# Form CPF M 18A: Report of Independent Expenditures Promoting Election or Defeat of Candidate(s) NELERK'S OFFICE

Office of Campaign and Political Finance 2024 MAR 19 PM 5: 14 Commonwealth of Massachusetts File with Local Election Official Massachusetts Teachers Association Independent Expenditure Political Action Committee (ID 80917) 1. Expenditure(s) made by: (Name of individual, group or committee making expenditures) Street Address: 2 Heritage Drive MA 02171 City / State / Zip: Quincy 2. Candidate(s) supported or opposed by expenditure(s) made and office(s) sought; 3. Expenditure(s) were made to: (attach additional pages if necessary): Support or Oppose Candidate Name: Kevin Coffey Office Sought/District: Andover Select Board Candidate Name: Support or Oppose Office Sought/District: Support or Oppose Candidate Name: Office Sought/District: 4. Expenditure(s) (attach additional pages if necessary): Amount **Date Paid** or Value or Incurred To Whom Paid or Owed Address Purpose 712 H St. NE, Unit #606, \$1,312.50 3/19/24 The Pivot Group, Inc. Mail Design Washington, DC 20002 Massachusetts Teachers 2 Heritage Drive, Quincy, MA 3/19/24 Mail Printing and Postage \$526.27 Association 02171 Massachusetts Teachers 2 Heritage Drive, Quincy, MA Voter List \$12.50 3/19/24 Association 02171 Total: \$1,851.27 I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c. 55, s. 1: (1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and (2) the individual(s) or group who made the expenditure(s) described herein did not, in making such expenditure(s), cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent or a candidate or any political committee. I further certify that all statements made herein are true and accurate. Signed under the penalties of perjury: Anthony J. Moreschi
Signature Date: 3/19/2024 Name/Title: Anthony J. Moreschi/GR Specialist

(For individuals signing on behalf of a group)

#### Who Should File This Form?

Any individual, group, association, corporation, labor union, political committee or other entity that makes independent expenditures in an aggregate amount exceeding \$250.00 during any calendar year for the express purpose of promoting the election or defeat of any candidate(s).

# What is an Independent Expenditure?

Independent expenditures are defined in M.G.L. Chapter 55, section 1, as follows:

"Independent expenditure", an expenditure made or liability incurred by an individual, group, association, corporation, labor union, political committee or other entity as payment for goods or services to expressly advocate the election or defeat of a clearly identified candidate; provided, however, that the expenditure is made or incurred without cooperation or consultation with any candidate or a nonelected political committee organized on behalf of the candidate or an agent of the candidate and is not made or incurred in concert with or at the request or suggestion of the candidate, a nonelected political committee organized on behalf of the candidate or agent of the candidate.

#### When Should This Form Be Filed?

This report must be filed within seven (7) business days of the date the aggregate independent expenditure(s) exceed \$250 during a calendar year. In addition, any individual, group, association or political committee that makes an independent expenditure in an aggregate amount exceeding \$250 after the tenth day, but more than 24 hours, before the date of any election, must file a preliminary report within 24 hours of making the independent expenditure. If the filer does not know the value of the expenditure at the time of filing the preliminary report, the report may be filed without the amount of the expenditure. Filers have 7 days to then file an expenditure report with the amount or value of the expenditure listed.

## Where Should This Form Be Filed?

Reports of independent expenditures made to support or oppose candidates in a municipal election should be filed with the applicable city or town clerk or election commission.

Reports of independent expenditures made to support or oppose state and county candidates, and those municipal candidates who file with OCPF, must be filed electronically on OCPF's website, www.ocpf.us.

#### For further information:

Please contact the Office of Campaign and Political Finance at (617)979-8300 / (800)462-OCPF or visit the office's website at www.ocpf.us.

# Form CPF M 18A: Report of Independent Expenditures Promoting Election or Defeat of Candidate(s)

Commonwealth of Ma	assachusetts	TV.	Office of Campaign and	Political Finance 2024 MAR 1	9 PM 5: 1	4
File with Local Election	ion Official				TOOLULE MA	<del>C</del> C
1. Expenditure(	s) made by:		s Teachers Association Independent E		Committee (II	80917)
		6076	lual, group or committee making expenditures)			
Street Addres		2 Heritage Dr	ive		MA 02	171
City / State /	Zip:	Quincy			_ <u>IVIA</u> <u>02</u>	171
2. Candidate(s) (attach additional	Contract Con		enditure(s) made and office(s) sought	3,	Expenditure(s	) were made to:
Candidate Nam	e: Laure	en Diffenbach			∑ Support	t or Oppose
Office Sought/I	District: Ando	over School Co	mmittee		g.	
Candidate Nam	ne:				Suppor	t or Oppose
Office Sought/I	District:				6	
Candidate Nam	1.				Suppor	t or Oppose
Office Sought/l						
4. Expenditure(s)	(attach addition	nal pages if nece.	ssary):			Amount
Date Paid or Incurred	Го Whom Pai	id or Owed	Address	Purpose		or Value
3/19/24 The	e Pivot Group,	, Inc.	712 H St. NE, Unit #606, Washington, DC 20002	Mail Design		\$1,312.50
112/10/24	ssachusetts Te	eachers	2 Heritage Drive, Quincy, MA 02171	Mail Printing and Postag	e	\$526.27
112/10/24	ssachusetts Te sociation	eachers	2 Heritage Drive, Quincy, MA 02171	Voter List		\$12.50
				4	Tot	\$1,851.27
00000000000000000000000000000000000000			dependent expenditures, as defined by			
(1) the individual such expenditu	(s) or group wure(s); and	who made the ex	xpenditure(s) described herein did not	solicit or receive any contr	ibutions in con	templation of
(2) the individual in concert with or a candidate	h or at the requ	uest or suggesti	xpenditure(s) described herein did not on of any candidate, or political com	t, in making such expenditu mittee organized on behalf o	re(s), cooperate of any candidate	e, consult or act e, or any agent
I further certify the	hat all stateme	ents made herei	n are true and accurate.			
Signed under th						
Anthon Signature	y J. M	loreschi	Date: 03/19/2024	Name/Title: Anthon	y J. Moreschi/0	3R Specialist
Signature	9 /			(For	individuals signing	g on behalf of a grou

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Office of Campaign and Political Finance Commonwealth of Massachusetts File with Local Election Official Massachusetts Teachers Association Independent Expenditure Political Action Committee (ID 80917) 1. Expenditure(s) made by: (Name of individual, group or committee making expenditures) 2 Heritage Drive Street Address: 02171 MA City / State / Zip: Quincy 2. Candidate(s) supported or opposed by expenditure(s) made and office(s) sought; 3. Expenditure(s) were made to: (attach additional pages if necessary): Support or Oppose Candidate Name: Shauna Murray Office Sought/District: Andover School Committee Support or Oppose Candidate Name: Office Sought/District: Support or Oppose Candidate Name: Office Sought/District: 4. Expenditure(s) (attach additional pages if necessary): Amount **Date Paid** Purpose or Value Address or Incurred To Whom Paid or Owed 712 H St. NE, Unit #606, \$1,312.50 Mail Design 3/19/24 The Pivot Group, Inc. Washington, DC 20002 2 Heritage Drive, Quincy, MA Massachusetts Teachers \$526.26 Mail Printing and Postage 3/19/24 02171 Association Massachusetts Teachers 2 Heritage Drive, Quincy, MA \$12.50 Voter List 3/19/24 Association 02171 \$1,851.26 I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c. 55, s. 1: (1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and (2) the individual(s) or group who made the expenditure(s) described herein did not, in making such expenditure(s), cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent or a candidate or any political committee. I further certify that all statements made herein are true and accurate.

