

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance CLERK'S OFFICE

	7175 Filewith City of Town Oldrk or Election Commission			
Il in Reporting Period dates: Beginning Date: January 1, 2025 Ending Date: March 7, 2025				
TOWN OF ANDOVER, MASS				
Type of Report: (Check one)				
■ 8th day preceding preliminary ■ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
and any proceeding prominents				
Melissa M. Danisch	Melissa Danisch for Andover			
Candidate Full Name (if applicable) Andover Select Board, Town of Andover	Sara A.W. Blais			
Office Sought and District 16 Bradley Road, Andover, MA 01810	Name of Committee Treasurer 12 Coventry Lane, Andover, MA 01810			
Residential Address	Committee Mailing Address			
E-mail: melissadanisch@comcast.net	_ E-mail: salexiswells@gmail.com			
Phone #:	- Phone #:			
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	1,570.82			
Line 2: Total receipts this period (page 3, line 12)	2,314.30			
Line 3: Subtotal (line 1 plus line 2)	3,885.12			
Line 4: Total expenditures this period (page 5, line 1:	5) 347.31			
Line 5: Ending Balance (line 3 minus line 4)	3,537.81			
Line 6: Total in-kind contributions this period (page 6	6, 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 be 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 is	d contributions and liabilities for this reporting period and represents the campaign			
Signed under the penalties of perjury:	(Treasurer's signature) Date: March 18, 2025			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 t	pox 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the company of the contributions.	tts, 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.			
Similar Miller Guel	(Condidate's signature) Date: March 18, 2025			

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 D 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)
1/11/25	Linn Anderson 93 Abbot Street Andover, MA 01810	103.48	
2/24/25	George Fantini 30 Cutler Road Andover, MA 01810	100.00	
2/4/25	Ann Gilbert 12 Gray Road Andover, MA 01810	257.94	Retired
1/8/25	Steve Golden 13 Robandy Road Andover, MA 01810	51.99	
2/4/25	Ellen Keller 39 Bannister Road Andover, MA 01810	100.00	
2/6/25	Ellen Maltzman 18 Bradley Road Andover, MA 01810	51.99	
1/13/25	Penelope McGarry 16 Bannister Road Andover, MA 01810	103.48	
1/7/25	Cynthia Milne 124 High Street Andover, MA 01810	51.99	
2/5/25	Tracy Murphy 37 Washington Road Andover, MA 01810	103.48	
2/3/25	John O'Brien 24 Marion Street Hingham, MA 02043	200.00	COO, JERA Americas
1/12/25	Mary Pannos 85 Sutton Hill Road North Andover, MA 01845	206.46	Retired
1/16/25	Willard Perkins 14 Rennie Drive Andover, MA 01810	103.48	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/7/25	Mary Pritchard 399 River Road Andover, MA 01810	100.00	
1/8/25	Richard Santagati 13 Muirfield Circle Andover, MA 01810	100.00	
1/8/25	Paul Theberge 20 Lilac Lane Haverhill, MA 01830	500.00	Retired
8/7/25	Winslow Townson 23 Glenwood Road Andover, MA 01810	103.48	
Line 10: Total Receipts over \$50 (or listed above) Line 11: Total Receipts \$50 and under (not listed above)		2,237.77 76.53	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
Line 12: TOTAL RECEIPTS IN THE PERIOD		2,314.30	itemized above. ← 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
				
1/6/25, 2/6/25, 3/6/25	Mailchimp	Online	Email	82.48
Various	Paypal	Online	Donation fees	57.86
3/4/25	Staples	73 Turnpike Street North Andover, MA 01845	Postcards, labels	124.38
B/2/25	Wordpress	Online	Website	82.59

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	L			
	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	347.31
should includ	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	→ Line 15: TOTAL EXPENDITURES IN THE PERIOD 347.31		

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			The state of the s	
	154.5mm			
		-		
			The state of the s	

