

Form CPF M 102: Campaign Finance Report Municipal Form

2018 JAN 22 PM 2: 56

Office of Campaign and Political Finance

of Massachuseus CITY CLERK Fill in Reporting Period dates: Decimal Date: Oc.	File with: Civ or Town Clerk or Election Commission F. 21 Ending Date: TANKARY 22, 2016
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
MARY USOVICZ	
Candidate Full Name (if applicable)	Committee Name
Office-Squght and District	Name of Committee Treasurer
2 Botts Covet / SAlem Residential Address	Committee Mailing Address
E-MAUSOVICZOGMANI. COM	E-mail:
Phone # (optional): 978-744-3182	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	-1,149.42
Line 2: Total receipts this period (page 3, line 11)	2,305.00
Line 3: Subtotal (line 1 plus line 2)	1, 155.58
Line 4: Total expenditures this period (page 5, line	
Line 5: Ending Balance (line 3 minus line 4)	-1,061.82
Line 6: Total in-kind contributions this period (pag	
Line 7: Total (all) outstanding liabilities (page 7)	-1,061.82
Line 8: Name of bank(s) used: EASTERN	BANK
ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best o tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co- nance activity of all persons acting under the authority or on behalf of this committee in ac- gned under the penalties of perjury:	entributions and liabilities for this reporting period and represents the campaign
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
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 be activity, of all persons acting under the authority or on behalf of this committee in accoss incurred any liabilities nor made any expenditures on my behalf during this reporting pe	rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign a-kind contributions and habilities for this reporting period and represents the
ned under the negatives of peripry:	(Candidate's signature) Date: 1/22/18

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 Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
10/25	LAURA Luckey 17 ORNE Janare	50.00	SEIF-EMPLOY . ART APPROSIOR	
10/25 BRUCE GORDAND 17 FINT ST.		56.00	SEIF-employ Interior DesigNER	
10/25	Toyce Snell 7 HAM. Iton St.	50.00	SETF-employ Life coxcli	
10/28	DARROW Lebovici 122 Federal St.	200,00	Repres	
10/29	Meg Twohey 122 Federal St.	200,00	Retired	
10/29	DAVID HART 104 FCDERN 1 St.	100.00	SETF employ Architect	
10/29	Liz DICKEON 135 FeDERA St.	100.00	Housewife	
10/29	Kevin Daly 33 Intervale Roma	100.00	Attorney BAIY. ESZ.	
10/30	MARY Simpson 41 FINT Street	200.00	BUSINESS OWNER	
11/5	Kim Tompkins 7 Botts Court	300.00	YogA instructor	
1/6	Ben W, HNER 6 HAMIHON	250.00	Sciences + MGH	
1/5	MARY LENNEY 19 FINT Street	100.00	Retires	
e 9: Total Receip	ts over \$50 (or listed above)			
e 10: Total Receip	ots \$50 and under* (not listed above)			
e 11: TOTAL RE	ECEIPTS IN THE PERIOD	f	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)	
11/9	TIM JUNKINS 18 BRUAD St.	/00.00	Investment ADVISOR SEIF employ	
10/29	Bill Tiniti 16 Beckford St.	250	A HURNEY SEIF Employ	
ne 9: Total Receipts	over \$50 (or listed above)	2,050		
ne 10: Total Receipts	\$50 and under* (not listed above)	2,050 255.00 2,305.00		
			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 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
10/23	Postnge us Post office	3	Postage	539.0
w/,	123 PRINT	Web PAGE Intervet	POST IT NOTES	2 70.07
11/2	MINIT PRINT	Boston St. SALEM, MA	PRINTING	216.48
111/2	US Post office		Postage	4,86.00
11 3	US POST office		Postage	14.2.00
113	VISITAPRINT	Intervet	Postcards	151.83
	-			
		Line 12: Total Expenditures over	\$50 (or listed above)	2,010.40 207.00 Z, 217.40
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 g	Line 14: TOTAL EXPENDITUR	RES IN THE PERIOD	2,217.40

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditur	e Amou
	30.00			
				1
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u		
	Enter on page 1, line 4 g	Line 14: TOTAL EXPENDITU		2,217.4

^{*} 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	
	No Fried Live				
		Line 15: In-Kind Contributions or	ver \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on mage 1 line 6.0	Line 17: TOTAL IN-KIND CON	TRIBUTIONS		

^{*} 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.

Date Incurred	To Whom Due	Address	Purpose	Amoun
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