

Form CPF M 102: Campaign Finance/Report Municipal Form

TASC	SALEM, MASS	
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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period Charles MASS Beginning Date: Aug	26,2017 Ending Date: Oct. 20,2017
Type of Report: (Check one) ☐ 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
MARY USOV1 (Z Candidate Full Name (if applicable)	Committee Name
Office Sought and District 2 Boths Guest	Name of Committee Treasurer
Residential Address	Committee Mailing Address

E-mail:

onal): 9+8-744-3182	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	# - 678.00
Line 2: Total receipts this period (page 3, line 11)	\$ 1,825.00
Line 3: Subtotal (line 1 plus line 2)	\$ 1,150.00
Line 4: Total expenditures this period (page 5, line	2,299.46
Line 5: Ending Balance (line 3 minus line 4)	-1,149,46
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	-1,149.46
Line 8: Name of bank(s) used: EASTERN	BANK

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Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of mactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions.	ny knowledge and belief, a true and complete statement of all campaign finance
finance activity of all persons acting under the authority or on behalf of this committee in acco	
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	ly)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accorda incurred any liabilities nor made any expenditures on my behalf during this reporting period	unce with the requirements of M.G.L. c. 55. I have not received any contributions,
Pandidate without Committee OR Candidate with independent activity filing separated a certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or on behalf of this committee.	of my knowledge and belief, a true and complete statement of all campaign ind contributions and liabilities for this reporting period and represents the unittee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/30/17

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
. <u></u>			
ine 9: Total Receipts	s over \$50 (or listed above)		
ine 10: Total Receipt	s \$50 and under* (not listed above)		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD		f Enter on page 1, line 2
If you have itemized re	eainte of \$50 and under include them in line	O Line 10 shoul	d 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	7			
Line 12: Expenditures over \$50 (or listed above)				
		Line 13: Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 g	Line 14: TOTAL EXPENDITUR		2,299.46
		include them in line 12. Line 13 shou		

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
10/20/17	MARY USOVICZ	2 Botts Court SAKM, MA	CAMPRISN'S EXPENDITURES	1,149.46
			* : * : : : *	
	=			
	Enter on page 1, line 7 g	ne 18: TOTAL OUTSTANDIN	IG LIABILITIES (ALL)	