* If you have it	emized in-kind contributions of	Line 16: In-Kind Contributions ov	er \$50 (or listed above)	
\$50 and under, if	include them in line 16. Line 17	Line 16: In-Kind Contributions over \$50 (or listed above)		
<i>ѕноши тени</i>	le 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	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
The state of the s				
				Park
.	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING 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
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8 Page 8



Form CPF M 102: Campaign Finance Report

Municipal Form

Municipal Form RECEIVED
Office of Campaign and Political Finance GWN CLERK'S OFFICE

of Massachusetts	File with City of Town Clark of Election Commission				
Fill in Reporting Period dates: Beginning Date: Jan 1	, 2025 Ending Date: Mar 7, 2025				
	TOWN OF ANDOVER, MASS				
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☑ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Emily DiCesaro	DiCesaro for Andover				
Candidate Full Name (if applicable)	Committee Name				
School Committee	Sandra Adourian				
Office Sought and District	Name of Committee Treasurer				
3 Walnut Ave, Andover, MA 01810 Residential Address	3 Walnut Ave, Andover, MA 01810 Committee Mailing Address				
E-mail: info@dicesaroforandover.com	E-mail: info@dicesaroforandover.com				
Phone # (optional):	Phone # (optional):				
Thole # (optional).					
SUMMARY BALANC	TE INFORMATION:				
SUMMANT DALANCE					
Line 1: Ending Balance from previous report	0				
The 2. Total resolute this would dispose 2. line 11's	3,612				
Line 2: Total receipts this period (page 3, line 11)	3,012				
Line 3: Subtotal (line 1 plus line 2)	3,612				
Line 4: Total expenditures this period (page 5, lin	2,018				
Line 5: Ending Balance (line 3 minus line 4)	1,594				
Zine or Ending Suitance (time 5 initials line 1)					
Line 6: Total in-kind contributions this period (pa	ge 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: TD Bank					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:					
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.					
	erano (Candidate's signature) Date: 3/17/25				

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb 20, 2025	Linn Anderson 41 Martingale Ln Andover, MA 01810	154.97	
Feb 12, 2025	Sara Blais 12 Coventry Lane Andover, MA 01810	100	
Feb 7, 2025	Susan Bond 5 Enfield Drive Andover, MA 01810	51.99	
Feb 16, 2025	Windy Catino 111 Princeton St Boston, MA 01810	51.99	
Feb 5, 2025	Claire Chiesa 7 Appletree Ln Andover, MA 01810	103.48	
Jan 24, 2025	Dara Epstein Obbard 6 Marie Drive Andover, MA 01810	200	Attorney Hackett Feinberg PC
Jan 19, 2025	Judith Eskin 3 Athena Circle Andover, MA 01810	100	
Jan 7, 2025	Thomas Esposito 129 Rattlesnake Hill Rd Andover, MA 01810	103.48	
Feb 28, 2025	David Floreen 12 Smithshire Estates Andiver, MA 01810	103.48	
Jan 26, 2025	Ann Gilbert 12 Gray Road Andover, MA 01810	257.94	Retired
Feb 6, 2025	Anny Guerra 180 Main St Andover, MA 01810	51.99	
Feb 13, 2025	Christian Huntress 17 Tewksbury Street Andover, MA 01810	154.97	
Line 9: Total Recei	pts over \$50 (or listed above)	1,434.29	
Line 10: Total Rece	Line 10: Total Receipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Jan 24, 2025	Rebecca Ingis 3 Marie Drive Andover, MA 01810	51.99	
Jan 28, 2025	Mark Johnson 12 Chestnut St Andover, MA 01810	206.46	Attorney and Manager Johnson & Borenstein, LLC
Jan 12, 2025	Ellen Keller 39 Bannister Road Andover, MA 01810	103.48	
Jan 6, 2025	Susan McCready 8 Dean Circle Andover, MA 01810	103.48	
Feb 7, 2025	Steven McGrath 66 Brookfield Rd Andover, MA 01810	250	Sr. Solution Engineer Zixi, LLC
Jan 10, 2025	Mary Pritchard 399 River Rd Andover, MA 01810	51.99	
Feb 7, 2025	Michael Sassin 8 Stevens Circle Andover, MA 01810	100	
Jan 14, 2025	Matthew Scully 34 School Street Andover, MA 01810	103.48	
Feb 8, 2025	Sefany Stellakis 4 Cindy Lane Andover, MA 01810	500	Director, Quality Product Lead - Biologics Bristol Myers Squibb
Mar 1, 2025	Catherine Tucker 291 S Main Street Andover, MA 01810	250	Breast Surgeon Steward Healthcare
Jan 22, 2025	Amy Whitehead 20 Blueberry Hill Rd Andover, MA 01810	51.99	
Mar 4, 2025	Abigail Wuest 1201 Shorewood Boulevard Madison, WI 53705	51.99	
Feb 25, 2025	Mimi Wuest E5468 Herritz Rd Reedsburg, WI 53959	51.99	
Line 9: Total Recei	Line 9: Total Receipts over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Mar 3, 2025	Committee to Elect Tracey Spruce	100	
			·
Line 9: Total Receip	ots over \$50 (or listed above)	100	
Line 10: Total Recei	pts \$50 and under* (not listed above)	201.25	
	ECEIPTS IN THE PERIOD	3,612.39	← Enter on page 1, line 2 I include only those receipts not itemized above.

