



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

2012 JAN 18 P 3:18

File with:  
City or Town Clerk or Election Commission

FILE #  
CITY CLERK, SALEM, MASS.

Reporting Period Beginning 1/1/2011 Ending: 12/31/2011

Type of report: Year-end

STANLEY USOVICZ JR

*Full Name of Candidate*

MAYOR/SALEM

*Office Sought/ District*

2 BOTTS CT, SALEM, MA 01970

*Residential Address*

COMM TO ELECT STANLEY J. USOVICS JR.

*Committee Name*

WILLIAM P. GOREHAM

*Name of Committee Treasurer*

ONE SALEM GREEN SUITE 410, SALEM, MA 01970

*Committee Mailing Address*

### SUMMARY BALANCE INFORMATION

Line 1: Ending balance from previous report:	\$6,215.17
Line 2: Total receipts this period (Schedule A)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$6,215.17
Line 4: Total expenditures this period (Schedule B)	\$2,380.00
Line 5: Ending balance (line 3 minus line 4)	\$3,835.17
Line 6: Total in-kind contributions this period (Schedule C)	\$0.00
Line 7: Total (all) outstanding liabilities (Schedule D)	\$0.00
Line 8: Name of bank(s) used	SALEM FIVE

#### 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 and 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:

*William P. Goreham*

Treasurer's signature (in ink)

1/16/12

Date

#### Affidavit of Candidate (check 1 box only)

X

Candidate with Committee and no activity independent of the committee.

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

☐ Candidate without committee OR Candidate with independent activity filing separate report.

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

*Stanley J. Usovics Jr.*

Candidate's signature (in ink)

1/16/12

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.

Date	Name and Residential Address	Amount	Occupation and Employer
		\$0.00	
Line 9: Total Receipts in excess of \$50 or listed above		\$0.00	
Line 10: Total Receipts \$50 and under		\$0.00	
Line 11: Total Receipts in the period		\$0.00	

## Schedule B: Expenditures

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

Date	Name and Residential Address	Amount	Purpose
5/22/2011	BOY'S & GIRL'S CLUB OF GREATER SALEM Salem, MA 01970	\$50.00	DONATION
10/27/2011	BOY'S & GIRL'S CLUB OF GREATER SALEM Salem, MA 01970	\$100.00	DONATION
12/8/2011	HAMILTON HALL Salem, MA 01970	\$600.00	DONATION
1/6/2011	NORTHEAST ARC DANVERS, MA 01923	\$25.00	DONATION
5/6/2011	NORTHEAST ARC DANVERS, MA 01923	\$125.00	DONATION
2/24/2011	PETER TORIGIAN SCHOLARSHIP Peabody, MA 01960	\$70.00	DONATION
6/10/2011	PLUMMER HOME FOR BOYS Salem, MA 01970	\$250.00	DONATION
6/10/2011	SALEM ATHENAEUM Salem, MA 01970	\$195.00	DONATION
4/20/2011	SALEM AWARD FOUNDATION Salem, MA 01970	\$100.00	DONATION

Date	Name and Residential Address	Amount	Purpose
1/10/2011	SALEM EDUCATION FOUNDATION Salem, MA 01970	\$150.00	DONATION
1/13/2011	ST. JOHN'S PREP DANVERS, MA 01923	\$50.00	DONATION
10/27/2011	ST. JOHN'S PREP DANVERS, MA 01923	\$100.00	DONATION
12/8/2011	WALTHAM PARTNERSHIP FOR YOUTH WALTHAM, MA	\$150.00	DONATION
Line 12: Expenditures over \$50		\$1,965.00	
Line 13: Expenditures \$50 and under		\$415.00	
Line 14: Total Expenditures in the period		\$2,380.00	

## 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.*

Date	Name and Residential Address	Value	Description/ Occupation and Employer
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\$0.00

Line 15: Total in-kind listed above \$0.00

Line 16: Total in-kind not listed above \$0.00

**Line 17: Total in-kind in the period** \$0.00

## Schedule D: Liabilities

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

Date Incurred	To Whom Due	Amount	Purpose
		\$0.00	
Line 18: Outstanding liabilities (ALL)		\$0.00	

Schedule EA: Assets Acquired

Date Acquired	Asset description & location	Amount	Manner Acquired
		\$0.00	
Total Assets listed above		\$0.00	

Schedule ED: Assets Disposed

Date Disposed	Asset description	Disposed To:	Value	Manner Disposed
			\$0.00	
Total Assets listed above			\$0.00	