Date: 03/19/2024

Anthony J. Moreschi'

Signed under the penalties of perjury:

Name/Title: Anthony J. Moreschi/GR Specialist

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Office of Campaign and Political Finance

	th of Massachusetts		Office of Cumpuign and	2021 MAR	19 PM 5: 1	Ly.
	diture(s) made by:	Massachusett	ts Teachers Association Independent	Expenditure Political Action	a Committee (ID	80917)
1. Expend	mure(s) made by:	-	dual, group or committee making expenditures		ANDOTEN NE	
Street A	Address:	2 Heritage D	rive	15		
City / S	State / Zip:	Quincy			MA 021	71
	ate(s) supported or		penditure(s) made and office(s) sough	it; 3	3. Expenditure(s)	were made to:
Candidat		ge Thorlin			∑ Support	or Oppose
Office So	ought/District: And	over Select Boa	ard		_	
Candidat	e Name:				Support	or Dppose
Office So	ought/District:				_	
Candidat	e Name:				Support	or Oppose
Office So	ought/District:				_	į.
4. Expendit	ure(s) (attach additio	nal pages if nece	essary):			
Date Paid or Incurre		id or Owed	Address	Purpose	1	Amount or Value
3/19/24	The Pivot Group	, Inc.	712 H St. NE, Unit #606, Washington, DC 20002	Mail Design	-	\$1,312.50
3/19/24	Massachusetts To Association	eachers	2 Heritage Drive, Quincy, MA 02171	Mail Printing and Postag	ge	\$526.27
3/19/24	Massachusetts To Association	eachers	2 Heritage Drive, Quincy, MA 02171	Voter List		\$12.50
						i.
						3
		1			Tota	al: \$1,851.27
1,600	FX (FT)		dependent expenditures, as defined by		sont was	
such exp	enditure(s); and		xpenditure(s) described herein did no			
in conce	vidual(s) or group vert with or at the requididate or any politic	uest or suggest	xpenditure(s) described herein did no ion of any candidate, or political com	t, in making such expenditu mittee organized on behalf	re(s), cooperate, of any candidate	consult or act, or any agent
I further ce	rtify that all stateme	nts made herei	n are true and accurate.			
Signed un	der the penalties o	f perjury:				
A	nthony J.	Moresch	Date: 3/19/2024	Name/Title: Anthor	ıy J. Moreschi/G	R Specialist
Signature	17	ne whome unerganistics and the	244.		individuals signing	

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# Form CPF M 102: Campaign Finance Report Commonwealth of Massachusetts Office of Campaign and Political Finance File with: City or Town Clerk or Election Commission Reporting Period: Beginning: 1/1/2024 Ending: 3/8/2024

Type of Report: 2024 Pre-election Report

Coffey, Kevin

ull Name of Candidate

Select Board

ffice Sought/ District

1 Stafford Lane Andover, MA 01810

esidential Address

Committee Name

Name of Committee Treasurer

Committee Address

\$1,216.64

SUMMARY BALANCE INFORMATION

Ending balance from previous report:

Total receipts this period:

Subtotal:

Total expenditures this period:

Ending Balance:

Total inkind contributions this period:

Total out of pocket spending this period:

\$4.80

\$4,255.00

\$4,255.00

\$4,259.80

\$481.43

Ending Balance:

\$3,778.37

Total inkind contributions this period:

\$0.00

\$216.64

Name of Bank Used:

Total outstanding liabilities:

## Affidavit of Candidate:

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L.c. 55.

Signed under the penalties of perjury:

Candidate's signature (in ink)

18 MARCH 2024

Date

Schedule A: Receipts

.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 Employer	
3/3/2024	Andersen, Christian	\$100.00		
	7 Stafford Lane			
	Andover, MA 01810			
2/13/2024	Anderson, Linn	\$200.00	Retired	
	41 Martingale Lane		None	
a a	Andover, MA 01810			
2/22/2024	Buck, William	\$100.00		
	5 Lockway Road			
	Andover, MA 01810			
2/14/2024	Carroll, Tom	\$125.00		
	11 Bailey Road			
*	Andover, MA 01810		**************************************	
2/22/2024	Coffey, Jim	\$500.00	Electrician	
	26752 Oak Avenue		CORElectric, Inc.	
	Santa Clarita, CA 91351	<u> </u>		
2/1/2024	Constantine, Ann	\$250.00	Retired	
	81 Central Street		None	
	Andover, MA 01810			
2/8/2024	Gifun, Jane	\$100.00		
	9 Castle Heights Road			
	Andover, MA 01810			
2/12/2024	Hartwell, Thomas	\$100.00		n 01850
	3 Hemlock Road			
	Andover, MA 01810			
2/8/2024	MacKay, Paul	\$1,000.00	Retired	XXX 390 FXH
	21 Fossen Way		None	
	Andover, MA 01810			

A STATE OF THE STA			
2/17/2024 McCormack, Fred		\$100.00	
4 Whittier Court			
Andover, MA 01810			
1/15/2024 Moffitt, John		\$250.00 Retired	
68 Beacon Street		None	
Andover, MA 01810			
2/28/2024 Nigh, Frank		\$300.00 Retired	
11 Stevens Circle		None	
Andover, MA 01810		40-	
2/10/2024 O'Hara, John		\$100.00	
63 Central Street			
Andover, MA 01810			
2/15/2024 Ponti, Joe		\$100.00	
10 Marion Avenue			
Andover, MA 01810			
2/26/2024 Qiao, June		\$180.00	
3 Karlton Circle			
Andover, MA 01810			
2/10/2024 Saryan, John		\$100.00	
8 Odyssey Way			
Andover, MA 01810			
2/14/2024 Solimine, Krystal		\$100.00	
2 Surrey Lane			
Andover, MA 01810			
2/12/2024 Sullivan-Corbitt, Sheila		\$100.00	
11 Charlotte Drive			
Andover, MA 01810			
2/27/2024 Sweeney, William		\$150.00	4
38 Ramsey Drive			
Bella Vista, AR 72714			
1/28/2024 Wise, Kristin		\$100.00	
8 Inwood Lane			
Andover, MA 01810			
	Total Itemized Receipts:	\$4,055.00	
	<b>Total Unitemized Receipts:</b>	\$200.00	
	Total Receipts:	\$4,255.00	

Schedule B: Expenditures

.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 3/3/2024 PayPal		Amount Purpose \$3.38 PayPal fee
2/29/2024 SignRocket		\$310.00 Lawn signs
3/2/2024 Zazzle		\$121.23 Lapel buttons
	Total Itemized Expenditures:	\$434.61
	Total Unitemized Expenditures:	\$46.82
	Total Expenditures:	\$481.43

# Schedule D: Liabilities

.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	Reduction	Loan Amount	
2/15/2024	Coffey, Kevin		\$29.00	Campaign web site hosting
	1 Stafford Lane			
	Andover MA, 01810			
12/31/2023	Coffey, Kevin		\$1,000.00	
	1 Stafford Lane			
	Andover, MA 01810			
1/17/2024	Coffey, Kevin		\$74.31	Domain names for campaign web sites
	1 Stafford Lane			
	Andover MA, 01810			
2/27/2024	Coffey, Kevin		\$24.43	Campaign business cards
	1 Stafford Lane			
	Andover MA, 01810			
2/27/2024	Coffey, Kevin		\$9.55	Envelopes
	1 Stafford Lane			
	Andover MA, 01810			
	Outstanding Liabilities:		\$1,216.64	

# Schedule E: Candidate Out-Of-Pocket Expenses

Date Name and Address	Amount Purpose
2/15/2024 Campaign Partner	\$29.00 Campaign web site hosting
Po Box 118	
Still River, MA 01467	
1/17/2024 GoDaddy	\$74.31 Domain names for campaign web sites
2155 E. GoDaddy Way	
Tempe, AZ 85284	
2/27/2024 Staples	\$24.43 Campaign business cards
73 Turnpike Street	
North Andover, MA 01845	
2/27/2024 Staples	\$9.55 Envelopes
73 Turnpike Street	
North Andover, MA 01845	
Total Itemized Ou	t-Of-Pocket Expenditures: \$137.29
Total Unitemized Ou	t-Of-Pocket Expenditures: \$79.35
Total Ou	t-Of-Pocket Expenditures: \$216.64



# Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE RECEIVED MUNICIPAL FORM

Office of Campaign and Political Finance R 14 PM 3: 53

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows: candidate's committee as follows:

CANDIDATE:	Full Name: Lauren Ross	si Diffinbach	
	Residential Address: 26 Woburn	Street	·
6	City/State/Zip: Andover/MA	101310	
	E-Mail Address: Mysasulagas	V Lauren dyandoverag mail Phone #: 50%	3-183-8094
	Party Affiliation: Independent	O COM	(If applicable)
OFFICE SOUG	N.		
	Title: School Con	nmittee	
	District: Andove (	/	. "
COMMITTEE:	Name of Committee:	f the committee must include the candidate's last name)	
	Committee Mailing Address:	Talle commission internal and an arrangement of the commission of	
	City / State / Zip:	Phone #:	
OFFICERS:			
Chairman:		Treasurer*:	
Residential Address:		Residential Address:	
City / State / Zip:		City / State / Zip:	
Phone #:	× .	Phone #:	
		*A public employee may not serve as treasurer of any po	olitical committee (see reverse).
Other Officer/Title:		Other Officer/Title:	
Residential Address:		Residential Address:	
City / State / Zip:		City / State / Zip:	
. Phone #:	CDP V L	Phone #: 01, if necessary, with other officers and finance committee, if any.)	
behalf. I am aware the relevant election. SIGNED UNDER TO I hereby accept the o that: 1) I am subject	ne filing of this committee. I understand that a contact candidates are required to keep detailed according to the PENALTIES OF PERJURY:  Candidate ffice of Treasurer of the above-named committee to certain duties and liabilities under M.G.L. c. of the project of the above activity for a period of six years activity for a period of six years.	candidate shall not give consent to the organization of more the points and records of all campaign finance activity for a period te's signature  tee. I affirm that I am not a public employee as defined by M.C.  55, including the timely filing of campaign finance reports and from the date of the relevant election; 2) if after my acceptant	Date: 3/4/20  B.L. c. 55, s. 13. I understand d keeping detailed accounts ce of this office I become an
appointed public emp committee organized	ployee, I must resign this position and notify OC	CPF of my resignation; and 3) a candidate may not serve as tro	easurer of the political
SIGNED UNDER I		er's signature	Date:
I hereby accept the o SIGNED UNDER T	Treasure ffice of Chairman of the above-named committe HE PENALTIES OF PERJURY:	3 1	Ÿ
a a	Chairma	an's signature	— Date:

# DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

# SELECTED EXTRACTS FROM M.G.L C. 55

Section 1 defines a candidate's committee:

"Candidate's committee", the political committee organized on behalf of a candidate .... The term "candidate's committee" shall also apply to the campaign fund of a candidate who has not organized a political committee for the purpose of carrying out the election campaign of such candidate or who receives contributions or makes expenditures independently of said committee.