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

SCHEDULE B: EXPENDITURES

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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Feb 25, 2025	FedEx			61.56
Jan 17, 2025	JustButtons	online	2.25 Inch Round Custom Buttons	50.95
Mar 3, 2025	Staples	North Andover, MA	supplies	62.27
Mar 6, 2025	USPS	10 Stevens Street Andover, MA 01810	postage	84.2
Jan 21, 2025	VistaPrint	online	postcards	325.85
Mar 3, 2025	VistaPrint	online	postcards	1,253.76
	·	Line 12: Total Expenditures ov	er \$50 (or listed above)	1,838.59
		Line 13: Total Expenditures \$50	and under* (not listed above)	179.11
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2,017.7

^{*} 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



REGEIVED Form CPF M 102: Campaign Finance Report LERK'S OFFICE Office of Campaign and Political Finance

2025 MAR 10 AH 10: 27

File with: City or Town Clerk or Election Commission

TOWN OF ANDOVER, MASS

Reporting Period: Beginning: 1/1/2025 Ending:	3/7/2025

Type of Report: 2025 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 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 porjury:	1.1.	
· () by by	2/8/25	
Treasphor s signature (in ink)	Date	-
Treaduct b orginature (III IIII)	pu ca	

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.

Signed under the penalties of perjury:	ī
Jula M. Johnt	3 9 26
Candidate's signature (in ink)	Date



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK'S OFFICE

of Massachusetts	File with: Qik of Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 3/17/25 Ph 3: 23
	TOWN OF ANDOVER, MASS
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Steven Pekock	
Candidate Full Name (if applicable)	Committee Name
Trustee of Punchard Free School	
Office Sought and District 109 Chestnut St, Andover, MA 01810	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: po321218@live.com	E-mail:
Phone #: 978-496-8429	Phone # :
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	0
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, line 22) 0
Line 9: Name of bank(s) used:	
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best 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
Signed under the penalties of perjury:	Date: 2/17/25
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox 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 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 I certify that I have examined this report including attached schedules and it is, to the	s heet of my knowledge and helief a true and complete statement of all compaign
finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority of behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/17/25

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 D 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)
Date Received	(alphaoetear listing required)	Tinount	(for contributions of \$200 or more)
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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 Recei	ipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
	ipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD		← 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 (alphabetical listing) Address Purpose of Expenditure Amount Image: Control of the paid of	<u> </u>	To Whom Paid			
	Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				A CONTRACTOR OF THE CONTRACTOR	
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have and under, inc	itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	
should includ	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	

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

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value

			######################################	
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			1971 - 19	
S				

			1	
	emized in-kind contributions of	Line 16: In-Kind Contributions ov	ver \$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	itemized above.			

