

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance A 10: 18

	FILE #
	CITY OF ERK, SALEM, MASS
File with: City or Town Clerk or Election Commission	1/20/201
Reporting Period - Beginning: 1/1/2013	Ending: 12/31/2013
Type of report: Year-end	
STANLEY USOVICS JR.	COMM TO ELECT STANLEY J. USOVICS JR.
Full Name of Candidate	Committee Name
MAYOR/SALEM	WILLIAM P. GOREHAM
Office Sought/ District	Name of Committee Treasurer
2 BOTTS CT	ONE SALEM GREEN SUITE 410
SALEM, MA 01970	SALEM, MA 01970
Residential Address	Committee Address
SUMMARY BALANC	E INFORMATION
Ending Balance from previous rep	
Total receipts this period:	\$0.00
Subtotal:	\$2,743.56
Total expenditures this period:	\$1,025.00
Ending Balance:	\$1,718.56
Total inkind contributions this	period: \$0.00
Total outstanding liabilities:	\$0.00
	ALEM FIVE
Name Of Dank (5) used.	ALEN FIVE
Affidavit of Committee Treasurer:	ashedular and it is to the best of my knowledge and
I certify that I have examined this report, including attached belief, a true and complete statement of all campaign finance expenditures, disbursements, inkind contributions and liability finance activity of all persons acting under the authority or requirements of M.G.L. c. 55.	activity including all contributions, loans, receipts, ies for this reporting period and represents the campaign
Signed under the penalties of perjury:	
William & Borelam	1/20/14
Treasurer's signature (in ink)	Date
Affidavit of Candidate (check 1 box only) :	
A Candidate with Committee and no activity independen	t of the committee
I certify that I have examined this report, and attached scheduler true and complete statement of all campaign finance activity, this committee in accordance with the requirements of M.G.L. c. any liabilities nor made any expenditures on my behalf during the state of the state of the scheduler	ples and it is, to the best of my knowledge and belief, a por all persons acting under the authority or on behalf of . 55. I have not received any contributions, incurred
Candidate without Committee OR candidate with indep	endent 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, inkind 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:

Schedule A: Receipts

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

Date	Name and Residential Address	Amount	Occupation and Employe
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

Schedule B: Expenditures

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

Date	Name and Address	Amount	Purpose
10/8/2013	NEARC 6 Southside Rd Danvers, MA 01923	\$400.00	Donation
3/22/2013	NEARC 6 Southside Rd Danvers, MA 01923	\$125.00	Donation
2/5/2013	SALEM YMCA 1 Sewall St Salem, MA 01970	\$500.00	Donation
	zed Expenditures emized Expenditures nditures	\$1,025.00 \$0.00 \$1,025.00	

Schedule C: "Inkind" Contributions

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

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Unit	ized Inkind Contributions emized Inkind Contributions nd Contributions	\$0.00 \$0.00 \$0.00	

Schedule D: Liabilities

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

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00