Section 2 requires candidates to keep certain records:

Every candidate shall keep detailed accounts of all contributions received by him, or by a person acting on his behalf and of all expenditures made by him, or by a person acting on his behalf. Said accounts may be kept by an agent duly authorized thereto, but the candidate shall be responsible for said accounts, which shall be kept separate and distinct from all other accounts and shall include contributions made by the candidate .... The candidate shall preserve all receipted bills and accounts relative to all contributions received, expenditures made and any other campaign finance activity. ... The candidate shall preserve said receipted bills and accounts for six years from the date of the relevant election....

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day .... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate ....

Section 5 outlines statements of organization of political committees: Each political committee shall organize by filing with the director or, if organized for the purpose of a city or town election only, with the city or town clerk, a statement of organization.

The statement of organization shall include: (1) the full name of the political committee, which, if organized on behalf of a candidate, shall include the name of the candidate in said name; .... (2) the address of the political committee; (3) a statement of the purpose for which the political committee is organized .... (4) the name and residential address of the chairman and the treasurer; (5) the name, residential address, and position of other principal officers, including officers and members of the finance committee, if any, and; (6) the name and address, if known, and party affiliation of each candidate the political committee is supporting; provided, however, that if a candidate is nominated without reference to a political party, the name of his political party shall not be required ....

Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid ....

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election ....

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents ....

All funds of a political committee shall be kept separate from any personal funds of officers, members or associates of such committee ....

IMPORTANT: M.G.L. c. 55, s. 5 requires that any changes in the information provided on this form shall be filed within ten (10) days of said change. Further information can be obtained from OCPF by phone at (617) 979-8300, via e-mail at ocpf@cpf.state.ma.us or on the web at http://www.mass.gov/ocpf.



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

of Massachuse	tts	File with: City or Town Clerk or Election Commission
Fill in Rep	porting Period dates: Beginning Date:	2024 Ending Date: 3 8 2024
-	Report: (Check one) preceding preliminary  8th day preceding election [	☐ 30 day after election ☐ year-end report ☐ dissolution
g.	Lauren Rossi Diffenbach Candidate Full Name (if applicable)	Committee Name
	School Committee Andover Office Sought and District	Name of Committee Treasurer
. 20	Wabush Strut Andover, MA 01810 Residential Address	Committee Mailing Address
Telephone Nu	umber (optional): 308-103-8094	Telephone Number (optional):
	SUMMARY BALANCI	E INFORMATION:
	Line 1: Ending Balance from previous report	0
	Line 2: Total receipts this period (page 3, line 11)	0
5)	Line 3: Subtotal (line 1 plus line 2)	
9	Line 4: Total expenditures this period (page 5, line	14)
	Line 5: Ending Balance (line 3 minus line 4)	U
<b>8</b> 8	Line 6: Total in-kind contributions this period (pa	
	Line 7: Total (all) outstanding liabilities (page 7)	\$ 295.00
	Line 8: Name of bank(s) used:	at this time
I certify that activity, inclufinance activity	ading all contributions, loans, receipts, expenditures, disbursements, in-kind city of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	(Treasurer's signature) Date: 3/14/24
	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
I certify activity, incurred	, of all persons acting under the authority or on behalf of this committee in ac I any liabilities nor made any expenditures on my behalf during this reporting	
I certify	ate without Committee OR Candidate with independent activity filing se that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements on finance activity of all persons acting under the authority or on behalf of thi	best of my knowledge and belief, a true and complete statement of all campaign
Signed unde	er the negaties of periury:	(Candidate's signature) Date:

## SCHEDULE A: RECEIPTS

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

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

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

<sup>\*</sup> 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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8			
	1		
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Red	ceipts \$50 and under* (not listed above)	y	
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
		ne 9. Line 10 sho	리 uld include only those receipts not itemized above.

<sup>\*</sup> 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.)

ерогі ан ехрепс	ditures. Please include your comm To Whom Paid	waren waren a balle annual a		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	1	and the second second		
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
	Enter on page 1, line 4	Line 14: TOTAL EXPEND	TURES IN THE PERIOD	
			should include only those expendit	uros not itemized

<sup>\*</sup> 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)

n ( n !)	To Whom Paid	Address	Purpose of Expenditure	Amount	
Date Paid	(alphabetical listing)	Address			
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	J L	Line 12: Expenditures over \$	50 (or listed above)		
		Line 13: Expenditures \$50 and			
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<sup>\*</sup> 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
			v	
			,	
	,			
				ř
	1	Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

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

Page 6

# SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
2 25 24	Lauren Diffenbach	26 Woburn Street	Campaign Signs	\$ 295
	T.			
			·	
				·
	Enter on page 1, line 7 -	Line 18: TOTAL OUTSTAI	NDING LIABILITIES (ALL)	\$295.00

# SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
3/2/24	Wix. Com LTD Yunitsman & Tel Aviv	H <sub>25.50</sub>	Campaign Website I month plan 3/2/24-4/2/24
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)  Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and		125.50	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abo		\$25.50	itemized above.  ← Enter on page 1, line 8



# Form CPF M 102: Campaign Finance Report RECEIVED Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission 2024 MAR 13 AM 9: 23

TOWN OF ANDOVER, MASS

Reporting Period: Beginning: 1/1/2024 Ending: 3/8/2024

Type of Report: 2024 Pre-election Report

Doherty, Sheila

Full Name of Candidate

Municipal, Local Filer

Office Sought/ District

9 Juniper Road Andover, MA 01810

Residential Address

Doherty Committee

Committee Name

James Doherty

Name of Committee Treasurer

45 Martingale Lane Andover, MA 01810

Committee Address

SUMMARY	BALANCE	INFORMATION

Ending balance from previous report:	\$510.41
Total receipts this period:	\$0.00
Subtotal:	\$510.41
Total expenditures this period:	\$0.00
Ending Balance:	\$510.41
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Rend:	

#### 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:

3/12/24

Affidavit of Candidata:

Candidate with 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 that are not otherwise disclosed in this report.

Signed under the penalties of perjury:

Candidate's signature (in ink)

3/12/24

Date



# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance

AVDOUER TOWN CLERK ROUD 2024 MAR 11 PM LIS

of Massachusetts	(*)		File with: City	or Town Clerk or Election	n Commission
Fill in Reporting Period dates:	Beginning Date: /-	1-2024		-8-2024	
Type of Report: (Check one)  8th day preceding preliminary	8th day preceding election	30 day after e	lection year-en	nd report  diss	olution
Anne Marie Faris Candidate Full Name (if a Greater lawere Regional Wash Office Sought and Di Residential Addre  E-mail: Amfaris @ masse	Sona (tedinica) School strict Committee ss	E-mail:	Committee I  Name of Committee  Committee Mailin	ee Treasurer	
Phone # (optional): 978-771-16	<i>‡3</i>	Phone # (optional)			8
	SUMMARY BALANC	CE INFORMA	TION:		
Line 1: Ending Balance Line 2: Total receipts to					
Line 3: Subtotal (line	l plus line 2)				•
Line 4: Total expendit	ures this period (page 5, lin	ne 14)			
Line 5: Ending Balance	e (line 3 minus line 4)				
Line 6: Total in-kind o	contributions this period (p.	age 6)			5 ¥
Line 7: Total (all) outs	standing liabilities (page 7)		9		
Line 8: Name of bank	(s) used:				
Affidavit of Committee Treasurer:  I certify that I have examined this report including a activity, including all contributions, loans, receipts, finance activity of all persons acting under the authorized under the penalties of perjury:	expenditures, disbursements, in-kind	l contributions and liabi	lities for this reporting peri-	od and represents the can	n finance apaign
FOR CANDIDATE FILINGS ONLY:	Affidavit of Candidate: (check 1 b	ox only)	90 :-		
Candidate with Committee  I certify that I have examined this report includ activity, of all persons acting under the authorit incurred any liabilities nor made any expenditu	ing attached schedules and it is, to th y or on behalf of this committee in a	ne best of my knowledg	irements of M.G.L. c. 55.	I have not received any o	npaign finance contributions,
Candidate without Committee  I certify that I have examined this report includ finance activity, including contributions, loans, campaign finance activity of all persons acting	receipts, expenditures, disbursement	ts, in-kind contributions	and liabilities for this repo	orting period and represen	nts the
Signed under the penalties of perjury:	ku Lars		(Candidate's signature)	Date: 3-0 2	