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
		1		
1117				
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING 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
Date I alu	(aiphabetical listing required)	Amount	Turpose of Expenditure
			THE CONTRACTOR OF THE CONTRACT
			The second secon
Line 20: Total Itemized (or listed above)	d 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 Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8 Page 8



RECEIVED TOWN CLERK'S OFFICE

Form CPF M 102: Campaign Finance Report Office of Campaign and Political Firance AR 17 PM 12: 20

File with: City or Town Clerk or Election Commission

TOWN OF ANDOVER, MASS

Reporting Period: Beginning: 1/1/2025 Ending: 3/7/2025

Type of Report: 2025 Pre-election Report

Shepley, Christopher

Full Name of Candidate

School Committee

Office Sought/ District

179 High Street Andover, MA 01810

Residential Address

Committee to Elect Chris Shepley

Committee Name

Robert Kenny Jr.

Name of Committee Treasurer

179 High Street Andover, MA 01810

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$698.24
Total receipts this period:	\$3,421.00
Subtotal:	\$4,119.24
Total expenditures this period:	\$1,903.37
Ending Balance:	\$2,215.87
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$73.00
Total outstanding liabilities: Name of Bank Used: Unterwrite Browk	\$4,099.94

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 (in ink)

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.

3/16/2025

Schedule A: Receipts

N.G.L. 8. 65 requires that the name and residential address he reported, in alphabetical order, for all receipts over 150 in a calendar year. Camitteen must keep detailed accounts and records of all receipts, but need only standage those receipts over 550. In addition, the occupation and imployer must be reported for all receipts was contribute 1200 or eace in a calendar year.

Date Name and Residential Address	Amount Occupation and Employer
1/29/2025 Carroll, Tom	\$100,00
11 Railey Read	
Andover, MA OIKIII	
1/28/2025 Durant, Paul	\$100.00
8 Alonesos Way	
Andover, MA (018)0	and the commence of the commen
2/10/2025 Gifun, Jane	\$30.00
9 Castle Heights	
Amioser, MA 01810	g y zazana pozitani minizionek zazaza positikok kanaza pozitikog za kata kanaza kanaza kanaza kanaza kanaza ka
1/27/2025 Gordon, Andrew	\$50.00
15 Pine Street	
Andover, MA 01810	
2/11/2025 Greeley, James	\$50.00
4 Garfield Lane W.	
Andover, MA 01810	all the control of th
1/27/2025 Jensen, Richard	\$50.00
15 Enfield Drive	
Andreer, MA 01810	
2/5/2025 Knepper, Heldi	5200.00 Substitute Teacher
8 Yardley Road	Andover Public Schools
Andreer, MA 01810	
1/25/2025 Lyman, Mary	\$25.00
50 School Street	
Ansover, MA 01810	
1/15/2025 Marsh, Robert	570.00
8 Mulberry Circle	
Andoret, MA 01810	

2/3/2025 Moffitt, John	\$1	100.00
68 Reacon Street		
Andover, MA 01810		
1/27/2025 Posti, Joseph		25.00
10 Marion Avenue		
Andover, MA 01810		annotation must be a second or secon
1/27/2025 Ralston, Gull	\$1	(00,00
18 Mortan Street		
Andores, MA 01810		
2/13/2025 Rudelph, Denna	5	25.60
145 Andover Street		
Andover, NIA 01810		
3/4/2025 Shepley, Christopher	\$2,0	100.50
179 High Street		
Andover, MA 01810		
2/11/2025 Shepley, Cindy	\$1	00.00 Religd
110 Sunny Hollow Place		Hangor Public Schools
Ranger, ME 04401		
2/3/2025 Silverman, Michael	5	99.00 UMass Lowell
54 Tewksbury Street		Teacher
Andover, MA DIKIO		
1/30/2025 Solimine, Krystal	\$	50.00
2 Surrey Lane		
Andover, MA 01810		
2/13/2025 Vives, Katheyn	*	25,00 Teacher
18 Alden Road		Andover Public Schools
Andover, MA 01810		
2/11/2025 Walsh, George	\$10	30,00
28 Essex Street		
Andover, MA (11810		
1/27/2025 Wise, Kristin	\$	25.40
8 Inwised Lane		
Andover, MA 01810		
	Total Remised Receipts: \$3,30	14.00
•	Total Unitemized Receipts: 511	7.00
	Total Receipts: \$3,41	11.00

