andover School Committee
Office Sought and District

3 Athena Circle, Andover, MA 01810
Residential Address

E-mail: jcjb95@gmail.com

Phone # (optional): _____

Committee to Elect Joel Blumstein
Committee Name

Irene Pien
Name of Committee Treasurer

5 Athena Circle, Andover, MA 01810
Committee Mailing Address

E-mail: ipien@comcast.net

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

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

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

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

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

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

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

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

SCHEDULE A: RECEIPTS

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

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

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

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

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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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 |
|--|--|---|---|----------------|
| Apr 1, 2017 | Joel Blumstein | 3 Athena Circle Andover, MA 01810 | Reimbursement for printing, office supplies, Facebook ad (see R1) | 951.9 |
| Mar 19, 2017 | John Zipeto | 14 Canterbury Street Andover, MA 01810 | Reimbursement for Andover Townsmen insert (see R1) | 90.05 |
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| Line 12: Total Expenditures over \$50 (or listed above) | | | | 1,041.95 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 46.95 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 1,088.9 |

* 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 |
|--|--|---------|------------------------|--------|
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| 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 |
|---|--------------------------------------|---|-----------------------------|--------|
| Mar 27, 2017 | Committee to Elect Barbara L'Italien | P.O. Box 1936 Andover, MA 01810 | Phone list | 94.65 |
| Mar 18, 2017 | John Zipeto | 14 Canterbury Street Andover, MA 01810 | Andover Townsman insert | 100 |
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| Line 15: In-Kind Contributions over \$50 (or listed above) | | | | 194.65 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | | | | 24.52 |
| Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 219.17 |

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 |
|---|-------------|---------|---------|--------|
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| 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: <input style="width: 90%;" type="text" value="Apr 1, 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 |
|------------------------------------|---------------------------|---|--|--|
| Mar 2, 2017 | Vistaprint | 275 Wyman Street Waltham, MA 02451 | Printing postcards and flyers | \$343.68 |
| Mar 14, 2017 | Vistaprint | 275 Wyman Street Waltham, MA 02451 | Printing postcards | \$138.12 |
| Mar 17, 2017 | United States Post Office | 10 Stevens Street Andover, MA 01810 | Postage stamps | \$340.00 |
| Mar 19, 2017 | Staples | 73 Turnpike Street North Andover, MA 01845 | Printing flyers | \$63.00 |
| | | | | |
| (Include items listed on Page 2) → | | | Line 1: Expenditures in excess of \$50 (itemized above): | <input style="width: 80%;" type="text" value="884.8"/> |
| | | | Line 2: Expenditures \$50 or under (not itemized): | <input style="width: 80%;" type="text" value="67.1"/> |
| | | | Line 3: TOTAL AMOUNT REIMBURSED: | <input style="width: 80%;" type="text" value="951.9"/> |

| | |
|--|--|
| <p>Signed under the penalties of perjury:</p> <div style="text-align: center; margin-top: 20px;"> </div> <p style="text-align: center; margin-top: 10px;">_____ Signature of Candidate / Treasurer</p> | <p>Date: <input style="width: 100%;" type="text" value="4/23/2017"/></p> |
|--|--|

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: Mar 19, 2017 |
| Name of Individual Being Reimbursed: John Zipeto | |
| 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 |
|--------------|---|--|-------------------------|---------|
| Mar 10, 2017 | North of Boston Media Group/ Eagle Tribune | 100 Turnpike Street North Andover, MA 01845 | Andover Townsman insert | \$90.05 |
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(Include items listed on Page 2) →

| | |
|--|---|
| Line 1: Expenditures in excess of \$50 (itemized above): | 90.05 |
| Line 2: Expenditures \$50 or under (not itemized): | |
| Line 3: TOTAL AMOUNT REIMBURSED: | 90.05 |

Signed under the penalties of perjury:

John Zipeto

Signature of Candidate / Treasurer

Date: 4 / 23 / 2017

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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

File with: City or Town Clerk or Election Commission

ANDOVER, MASS 4/18/2017

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

Type of report: 30 day after election

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

SUMMARY BALANCE INFORMATION

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

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Handwritten signature of James D Doherty Jr.

4/18/17

Affidavit of Candidate (check 1 box only) :

- Checked box: 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...

Signed under the penalties of perjury:

Handwritten signature of Sheila M Doherty

Schedule A: Receipts

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

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

Schedule B: Expenditures

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

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

Schedule C: "Inkind" Contributions

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

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

Schedule D: Liabilities

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

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

RECEIVED
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one)

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

Laura M. Gregory
Candidate Full Name (if applicable)

Town of Andover Board of Selectmen
Office Sought and District

5 Embassy Lane, Andover, MA 01810
Residential Address

E-mail: lmeysregregory@yahoo.com

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

Committee to Elect Laura Gregory
Committee Name

Sara Wells
Name of Committee Treasurer

12 Coventry Lane, Andover, MA 01810
Committee Mailing Address

E-mail: SalexisWells@gmail.com

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

SUMMARY BALANCE INFORMATION:

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

Affidavit of Committee Treasurer:

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

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

Date: 4/19/17

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

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

Date: 4/28/2017

SCHEDULE A: RECEIPTS

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

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

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

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

SCHEDULE B: EXPENDITURES

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

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

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

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

Enter on page 1, line 6 →

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one)

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

MARY O'DONOGHUE
Candidate Full Name (if applicable)

SELECTMAN
Office Sought and District

69 SALEM ST ANDOVER MA 01810
Residential Address

Telephone Number (optional): _____

COMMITTEE TO ELECT MARY O'DONOGHUE
Committee Name

DONALD W ROBB
Name of Committee Treasurer

69 SALEM ST ANDOVER MA 01810
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

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

Affidavit of Committee Treasurer:

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

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

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

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

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

SCHEDULE A: RECEIPTS

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

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

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------|---|---------|---|
| 2-25-17 | LINN ANDERSON | \$100- | |
| 3-12-17 | 4 ROBINSWOOD WAY BONESS ANDERSON JOHN | \$150 | |
| 3-11-17 | 16 BRADLEY RD. ANDOVER MA. 01810 DANISCH MELISSA | \$100 | |
| 3-20-17 | 1 CASTLE HEIGHTS RD. ANDOVER MA. 01810 FRONTE MAURICEN | \$100- | |
| 3-13-17 | 9 CASTLE HEIGHTS RD ANDOVER MA. 01810 GIFUN JOE | \$250 | Retired |
| 3-3-17 | GUO ZHEN 209 N. MAIN ST. ANDOVER MA. 01810 | \$1000- | SELF EMPLOYED RESTAURANTEUR |
| 3-23-17 | HAKESY JOHN 44 W. HILL AVE. MELROSE MA. 02176 | \$200- | Public Affair Strategist Prati Strategics |
| 3-7-17 | HARTWELL THOMAS 3 HEMLOCK RD ANDOVER MA. 01810 | \$150- | |
| 3-24-17 | HOFFMAN WILLIAM 49 CRESTWOOD RD MARBLEHEAD MA 01945 | \$400- | RETIRED |
| 3-24-17 | HOWE DOUG 665 OSGOOD ST N. ANDOVER MA. 01845 | \$100 | |
| 3-20-17 | KELLEHER MARY 16 HIDDEN RD. ANDOVER MA. 01810 | \$100- | |
| 3-15-17 | KELLER MAURICEN 20 COUNTY ROAD ANDOVER MA. 01810 | \$50- | |

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

(\$2,700)

SCHEDULE A: RECEIPTS (continued)

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

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

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

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

(3,350)

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|--------------------------------------|------------------------|---------|
| 3/12 | BW GRAPHICS | 790 TURNPIKE ST NANDUVER MA 01845 | POST CARDS | 270.94 |
| 3/12 | BW GRAPHICS | " | LETTER MAILING | 605.09 |
| 4/7 | BW GRAPHICS | " | POST CARD MAILING | 713.96 |
| 4/7 | BW GRAPHICS | " | POSTAGE | 1022.98 |
| 4/7 | BW GRAPHICS | " | POSTCARD | 901.74 |
| 4/7 | BW GRAPHICS | " | POSTAGE | 189.13 |
| 3/13 | RAM PRINTING | 790 TURNPIKE ST NANDUVER MA 01845 | POSTMASTER POSTAGE | 706.97 |
| 3/17 | RAM PRINTING | " | POSTMASTER POSTAGE | 1018.66 |
| 3/17 | VOGEL PRINTING | PO BOX 127 LAURENCE MA 01842 | SIGNS | 664.00 |
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|--|----------------|
| Line 12: Expenditures over \$50 (or listed above) | 6293.53 |
| Line 13: Expenditures \$50 and under* (not listed above) | 0 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | 6293.53 |

Enter on page 1, line 4 →

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---|---------------------------------------|-----------------------------------|-----------------------------|-------|
| 3/16/17 | PAUL SALAFIA SELF EMPLOYED | 283 N MAIN ST ANDOVER MA 01810 | VIDEO | 500 |
| | ADVERTISING MANAGEMENT SERVICES | | | |
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| Line 15: In-Kind Contributions over \$50 (or listed above) | | | | 500 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | | | | 0 |
| Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 500 |

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

SCHEDULE D: LIABILITIES

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

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

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

Type of Report: (Check one)

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

Robert Pokress

Candidate Full Name (if applicable)

School Committee

Office Sought and District

3 Cherrywood Circle Andover, MA 01810

Residential Address

E-mail:

Phone # (optional):

Bob Pokress for School Committee

Committee Name

Pamela Bukowski

Name of Committee Treasurer

2 Surrey Lane Andover, MA 01810

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Pamela Bukowski (Treasurer's signature)

Date: 4/30/17

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury: Robert Pokress (Candidate's signature)

Date: 4/30/17

SCHEDULE B: EXPENDITURES

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

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

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

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

SCHEDULE D: LIABILITIES

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

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