## **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.)

port an receiptor 1	lease include your committee name and a pa  Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Date Received	(aiphabetical listing required)	7 Timount	(IOI COMMINDATIONS OF PERSONS
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ine 9: Total Rece	ipts over \$50 (or listed above)		
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Line 10: Total Rece	eipts \$50 and under* (not listed above)		
11. POPLAT 3	DECEIDTS IN THE DEDIAN		1, 2,
ane 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2



Fill in Reporting Period dates:

# Form CPF M 102: Campaign Finance Report Municipal Form TOWN CLERK'S GEFICE

Office of Campaign and Political Finance

January 1, 2024

Beginning Date:

2024 MAR 19 AM 11:51

Ending Date: March 8, 2024

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution				
Michele Ippolito Karlberg	N/A				
Candidate Full Name (if applicable)	Committee Name				
Trustees of the Punchard Free School Office Sought and District	N/A Name of Committee Treasurer				
134 Summer Street, Andover, MA 01810	N/A				
Residential Address	Committee Mailing Address				
E-mail: mkarlberg@vinsen. net	E-mail: N/A				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	0.00				
Line 2: Total receipts this period (page 3, line 11)	0.00				
Line 3: Subtotal (line 1 plus line 2)	0.00				
Line 4: Total expenditures this period (page 5, lin	ne 14) 0,00				
Line 5: Ending Balance (line 3 minus line 4)	0.00				
Line 6: Total in-kind contributions this period (pa	age 6) 0,00				
Line 7: Total (all) outstanding liabilities (page 7)	0.00				
Line 8: Name of bank(s) used: N/A					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)				
Candidate with Committee  1 certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	te best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.				
Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Candidate's signature)  Date: 03/18/2024				

# SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			×
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	0.00	Enter on page 1, line 2

# **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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THE TAXABLE PARTY.			
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ane 9: Total Rece	ripts over \$50 (or listed above)		
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2
			Id include only those receipts not itemized above.

<sup>\*</sup> 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

eport all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Total Expenditures or	ver \$50 (or listed above)		
		Line 13: Total Expenditures \$50 and under* (not listed above)			
		Line 15: Total Expenditures \$5	o and under (not usied above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
			should include only those expenditure	0.	

<sup>\*</sup> 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)**

	To Whom Paid	. 1202	100.000		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Expenditures over \$50	O (or listed above)		
		Line 13: Expenditures \$50 and	The second secon		
				0.00	
Zhio, su page 1, me 1					
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

<sup>\*</sup> 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
		,		
		6		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0.00

<sup>\*</sup> 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
		A		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00



# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance TOWN CLERK'S OFFICE

of Massachusetts		File with: City or	Town Clerk or Electi	ion Commission
Fill in Reporting Period dates: Beginning Date: Jan	1, 2024	Ending Date: Mar 8	,2024 NDUVER,MAS	5
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	☐ 30 day	after election	report  dis	ssolution
Candidate Full Name (if applicable)  Select Board  Office Sought and District  39 BannIster Rd Andover, MA 01810  Residential Address  E-mail: ellen Keller Handover & Gray, Comp.  Phone # (optional): (978) 423-1319	John Ler	n to Elect Ellen Keller  Committee Name of Commi	Treasurer	, Com
SUMMARY BALAN	CE INFO	RMATION:		]
Line 1: Ending Balance from previous report	1)		9,081.37	-
Line 2: Total receipts this period (page 3, line 1)  Line 3: Subtotal (line 1 plus line 2)	1)		9,081.37	
Line 4: Total expenditures this period (page 5, 1	ine 14)		3,067.91	
Line 5: Ending Balance (line 3 minus line 4)			6,013.46	
Line 6: Total in-kind contributions this period (	page 6)		0	
Line 7: Total (all) outstanding liabilities (page 7)			131.07	
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 b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee  Signed under the penalties of perjury:	nd contributions	and liabilities for this reporting period	and represents the c	campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)	***************************************		
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	accordance wit	h the requirements of M.G.L. c. 55. 1	have not received an	campaign financ y contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	ents, in-kind con	tributions and liabilities for this report	ting period and repre	campaign sents the
Simple and and the constitution of manifestation of CRC		(Candidate's signature)	Date: Mar 14,	, 2024

# 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.)

Name and Residential Address			Occupation & Employer
<b>Date Received</b>	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1/24/2024	Arthur M. Rosen PO Box 46, Newbury NH 03255	1,000	Retired
1/24/2024	Susan Stott 30 Pasho Street, Andover MA 01810	100	
1/27/2024	Jonathan Salinger 89 Laurel Ave, Providence RI 02906	51.99	
1/27/2024	Steve Golden 13 Robandy Road, Andover MA 01810	50	
1/27/2024	Ellen Keller 39 Bannister Road, Andover MA 01810	50	
1/28/2024	Chris Huntress 17 Tewksbury Street, Andover MA 01810	103.48	
1/28/2024	Alan Selwyn 34 Bannister Road, Andover MA 01810	50	
1/29/2024	Bob Gilbert 12 Gray Road, Andover MA 01810	250	Manager, Andover Liquors LLC
1/29/2024	Tara Satlow 81 Salem Street, Andover MA 01810	51.99	
1/31/2024	Leslie Seidman 35 Topfield Road, Wilton CT 06897	200	
1/31/2024	Cynthia Dietzel 9 Erick Court, Chester NJ 07930	300	Part-time with USI Insurance Services
2/6/2024	Diane Fisher 4356 Stilson Circle, Peachtree Corners, GA 30092	50	
Line 9: Total Reco	eipts 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
w TC 1!-	1	o O Lino 10 show	ild include only those receipts not itemized above.

<sup>\*</sup> 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)
2/6/2024	Debra Silberstein 28 Burton Farm Drive, Andover MA 01810	100	
2/6/2024	Tina Girdwood 15 Tucker Road, Andover MA 01810	50	
2/7/2024	Gerri Weiss 25 Crenshaw Lane, Andover MA 01810	185.86	
2/8/2024	Dan Mahoney 94 Cheever Circle, Andover MA 01810	103.48	
2/8/2024	Michael Rosen 48 Wild Rose Drive, Andover MA 01810	200	
2/11/2024	Marj Andresen 45 Argilla Road, Andover MA 01810	100	
2/12/2024	Judy Eskin 3 Athena Circle, Andover MA 01810	100	
2/13/2024	Joseph Wadland 29 Bannister Road, Andover MA 01810	1,000	Self Employed, Wadland & Ackerman
2/13/2024	Donna Wadland 29 Bannister Road, Andover MA 01810	1,000	Wadland & Ackerman
2/13/2024	Asher Bronstein 310 N. Main Street, Andover MA 01810	50	
2/13/2024	Faigy Bronstein 310 N. Main Street, Andover MA 01810	30	
2/13/2024	Daniel Casper 232 Andover Street, Andover MA 01810	100	
2/13/2024	Sondra Finegold 11 Lavender Hill Lane, Andover MA 01810	250	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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)
2/16/2024	Mark Johnson 24 Greybirch Road, Andover MA 01810	250	Self Employed, Johnson & Borenstein
2/22/2024	Linda Pickett 5094 Harvest Lane, Barbersville, VA 22923	50	
2/22/2024	Jonathan Samel 4 Sugarbush Lane, Andover MA 01810	51.09	
2/24/2024	Ellen Maltzman 18 Bradley Road, Andover MA 01810	103.48	
2/27/2024	Barry Finegold 39 Morton Street, Andover MA 01810	500	State Senator, Commonwealth of MA
2/28/2024	Denise Johnson 17 Sunset Rock Road, Andover MA 01810	100	
3/1/2024	Mike Morris 11 Abbot Street, Andover MA 01810	50	
3/2/2024	Carole Robinson 246 Garfield Place, Brooklyn NY 11215	200	
3/3/2024	Sonia Novick 4 Heritage Lane, Andover MA 01810	50	
3/4/2024	Orit Goldstein 224 Foster Street, North Andover MA 01845	1,000	Self Employed, Ozzy Properties, Inc
3/4/2024	Jeff Goldstein 224 Foster Street, North Andover MA 01845	1,000	Retired
3/6/2024	Pierce Haley 3 Revere Street, Boston, MA 02130	200	
Line 9: Total Reco	eipts over \$50 (or listed above)	9,081.37	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	9,081.37	← Enter on page 1, line 2

<sup>\*</sup> 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

eport all expen	eport all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
2/13/2024	Signs on the Cheap	11525A Stonehollow Dr Ste 100 Austin, TX 78758	Lawn Signs and Stakes	1,120.73		
2/18/2024	Zazzle	1200 Chestnut St Menlo Park, CA 94025	Campaign Buttons	75.68		
3/4/2024	Paypal	2211 North First St San Jose, CA 95131	Processing Fee	59.8		
3/7/2024	Connelly Printing	17 Gill St Woburn, MA 01801	Direct Mail Flyer Printing	1,373.48		
	J L	Line 12: Total Expenditures or	ver \$50 (or listed above)	2,993.69		
			60 and under* (not listed above)	74.22		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	3,067.91		
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

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

### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid	DE D. EM ENDITORES (C			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		×			
		8			
		Line 12: Expenditures over \$5	0 (or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD		
	f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

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

<sup>\*</sup> 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.