Schedule B: Expenditures

#.G.L. v. by requires convictees to lint, in alphabetical order, all expenditures over 150 in a reporting period,

Connectives outst teep detailed accounts and records of all expenditures, but need only itemize those over 350.

Expenditures over 150 and under may be added together from convictee records, and reported on line 13.

Date	Name and Address	Amount Purpose	
1/16/2025	Campaiga Fartour	\$12.00 Campaign Website	
	Po Box 118		
	Still River, MA 01467	e en 1888 en 1888 en 1888 en 1880 en 1	50mh
2/10/2025	Campaign Parince	\$0,48 Email Service	
	Po Box 118		
***************************************	Still River, MA 01467		
2/16/2025	Campaign Fartner	\$35.00 Campaign Website	
	Poliux 118		
	Sull River, MA 01467		
3/4/2025	Massachusetts Republican State Committee	\$1.481.93 Reimbursement For Printing & M Distribution – Use of Bulk Mail P	ail eanl
	85 Merrimac Street, Suite 505		
	Boston, MA 02/14		
2/26/2025	Meta Platforms, Inc.	\$78,31 Facebook Ads	
	1 Hacker Way		
يدوروه وروزش وسادر والموساء مرشيها	Menlo, CA 94025		
2/13/2023	Next Day Plyers	\$264,32 Postcards	
	8000 Hiskell Ave.		
	Van Nuys, CA 91406	ramon on the state of the state	
2/6/2025	Stripe, Inc.	\$1,17 Payment Processing Fee	
	354 Oyater Point Blvd		
	South Sun Francisco, CA 94080-1912		·····
2/7/2025	Stripe, loc.	\$6.10 Processing Fee	
	354 Oyster Point Blvd		
orners and an area of the second of the seco	South Sun Francisco, CA 94080-1912		
2/14/2025	Stripe, Inc.	\$1,03 Payment Processing Fee	
	354 Oyster Point Blvd		
	South San Francisco, CA 94030-1912	1	

2 18/2025 Stripe, Inc. 354 Oysta Point Blvd

\$1.03 Online Donation Processing Fee

South San Francisco, CA 94080-1912

Total Hemized Expenditures; Total Unitemized Expenditures:

\$1,903_37 50.00

Total Expenditures:

\$1,903,37

Schedule D: Liabilities

B.G.t. c. 55 requires connectees to report At limitities which have been reported previously and are still outstanding, as well as the liabilities incurred social this reporting partod.

Date	To Whom Duc	Reduction	Loan Amount Purpose
12/31/2024	Shepley, Christopher	(Lamanda Caralla Cara	\$2,026.94
	179 High Street		
	Andover, MA 01810		
3/4/2025	Shepley, Christopher		\$2,000.00 Loan
	179 High Street		
	Andover MA, 01810		
1/13/2025	Shepley, Christopher		\$73.00 Postage
	179 High Street		
	Andover MA, 01810		
	Outstanding Liab@tles;		54,099.94