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### **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.

To Whom Due	Address	Purpose	Amount
Ellen Keller	39 Bannister Rd Andover, MA	Constant Contact email service	12.75
Ellen Keller	39 Bannister Road, Andover MA	Constant Contact email service	12.75
Ellen Keller	39 Bannister Road, Andover MA	Business card printing	24.43
Ellen Keller	39 Bannister Road, Andover MA	Sign holding materials, hardware	30.79
Ellen Keller	39 Bannister Road, Andover MA	Sign holding materials, hardware	50.35
	Ellen Keller  Ellen Keller  Ellen Keller	Ellen Keller  39 Bannister Rd Andover, MA  39 Bannister Road, Andover MA  Ellen Keller  39 Bannister Road, Andover MA  Ellen Keller  39 Bannister Road, Andover MA  Blen Keller  39 Bannister Road, Andover MA	Ellen Keller  39 Bannister Rd Andover, MA  Constant Contact email service  Ellen Keller  39 Bannister Road, Andover MA  Constant Contact email service  Ellen Keller  39 Bannister Road, Andover MA  Business card printing  Ellen Keller  39 Bannister Road, Andover MA  Sign holding materials, hardware



#### Form CPF M 102: Campaign Finance Report Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Reporting Period: Beginning: 1/1/2024 Ending: 3/13/2024

Type of Report: 2024 Pre-election Report

McCready, Susan

Full Name of Candidate

Andover School Committee

Office Sought/ District

8 Dean Circle Andover, MA 01810

Residential Address

Committee to Elect Susan McCready

Committee Name

Gina Murray

Name of Committee Treasurer

8 Dean Circle Andover, MA 01810

Committee Address

SUMMARY BALANCE INFORMATION	
Ending balance from previous report:	\$2,611.51
Total receipts this period:	\$1,100.00
Subtotal:	\$3,711.51
Total expenditures this period:	\$806.37
Ending Balance:	\$2,905.14
otal inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	
Name of Bank Used:	

#### Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

3/13/24

Affidavit of Candidate:

Candidate with 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 that are not otherwise disclosed in this report.

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 Employer
2/28/2024	Anderson, Linn	\$100.00	Retired
	41 Martingale Lane		N/A
	Andover, MA 01810		
2/12/2024	Blumstein, Joel	\$100.00	Retired
	3 Athena Circle		N/A
	Andover, MA 01810		
2/4/2024	Committee To Elect Tracey Spruce	\$100.00	
	23 Woodhaven Drive		
	Andover, MA 01810		
2/27/2024	Floreen, David	\$100.00	Retired
	12 Smithshire Estates		N/A
	Andover, MA 01810		
2/16/2024	Gilbert, Robert	\$250.00	Attorney
	12 Gray Road		Latham & Watkins
	Andover, MA 01810		
3/12/2024	Halloran, Rosemary	\$50.00	Retired
	197 Haggetts Pond Road		N/A
	Andover, MA 01810		
2/26/2024	Johnson, Mark	\$150.00	Attorney
	24 Greybirch Road		Johnson & Borenstein, LLC
-	Andover, MA 01810		
3/11/2024	Meier, Sarah	\$100.00	Teacher
	25 Lincoln Circle East		Nashua Community College
	Andover, MA 01810		91 V07
2/26/2024	Srivastava, Jennifer	\$100.00	Fundraiser
	8 Endicott Road		Woodmark and Andover Coalition For Education
	Andover, MA 01810		

#### 3/11/2024 Willard, Robert 76 Tewksbury Street Andover, MA 01810

\$50.00 Retired N/A

Total Itemized Receipts: Total Unitemized Receipts: \$1,100.00

Total Receipts:

\$0.00 \$1,100.00

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.

	Name and Address Campaign Partner			Purpose Website Fee Jan-march
	MA			
3/5/2024	Minuteman Press		\$776.06	Postcards (2000) & Postage Permit Printing
	362 North Main Street			
	Andover, MA 01810			
3/13/2024	Paypal		\$15.46	Transaction Fees
	MA			
		<b>Total Itemized Expenditures:</b>	\$806.37	
		Total Unitemized Expenditures:	\$0.00	
		Total Expenditures:	\$806.37	

## 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

Reduction

 $\frac{\textbf{Loan Amount}}{\$5,049.12} \frac{\textbf{Purpose}}{}$ 

12/31/2023 McCready, Susan

8 Dean Circle

Andover, MA 01810

**Outstanding Liabilities:** 

\$5,049.12



# Form CPF M 102: Campaign Finance Report Municipal Form TOWN CLERK'S OFFICE

Office of Campaign and Political Finance

2024 MAR 18 AM II: 36

or Massachu	usens		File with: City or Town Clerk or Election Commission
Fill in R	Leporting Period dates: Beginning Date:	12/20/2023	Ending Date: 12/31/2023
Type of	Report: (Check one)		
8th da	ay preceding preliminary 8th day preceding elect	ion 🔲 30 da	ay after election 🔀 year-end report 🗌 dissolution
	and the second s		
Jayashre	e Mohandas	Comm	nittee to Elect Jayashree Mohandas
School Co	Candidate Full Name (it applicable) committee, Town of Andover	Claire	Committee Name E. Chiesa
	Office Sought and District		Name of Committee Treasurer
225 High	nland Rd., Andover, MA 01810  Residential Address	225 H	Highland Rd., Andover, MA 01810  Committee Mailing Address
E-mail:		E-mail:	
Phone # (op	otional):	Phone #	# (optional):
			2 12 12 12 12 12 12 12 12 12 12 12 12 12
	SUMMARY BAL	ANCE INFO	ORMATION:
	Line 1: Ending Balance from previous report	rt	0.00
	Line 2: Total receipts this period (page 3, lin	ne 11)	100.00
f	Line 3: Subtotal (line 1 plus line 2)		100.00
	Line 4: Total expenditures this period (page	5, line 14)	0.00
	Line 5: Ending Balance (line 3 minus line 4	)	100.00
	Line 6: Total in-kind contributions this period	od (page 6)	0.00
	Line 7: Total (all) outstanding liabilities (pa	.ge 7)	0.00
	Line 8: Name of bank(s) used: Citizens Bank		
I certify that activity, incl		in-kind contribution	wledge and belief, a true and complete statement of all campaign finance as and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.
Signed unde	er the penalties of perjury: Clause Ch		(Treasurer's signature) Date: 3/17/24
FOR CA	NDIDATE FILINGS ONLY: Affidavit of Candidate: (che	eck 1 box only)	
I certify activity		tee in accordance w	y knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions, at are not otherwise disclosed in this report.
I certify finance	date without Committee y that I have examined this report including attached schedules and it activity, including contributions, loans, receipts, expenditures, disbut gn finance activity of all persons acting under the authority or on beha	rsements, in-kind co	
Signed unde	er the penalties of perjury: day askael		(Candidate's signature) Date: 03/17/2024

### 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)
12/26/2023	Committee to Elect Tracey Spruce 23 Woodhaven Dr. Andover, MA 01810	100.00	
10011 - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Line 9: Total Rece	eipts over \$50 (or listed above)	100.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0.00	
	RECEIPTS IN THE PERIOD	100.00	Enter on page 1, line 2 d include only those receipts not itemized above.

<sup>\*</sup> 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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	Laboration of the contract of		
ine Q: Total Page	pts over \$50 (or listed above)		The state of the s
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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
		Control of the Contro	The state of the s	
L				
4				
	Extra Constitution and the constitution of the		Free commencement and the state of the state	
6.000				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0.00

<sup>\*</sup> 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
	P			
2-2-2-				Land of the state
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	36			
	days, and the second			
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				315 (1000)
- <del> </del>	The second of th			
				To the second se
		Line 12: Expenditures over \$	50 (or listed above)	T. T
		Line 13: Expenditures \$50 and	d under* (not listed above)	L
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	0.0

<sup>\*</sup> 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
	Annual designation of the second of the seco	PRINCE OF THE PR		
	Managara and an analysis of the second			
· · · · · · · · · · · · · · · · · · ·		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 CO	ONTRIBUTIONS	0.00

<sup>\*</sup> 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00



## Form CPF M 102: Campaign Finance Report Office of Campaign and Political Finance RECEIVED TOWN CLERK'S GEFICE

2024 MAR 18 AM 11: 36

Fill in Reporting Period dates: Beginning Date: 1/1/2	Ending Date: N 0 3/8/2024/ER, MASS				
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Jayashree Mohandas  Candidate Full Name (if applicable)  School Committee, Town of Andover  Office Sought and District  225 Highland Rd., Andover, MA 01810  Residential Address  E-mail:  Phone # (optional):	Committee to Elect Jayashree Mohandas Committee Name Claire E. Chiesa  Name of Committee Treasurer 225 Highland Rd., Andover, MA 01810 Committee Mailing Address E-mail: Phone # (optional):				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	100.00				
Line 2: Total receipts this period (page 3, line 11)	2,126.00				
Line 3: Subtotal (line 1 plus line 2)	2, <b>1</b> 26.00				
Line 4: Total expenditures this period (page 5, lin	ne 14) 1, <b>5</b> 19.09				
Line 5: Ending Balance (line 3 minus line 4)	806,91				
Line 6: Total in-kind contributions this period (pa	age 6) 0.00				
Line 7: Total (all) outstanding liabilities (page 7)	0,00				
Line 8: Name of bank(s) used: Citizens Bank					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Candidate with 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 that are not otherwise disclosed in this report.  Candidate without Committee.					
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 03/17/2024				

#### 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)
2/4/2024	Committee to Elect Tracey Spruce 23 Woodhaven Dr. Andover, MA 01810	100.00	
1/24/2024	Sara Condon 12 Coventry Lane Andover, MA 01810	100.00	
2/8/2024	Evan DaSilva 99 Elm St. Andover, MA 01810	200,00	Finance, Bloomerange
2/12/2024	Judith Eskin 3 Athena Circle Andover, MA 01810	100.00	
1/29/2024	Barry Finegold 39 Morton St. Andover, MA 01810	250.00	Attorney, Dalton & Finegold, LLP
1/28/2024	Viswanathan Gurumurthi 3831 Newton Way Pleasanton, CA 94588	100.00	
2/15/2024	Rupinder Hargun 193 Highland Rd. Andover, MA 01810	100,00	
1/28/2024	Ashvin Kanaan 555 Dublin Way Sunnyvale, CA 94087	150.00	
1/24/2024	Daniel Koh 21 Windemere Dr. Andover, MA 01810	100.00	
2/2/2024	Umesh Kunigahalli 14405 Meirose St. Overland Park, KS 66221	100.00	
L/22/2024	Alec MacGregor 95 High Plain Rd. Andover, MA 01810	100,00	
L/30/2024	Madhuri Ramanathan 555 Dublin Way Sunnyvale, CA 94087	150.00	
ine 9: Total Recei	pts over \$50 (or listed above)	\$1550.00	
ine 10; Total Rece	ipts \$50 and under* (not listed above)	\$425.00	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	\$1975.00	← Enter on page 1, line 2

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/3/2024	Geetha Ramani 6 Lakeside Circle Andover, MA 01810	51.00	
1/31/2024	Sandeep Subramaniam 3705 Newton Way Pleasanton, CA 94588	100.00	
		- Control of the Cont	
ne 9: Total Receip	ots over \$50 (or listed above)	151.00	
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	151.00	Enter on page 1, line 2

<sup>\*</sup> 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	A.1.1	D	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/22/24	Potter's Printing		Campaign Signs	\$1,067.81
2/23/2024	Potter's Printing		Campaign Signs	\$207.09
2/27/2004	Potter's Printing		Shipping Costs for Campaign Signs	\$88.80
American programme and the second				
	Equipment of the second	Line 12: Total Expenditures o	ver \$50 (or listed above)	1363.70
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	55.39
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	1419.09

<sup>\*</sup> 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
	(anjurabotical internal)		1 ur pose of Expenditure	Amount
	a 4			
I Total Control of the Control of th			A STATE OF THE PARTY OF THE PAR	The section of the se
	<u></u>			
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		-		
			Leave and the second se	التن و و و و و و و و و و و و و و و و و و و
		Lance and the second se	Lineary Company of the Company of th	
		Line 12: Expenditures over \$50	(or listed above)	
		the same and the s		
		Line 13: Expenditures \$50 and t	ınder* (not listed above)	
		Line 14: TOTAL EXPENDIT		0.00
If you have item	ized expenditures of \$50 and under	include them in line 12. Line 13 sh	and include only these same dit.	

<sup>\*</sup> 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
and the second s				
				and defined was
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	
If an in kind can	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0.00

<sup>\*</sup> 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
				*
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0.00



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ANDOUER TOWN OLERK

	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 2/6	5/24 Ending Date: 3/8/24				
Type of Deposits (Checkers)					
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Shauna Murray	Committee to Elect Shauna Murray				
Candidate Full Name (if applicable)	Committee Name				
Andover School Committee  Office Sought and District	Rory P. Pheiffer  Name of Committee Treasurer				
6 Gudrun Drive, Andover, MA 01810	6 Gudrun Drive, Andover, MA 01810				
Residential Address	Committee Mailing Address				
E-mail: shaunahmurray@gmail.com	E-mail: rorypp@gmail.com				
Phone #: 978-475-1945	Phone # : 978-475-1945				
<i>b</i>					
SUMMARY BALAN	CE INFORMATION:				
Line 1: Ending Balance from previous report	\$0.00				
Line 2: Total receipts this period (page 3, line 12)	\$861.00				
Line 3: Subtotal (line 1 plus line 2)	\$861.00				
Line 4: Total expenditures this period (page 5, line 1	5) \$0.00				
Line 5: Ending Balance (line 3 minus line 4)	\$861.00				
Line 6: Total in-kind contributions this period (page	6, line 18) \$34.00				
Line 7: Total (all) outstanding liabilities (page 7, line	19) \$2067.74				
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) \$1358.52				
Line 9: Name of bank(s) used: Enterprise Ba	ink				
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 committed in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Date: 3/17/24					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)				
Candidate with 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 that are not otherwise disclosed in this report.					
Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/17/24				

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/27/24	Lieberman, David 24 Powder House Ter. #1 Somerville, MA 02144	\$100.00	
2/17/24	Liu, Chase 34 Soden Street, #3 Cambridge, MA 02139	\$150.00	
2/26/24	McBrine, John 40 Hamilton Road Waltham, MA 02453	\$250.00	Attorney; Nutter McClennen & Fish LLP
2/17/24	Talavera, Daniel 200 Kenwood Way San Francisco, CA 94127-1220	\$100.00	

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rec	eipts over \$50 (or listed above)	\$600.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rec	eipts \$50 and under (not listed above)	\$261.00	should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	\$861.00	← Enter on page 1, line 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			5	
			`	

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Days and a filter of the same	
Date I alu	(alphabetical fisting)	Address	Purpose of Expenditure	Amount
	19			
and under, ind	itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		\$0.00
should include	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		\$0.00
	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD \$0.00			

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

ate Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
		7		
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		\$0.00
should include	le only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	50 and under (not listed above)	\$34.00
		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		\$34.00

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
2/6/24	Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to Amazon for thank you cards	\$23.26
2/9/24	Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to Sterling Printing for lawn signs, step stakes, and postcards	\$1201.96
2/16/24	Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to Staples for return address labels	\$10.61
2/27/24	Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to Zazzle for business cards and buttons	\$78.08
3/2/24	Rory Pheiffer	6 Gudrun Drive Andover, MA 01810	Payment to Home Depot for wood for signs	\$13.71
3/6/24	Katelyn Crowley-Lum	376 Salem Street Andover, MA 01810	Payment to Sterling Printing for lawn sign, step stakes, and window decals/bumper stickers	\$709.22
2/16/24- 3/8/24	Committee to Elect Shauna Murray	6 Gudrun Drive Andover, MA 01810	Payment to PayPal for fees related to receiving campaign contributions	\$30.80
	· ·			
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	\$2067.74

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
2/9/24	Sterling Printing 214 Main Street Stoneham, MA 02180	\$1201.96	Payment to Sterling Printing for lawn signs, step stakes, and postcards
2/27/24	Zazzle 1800 Seaport Boulevard Redwood City, CA 94063	\$78.08	Payment to Zazzle for business cards and buttons
	N N		
(or listed above) Line 21: Total Uniten	ed Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and	\$1280.04 \$78.48	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abov	e) OF-POCKET EXPENDITURES IN THE PERIOD	\$1358.52	itemized above.  ← Enter on page 1, line 8  Page 8



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance IVED TOWN CLERK'S OFFICE