Schedule E: Candidate Out-Of-Pocket Expenses

Date Name and Address

1/13/2025 United States Fostal Service

10 Stevens Street

Andover, MA 01810

Total Itemized Out-Of-Pocket Expenditures: 573.00

Total Unitemized Out-Of-Focket Expenditures: 58,50

Total Out-Of-Focket Expenditures: 573.00



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: January 1, 2025 Ending Date: March 7, 2025
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) School Committee, Andore Office Sought and District 12 Forbs Ln, Andorer, O1810 Residential Address E-mail: Jake & Tamarkin Torschools. Com Phone #: 212-255-0522 Phone #: Phone #:
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) Line 9: Name of bank(s) used:
Affidavit of Committee Treasurer: Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee 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.
igned 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 D 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)
		A. A	
		7	
17-12			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Feb #	Alexandra Drisull Andino	200	
Feb 5	Heidi Knepper & Yardley Rd	200	substitute terch / Andorna
Feb 23	Julie Tamarkin 575 05good N. Andirer	300	retired
Mar 7	Candidate Jacob Tomarkin 12 Forber Ln Andrew	318	business executive/ Everyby Life Inc
Line 10: Total Receipts over \$50 (or listed above) Line 11: Total Receipts \$50 and under (not listed above)		600 918 50	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
	CEIPTS IN THE PERIOD	a le	itemized above. ← 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
3/7	Minuteman Prass	362 N. Main Andres MA	Printry	119.44
1/25	Squarespece	New York NT 10=14	Wabsite	234.60
7/18	Signrocket com	340 Brondway Aug St Paul Parle MN 55071	Yard signs + stads	485.00
2/27	USPS	7 Stevens St Andover MA	Postage	56.00
				· Description of the second

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9				
and under, incl	temized expenditures of \$50 ude them in line 13. Line 14	Line 13: Expenditures over \$50 (o	r listed above)	895.04
should include	only those expenditures not emized above.	Line 14: Expenditures \$50 and unc	der (not listed above)	73.9 6
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITUR	RES IN THE PERIOD	968,00

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	Description of Contribution	Value
	-			
			The state of the s	

	-			
		<u> </u>		
	i		7	
			7	
550 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTRI	BUTIONS 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	
1,1					
		·			
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING 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
Line 20: Total Itemized (or listed above)	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 Unitemiz under (not listed above)	red Out-Of-Pocket Expenditures \$50 and			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 RECEIVED Office of Campaign and Political FinanceTOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

2025 MAR 17 AM 11: 07

TOWN OF ANDOVER. MA

Reporting Period: Beginning: 1/1/2025 Ending: 3/7/2025

Type of Report: 2025 Pre-election Report

Vispoli, Alex

Full Name of Candidate

Selectman

Office Sought/ District

7 Alison Way Andover, MA 01810

Residential Address

Vispoli Committee

Committee Name

Michael Harvey

Name of Committee Treasurer

7 Twinbrook Circle Andover, MA 01810

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$7,244.12
Total receipts this period:	\$2,400.00
Subtotal:	\$9,644.12
Total expenditures this period:	\$78.00
Ending Balance:	\$9,566.12
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$477.22
Total outstanding liabilities:	\$15,727.54
Name of Bank Used:	Eastern Bank

Affidavit of Committee Treasurer:

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

Signed under the enalties of perjury:

3/17/25

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.

Signed under the penalties of perjury:

3/17/28

Candidate's signature (in ink)

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
1/23/2025	Anderson, Linn	\$150.00	Retired
	98 Abbot Street		Retired
	Andover, MA 01810		
2/26/2025	Barber, Arthur	\$100.00	Retired
	3 Sparta Way		
	Andover, MA 01810		
3/5/2025	Bartlett, Maria	\$50.00	Retired
	26 Jenkins Rd		
	Andover, MA 01810		
2/28/2025	Carroll, Thomas	\$100.00	Realtor
	11 Bailey Rd		REMAX
	Andover, MA 01810		
1/23/2025	Constantine, Ann	\$50.00	Interior Design
	81 Central St		Design Coach
	Andover, MA 01810		
2/19/2025	Decourcy, John	\$100.00	Retired
	40 Pine St		
	Andover, MA 01810		
2/21/2025	Famiglietti, Carl	\$1,000.00	Partner
	328 Salem St		Baker Tilly
	Andover, MA 01810		
2/20/2025	Gifun, Jane	\$100.00	Retired
	9 Castle Heights Rd		
	Andover, MA 01810		
1/23/2025	Hartwell, Thomas	\$100.00	Retired
	3 Hemlock Rd		
	Andover, MA 01810		