01 Massachuseus	7071 MAR Filewith: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1	L/2024 Ending Date: 3/8/2024
	TOWN OF ANDOVER, MASS
Type of Report: (Check one)	
8th day preceding preliminary Sth day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
our day preceding premiumary	
	Committee To Floor Chair Chapley
Christopher Charles Shepley  Candidate Full Name (if applicable)	Committee To Elect Chris Shepley  Committee Name
Andover School Committee	Robert Joseph Kenny Jr.
Office Sought and District	Name of Committee Treasurer
179 High Street, Andover MA, 01810	179 High Street, Andover MA, 01810
Residential Address	Committee Mailing Address
E-mail: shepdog925@gmail.com	E-mail: shepdog925@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	. 0
/ E	2,595.00
Line 2: Total receipts this period (page 3, line 1	2,393.00
Line 3: Subtotal (line 1 plus line 2)	2,595.00
Line 4: Total expenditures this period (page 5,	line 14) \$1,705.94
Line 5: Ending Balance (line 3 minus line 4)	\$889.06
Line 6: Total in-kind contributions this period (	(page 6) 200.00
Line 7: Total (all) outstanding liabilities (page	7) 1,000.00
Line 8: Name of bank(s) used: Enterprise Bank	
ACCIA MACCIA MACCIA TORROWS	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bactivity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance ind contributions and liabilities for this reporting period and represents the campaign e in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 3/8/2024
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate check I	1 box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf o	o the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury: Chris Shepley	(Candidate's signature) Date: 3/8/2024

### **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.)

	Name and Residential Address	17.	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
3/3/2024	Joe Albuquerque 197 Greenwood Road Andover, MA	125.00	
3/3/2024	Kevin Coffey 1 Stafford Lane Andover, MA	100.00	
2/24/2024	Kathy Cote 14 Sevilla Road Andover, MA	50.00	
3/3/2024	Dr. Joseph Harrington 24 York Street Andover, MA	50.00	
3/3/2024	Daniel Hoffenberg 41 Lyman Road North Andover, MA	100.00	
1/26/2024	Jack & Jacqui Kennedy 7 18th Street Hampton, NH	100.00	
1/20/2024	Barbara Perry 81 Dascomb Road Andover, MA	100.00	
1/30/2024	Ernest Joseph Perry IV 5 Rasmussen Circle Andover, MA	25.00	
1/31/2024	Grace Perry 179 High Street Andover, MA	200.00	Senior Business Development & Global GTM Principal Amazon Web Service (AWS)
2/3/2024	James Perry 69 Cedar Forest Road Smithfield, RI	100.00	
1/20/2024	Louise Perry 81 Dascomb Road Andover, MA	100.00	
1/27/2024	Timothy Perry 21 Old Farm Way Newbury, MA	100.00	
Line 9: Total Rece	eipts over \$50 (or listed above)	/	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		see page 3
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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)
1/31/2024	Christopher C. Shepley (LOAN) 179 High Street Andover, MA	1000.00	Student
1/20/2024	Charles Shepley 110 Sunny Hollow Place Bangor, ME	150.00	
1/20/2024	Cindy Shepley 110 Sunny Hollow Place Bangor, ME	150.00	
3/3/2024	Krystal Solimine 2 Surrey Lane Andover, MA	100.00	
3/3/2024	George Walsh 28 Essex Street Andover, MA	25.00	
Line 9: Total Rece	cipts over \$50 (or listed above)	2575.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	20.00	
	RECEIPTS IN THE PERIOD	2595.00	Enter on page 1, line 2

<sup>\*</sup> 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

eport all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/7/2024	Minuteman Press	362 N. Main Street Andover, MA 01810	Campaign Envelopes	43.57
2/1/2024	Signs on the Cheap	www.signsonthecheap.com	Yardsigns	1,320.90
2/26/2024	Signs on the Cheap	www.signsonthecheap.com	Door Hangers	165.75
3/3/2024	Stripe Payment Processing	www.stripe.com	Contribution Processing Fees	18.48
2/26/2024	Vistaprint	www.vistaprint.com	Campaign Literature	157.24
		Line 12: Total Expenditures or	ver \$50 (or listed above)	1,705.94
			0 and under* (not listed above)	(
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	1,705.94

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

## SCHEDULE B: EXPENDITURES (continued)

		LE B: EXPENDITURES (C		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				f
		1		
	1	Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
* IC 1 '4-	emized expenditures of \$50 and unde			res not itemized

<sup>\*</sup> 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
2/22/2024	Cindy Shepley	110 Sunny Hollow Place Bangor, ME	Postage	50.00
2/23/2024	Christopher E. Shepley	179 High Street Andover, MA	Wood and materials for sign holders	150.00
		Line 15: In-Kind Contribution	ons over \$50 (or listed above)	0
		Line 16: In-Kind Contributio	ons \$50 & under (not listed above)	200.00
	Enter on page 1, line 6 =	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	200,00

<sup>\*</sup> 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
1/31/24	Christopher C. Shapley	179 High Street Andover, MA	Compaign seed	1,000
7				
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		-		

, , \_\_\_\_\_



Signed under the penalties of perjury:

## Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED Office of Campaign and Political Finance

2024 MAR -8 PM 12: 01

(Candidate's signature)

of Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	La Ending Date OF ABOUSE 121498
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Punting School Tros fee  Office Sought and District  School Dr., Andron  Residential Address  Office Sought and District  Office Sought and District  Residential Address  Office Sought and District  Office Sought and	Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority of on-behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.
Candidate without Committee  Lecrtify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursemen campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.
	Date: 3/8/24



## Form CPF M 102: Campaign Finance Report S OFFICE Municipal Form

Office of Campaign and Political Finance

2024 MAR 18 AM 9: 05

of Massachusetts	TOWN OF ANDUVER, MASS
Fill in Reporting Period dates: Beginning Date: JANI	UARY 1, 2024 Ending Date: MARCH 18, 2024
Type of Report: (Check one)	
☐ 8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution
GEORGE KETLER THORLIN	
Candidate Full Name (if applicable) ANDOVER SELECT BOARD	Committee Name
Office Sought and District 115 SUMMER STREET, ANDOVER,MA 01810	Name of Committee Treasurer
Residential Address E-mail: GTHORLIN@GMAIL.COM	Committee Mailing Address E-mail:
Phone #: 978-886-8907	Phone #:
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	525.00
Line 2: Total receipts this period (page 3, line 12)	1911.81
Line 3: Subtotal (line 1 plus line 2)	2436.61
Line 4: Total expenditures this period (page 5, line 15)	2438.81
Line 5: Ending Balance (line 3 minus line 4)	O
Line 6: Total in-kind contributions this period (page 6,	line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line 1	9) 0
Line 8: Total out-of-pocket expenses this period (page 8	8, line 22) 0
Line 9: Name of bank(s) used: Salem Five Ban	nk
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and lightlities for this reporting period and represents the gamesian
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period that are not otherwise disclosed in this report.
Candidate without Committee  1 certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on hehalf of this	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

	Name and Residential Address	<del></del>	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
3/7/2024	Coon, Sharon 129 Summer Street Andover, MA 01810	\$100.00	
1/24/2024	George Thorlin 115 Summer Street Andover, MA 01810	\$250.00	Program Mgt. Support, Odyssey Syetms
1/21/2024	George Thorlin 115 Summer Streets Andover, MA 01810	\$100.00	
1/29/2024	George Thorlin 115 Summer Street Andover, MA 01810	1211.81	Program Mgt. Support, Odyssey Systems

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Prompti			
	Name of the state		
	and the state of t		
Line 10: Total Recei	pts over \$50 (or listed above)	1661.81	* If you have itemized receipts of \$50 and
Line 11: Total Recei	pts \$50 and under (not listed above)	250.00	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	1911.81	

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures: Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/29/2024	Rocket Signs	4000 Alabama Hwy Coosa, GA 30129	Yard Signs	\$1,571.48
2/24/2024	Square Sign	3520 Valhalla Dr. Burbank, CA 91505	Door Hangers	\$154.19
1/12/2024	SquareSpace, Inc.	225 Varick Street New York, NY 1014	Website	\$293.25
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## SCHEDULE B: EXPENDITURES (continued)

	nabetical listing)	Address	Purpose of Expenditure	Amount
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* If you have 32 1 1		the street of th		
* If you have itemized expand under, include them in	line 13. Line 14	ne 13: Expenditures over	\$50 (or listed above)	2018.92
should include only those itemized abo	expenditures not Lin	ne 14: Expenditures \$50	and under (not listed above)	417.89
Ent	.,,,,			2436.81

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and received of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional pages.

	or committee name and a-page number of			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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* If you have i	itemized in-kind contributions of	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
\$50 and under,	include them in line 16. Line 17 de only those expenditures not			
· ·	itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	0

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Land to the state of the state				
			ш	
	4.7			
L	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Dynamona of France diteres
	(aspiratocical listing required)	Amount	Purpose of Expenditure
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The state of the s			
		Part of the second seco	
	April 1 and		
Lina 30. T17.	10-400 P. h. F		
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniten under (not listed above	nized Out-Of-Pocket Expenditures \$50 and re)		should include only those expenditures not itemized above.
Line 22; TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8  Page 8