2/19/2025 Lavoie, Robert		\$100.00	Attorney
5 County Lane			Johnson & Borenstein, LLC
Andover, MA 01810			
2/28/2025 Makiej, John		\$100.00	Owner
21 Arundel St			Mak & Co
Andover, MA 01810			
2/28/2025 Perry, Calvin		\$50.00	Retired
25 Timothy Dr			Retired
Andover, MA 01810			
2/19/2025 Stabile, Gerald		\$200.00	CRO
249 S Main St			Netcarrier
Andover, MA 01810			
2/19/2025 Urbelis, Thomas		\$100,00	Retired
6 Eastman Rd			
Andover, MA 01810			
1/30/2025 Vispoli, Alex		\$50.00	
7 Alison Way			
Andover, MA 01810			
2/19/2025 Vispoli, Alex		\$50.00	
7 Alison Way			
Andover, MA 01810			
	Total Itemized Receipts:	\$2,400.00	
	Total Unitemized Receipts:	\$0.00	
	Total Receipts:	\$2,400.00	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period.

Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50.

Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address		Amount	Purpose
1/30/2025	Rally Pay		\$2.40	Transaction Fee
	2626 Cole Ave Suite #300)		
	Dallas, TX 75204			
2/16/2025	Rally Pay		\$17.20	Transaction Fee
	2626 Cole Ave Suite #300)		
	Dallas, TX 75204			
2/17/2025	Rally Pay		\$4.40	Transaction Fee
	2626 Cole Ave Suite #300)		
	Dallas, TX 75204			
2/19/2025	Rally Pay		\$42.80	Transaction Fee
	2626 Cole Ave Suite #300)		
	Dallas, TX 75204			
2/22/2025	Rally Pay		\$4.40	Transaction Fee
	2626 Cole Ave Suite #300	1		
	Dallas, TX 75204			
3/3/2025	Rally Pay		\$2.40	Transaction Fee
	2626 Cole Ave Suite #300	l e e e e e e e e e e e e e e e e e e e		
	Dallas, TX 75204			
3/7/2025	Rally Pay		\$4.40	Transaction Fee
	2626 Cole Ave Suite #300	•		
	Dallas, TX 75204			
		Total Itemized Expenditures:	\$78.00	
		Total Unitemized Expenditures:	\$0.00	
		Total Expenditures:	\$78.00	

Schedule D: Liabilities

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

Date	To Whom Due	Reduction	Loan Amount	Purpose
1/8/2025	Vispoli, Alex	***************************************	\$165.00	Website Hosting
	7 Alison Way			
	Andover MA, 01810			
2/8/2025	Vispoli, Alex		\$165.00	Website Hosting
	7 Alison Way			
	Andover MA, 01810			
1/6/2025	Vispoli, Alex		\$11.69	Thank You Cards
	7 Alison Way			
	Andover MA, 01810			
2/21/2025	Vispoli, Alex		\$105.53	Campaign Signs
	7 Alison Way			
	Andover MA, 01810			
2/21/2025	Vispoli, Alex		\$30.00	Stamps
	7 Alison Way			
	Andover MA, 01810			
12/31/2024	Vispoli, Alex		\$15,150.32	
	7 Alison Way			
	Andover, MA 01810			
1/30/2025	Vispoli, Alex		\$50.00	Testing Website Contributions
	7 Alison Way			
	Andover MA, 01810			
2/19/2025	Vispoli, Alex		\$50.00	Testing Website Contributions
	7 Alison Way			
	Andover MA, 01810			
	Outstanding Liabilities:		<u>\$15,727.54</u>	

Schedule E: Candidate Out-Of-Pocket Expenses

Date	Name and Address	Amount Purpose
1/8/2025	Blue Host	\$165.00 Website Hosting
	5335 Gate Parkway	
	Jacksonville, FL 32256	
2/8/2025	Blue Host	\$165.00 Website Hosting
	5335 Gate Parkway	
	Jacksonville, FL 32256	
1/6/2025	CVS	\$11.69 Thank You Cards
	68 Main St	
	Andover, MA 01810	
2/21/2025	Signs On The Cheap	\$105.53 Campaign Signs
	11525-b Stonehollow Dr # 220	
	Austin, TX 78758	
2/21/2025	US Post Office	\$30.00 Stamps
	10 Stevens St	
	Andover, MA 01810	
	Total Itemized Out-Of-Pocket Expenditures:	\$477.22
	Total Unitemized Out-Of-Pocket Expenditures:	\$0.00
	Total Out-Of-Pocket Expenditures:	\$477.22



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK'S OFFICE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/6	/25 Ending Date: 3/17/25
True of Danauts (Chaolis and)	TOWN OF ANDOVER, MASS
Type of Report: (Check one) ☑ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Sandis Wright	Wright for Andover
Candidate Full Name (if applicable) Andover School Committee	Committee Name Rodney Johnson
Office Sought and District 112 High Street Andover MA 01810	Name of Committee Treasurer 112 High Street Andover MA 01810
Residential Address E-mail: wrightforandover@gmail.com	Committee Mailing Address E-mail: wrightforandover@gmail.com / rjrodney@me.com
Phone #: 7733157859	Phone #: 5082460029
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	84.38
Line 2: Total receipts this period (page 3, line 12)	3415.51
Line 3: Subtotal (line 1 plus line 2)	3499.89
Line 4: Total expenditures this period (page 5, line 15	0
Line 5: Ending Balance (line 3 minus line 4)	3499.89
Line 6: Total in-kind contributions this period (page 6	, line 18) O
Line 7: Total (all) outstanding liabilities (page 7, line	
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0
Line 9: Name of bank(s) used: Citizen Bank	
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 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 be	ox only)
	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

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 D 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)
1/14/25	Susan McCready	100	
1/16/25	Tracey Spruce	100	
1/23/25	Judy Eskin	96.62	
1/27/25	Annie Gilbert	250	
1/29/25	Deb Silberstein	100	
1/30/25	Ellen Keller	96.62	
1/31/25	Susan Stott	100	
1/31/25	Deb Silberstein	100	
2/3/25	Becky Crowe	100	
2/4/25	Gail Ralston	250	
2/12/25	Claire Chiesa	100	
2/13/25	Sara Wells	96.62	
2/14/25	Chris Huntress	150	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/21/25	Linn Anderson	145.17	
2/26/25	Maureen Schwartz	100	
2/27/25	Mary Pritchard	100	
3/3/25	Liz Whelan	96.62	
3/3/25	Bonnie Zahorik	96.62	
3/3/25	Dave Floreen	100	
3/3/25	Catherine Tucker	250	
3/10/25	Judianne Livermore	100	
3/11/25	Joan Karpinsky	96.62	
3/13/25	Bob Willard	100	
1/7/25	Tom Esposito	100	J
1/15/25	Matt Scully	96.62	
Line 10: Total Rece	eipts over \$50 (or listed above)	3021.51	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Reco	eipts \$50 and under (not listed above)	394.00	should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	3415.51	← 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	4.73	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.		Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	0

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
William Willia				
1				
7				
1				
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line 6 →		Line 18: TOTAL IN-KIND CONTRIBUTIONS 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		
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING 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
	(arphasetten string required)		
		:	·
Line 20: Total Itemize (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	
	nized Out-Of-Pocket Expenditures \$50 and e)	should include only those expenditures not itemized above.	
	OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1, line 8 Page 8	