# Form CPF M 102: Campaign Finance Report Municipal Form TOWN CLERK'S OFFICE Office of Campaign and Political Finance 2024 MAR 11 PM 2: 04

8th day preceding preliminary 28th day preceding election	30 day after election year-end report dissolution
Ellen M. Townson	Townson for Andover
Candidate Full Name (if applicable) Town of Andover Selectboard	Committee Name Sara A.W. Blais
Office Sought and District 23 Glenwood Road, Andover, MA 01810	Name of Committee Treasurer 12 Coventry Lane, Andover, MA 01810
Rusidential Address	Committee Mailing Address
E-mail: ellenmtownson@gmail.com Phone #:	Phone #:
PHONE H.	
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	100.00
Line 2: Total receipts this period (page 3, line 12)	10,025.61
Line 3: Subtotal (line 1 plus line 2)	10,125.61
Line 4: Total expenditures this period (page 5, line 1:	2,134.32
Line 5: Ending Balance (line 3 minus line 4)	7,991.29
Line 6: Total in-kind contributions this period (page 6	5, line 18) 0.00
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0.00
Line 8: Total out-of-pocket expenses this period (page	
Line 9: 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 bractivity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee.  Signed under the penalties of perjury:	in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report.	the best of my knowledge and belief, a true and complete statement of all campaign for accordance with the requirements of M.G.L. c. 55. I have not received any contribution period that are not otherwise disclosed in this report.
Candidate without Committee	the best of my knowledge and belief, a true and complete statement of all campaign nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.Q.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 319109

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/15/24	Bausemer, Matthew 9 Greenbriar Circle Andover, MA 01810	200.00	teacher, Greater Lawrence Technical School
2/28/24	Bishop, Tyler 11 Lupine Road Andover, MA 01810	515.38	owner, T&B Landscaping
2/27/24	Cooper, Donald 4 Eagle Way Andover, MA 01810	250.00	attorney, Nixon Peabody
2/14/24	Driscoll, Alexandra 11 Forbes Lane Andover, MA 01810	100.00	
3/8/24	Familia, Rosa 17 Lincoln Circle Andover, MA 01810	200.00	social worker intern, Esperanza Academy
2/27/24	Finegold, Barry 39 Morton Street Andover, MA 01810	500.00	attorney, Dalton & Finegold
2/13/24	Finegold, Sondra 11 Lavender Hill Lane Andover, MA 01810	250.00	retired
2/22/24	Gilbert, Robert 12 Gray Road Andover, MA 01810	250.00	attorney, Latham & Watkins
2/27/24	Honea, Jon 10 Chapman Drive Andover, MA 01810	300.00	professor, Emerson College
2/20/24	Janovsky, Amy 6 Snowberry Road Andover, MA 01810	154.97	
2/15/24	Johnson, Mark 24 Greybirch Road Andover, MA 01810	250.00	attorney, Johnson & Borenstein
2/9/24	Knowles, Ann 51 Maple Avenue Andover, MA 01810	250.00	unemployed

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/24/24	Langlois, Lynne 30 Sunset Rock Road Andover, MA 01810	1,030.26	marketing director, Brain Coral Marketing
2/12/24	Moody, Meredith 40 Morningside Drive Lowell, MA 01852	500.00	retired
2/28/24	Patel, Amy 19 School Street Andover, MA 01810	1,000.00	physician, Phillips Academy
3/1/24	Solomine, Krystal 2 Surrey Lane Andover, MA 01810	100.00	
2/22/24	Thatcher, Melissa 8 Cullen Circle Andover, MA 01810	500.00	attorney, self-employed
2/15/24	Townson, Ellen 23 Glenwood Road Andover, MA 01810	1,000.00	unemployed
2/16/24	Townson, Lisa 369 East Street Lenox, MA 01240	500.00	interior designer, Colfax Design Group
2/15/24	Townson, Winslow 23 Glenwood Road Andover, MA 01810	1,000.00	sports photographer, Winslow Townson Photography
2/22/24	Tucker, Catherine 291 South Main Street Andover, MA 01810	1,000.00	physician, Steward Health
2/29/24	York, Jason 19 School Street Andover, MA 01810	100.00	
Line 10: Total Re	eceipts over \$50 (or listed above)	9,950.61	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Ro	eceipts \$50 and under (not listed above)	75.00	should include only those receipts not itemized above.
Line 12: TOTA	L RECEIPTS IN THE PERIOD	10,025.6	Enter on page 1, line 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
various	Constant Contact	internet provider	marketing platform	74.38
1/1/24	godaddy.com	Internet provider	hosting website	99.87
1/23/24	Minuteman Press	362 North Main Street Andover, MA 01810	business cards	82.84
2/27/24	boliticallawnsigns.com	Internet provider	signs for holding	β37.61
1/10/24	squarespace.com	internet provider	building website	204.00
2/17/24	vistaprint.com	internet provider	lawn signs and shirts	1,159.94

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	The second secon			
				1
* If you hav	e itemized expenditures of \$50 nclude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		1,958.64
should inclu	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		175.68
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	2,134.32

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts: Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*		Description of Contribution	Value
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ness and the second				
	e itemized in-kind contributions of	Line 16: In-Kind Contributions ov	ver \$50 (or listed above)	
\$50 and unde should inc	r, include them in line 16. Line 17 lude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	0 and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	TRIBUTIONS IN THE PERIOD	

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
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			Manager Manage	
	Transmission of the second of			
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	Enter on page 1. line 7 →	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
			Zarpow or Experience
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50
	nized Out-Of-Pocket Expenditures \$50 and e)		and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE

of Massachuse	etts		File with:	: City or Town Clerk or El	ection Commission	
Fill in Re	eporting Period dates: Beginning Date: Jan	1, 2024	Ending Date:	Mar 8, 2024 TOWN OF ANDO		
	Report: (Check one)  y preceding preliminary   8th day preceding election	☐ 30 day	after election y	rear-end report	dissolution	
William Willia	Candidate Full Name (if applicable)  Andover Howsing Authority  Office Sought and District  Il St. Andover, Ma 01810  Residential Address	John W 500 Lo	/alsh Name of Co well St. Andover, Ma 01	mittee Name ommittee Treasurer		
	SUMMARY BALANC	CE INFO	RMATION:	<u> </u>		
	Line 1: Ending Balance from previous report			36.07		
	Line 2: Total receipts this period (page 3, line 11	)		0.00		
	Line 3: Subtotal (line 1 plus line 2)			36.07		
	Line 4: Total expenditures this period (page 5, li	ne 14)		0.00		
	Line 5: Ending Balance (line 3 minus line 4)			36.07		
	Line 6: Total in-kind contributions this period (p	age 6)		0.00		
	Line 7: Total (all) outstanding liabilities (page 7)	)		0.00		
	Line 8: Name of bank(s) used: The Savings Bank	84 Main St.	. Andover, Ma			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Date: Mar 17, 2024						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)						
Candidate with 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 that are not otherwise disclosed in this report.						
I certify	late without Committee  that I have examined this report including attached schedules and it is, to t activity, including contributions, loans, receipts, expenditures, disbursement gn finance activity of all persons acting under the authority or on schalf of the	nts, in-kind co	ntributions and liabilities for the	his reporting period and repements of M.G.L. c. 55.	presents the	
Signed unde	er the penalties of perjury: ////////////////////////////////////		(Candidate's signat	ure) Date: 3~	19-6014	

#### 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)
Dute Received	(aiphabetear fisting required)	TAMOUNE	(101 contributions of \$200 or more)
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ine 9: Total Rece	ipts over \$50 (or listed above)	0.00	
ine 10: Total Rec	eipts \$50 and under* (not listed above)	0.00	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2

### **SCHEDULE A: RECEIPTS (continued)**

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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			L	
	-			
Line 9: Total Rece	ipts over \$50 (or listed above)			
V			1	
Line 10: Total Rece	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
		a O. Tima 10 abou	ld include only those receipts not itemized above.	

<sup>\*</sup> 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.)

port all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures ov	ver \$50 (or listed above)	0.00
		Zino 12. Total Expelicitures 0V	οι φου (οι Hateu αυυνο)	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIRES IN THE PEDION	0.0
	- C-	include them in line 12. Line 13 s		

<sup>\*</sup> 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)

To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure			A	
Date I alu	(aiphabetical fisting)	Address	rurpose of Expenditure	Amount
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		*		
0				
			9	
			1	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	<b>.</b>			
		Line 14: TOTAL EXPENDIT		

<sup>\*</sup> 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
·				
		·	ı.	
		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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<sup>\*</sup> 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
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	TH. 3 40 == 0	Line 18: TOTAL OUTSTANI	DINIC I I A DEL EDEDO (A E E)	