

2016 CAMPAIGN FINANCE REPORT — NOVEMBER ELECTION

For Municipal Candidates

Please complete all entries.

| | | | |
|--------------------|--|----------------------------------|--|
| Name of Candidate: | | | <input type="checkbox"/> Check if any information has changed from previous report |
| Street Address: | | | |
| City and Zip Code: | | Telephone Number: | |
| E-mail: | | | |
| Office Sought: | | District Number (if applicable): | |
| Name of Treasurer: | | | <input type="checkbox"/> Check if any information has changed from previous report |
| Mailing Address: | | | |
| City and Zip Code: | | Telephone Number: | |
| E-mail: | | | |

| TYPE OF REPORT | DUE DATE | DATES OF REPORTING PERIOD |
|--|-------------------|---------------------------------------|
| <input type="checkbox"/> July Semiannual | July 15, 2016 | Beginning of campaign — June 30, 2016 |
| <input type="checkbox"/> 11-Day Pre-Election | October 28, 2016 | July 1, 2016 — October 25, 2016 |
| <input type="checkbox"/> 42-Day Post-Election | December 20, 2016 | October 26, 2016 — December 13, 2016 |
| <input type="checkbox"/> July Semiannual | July 17, 2017 | December 14, 2016 — June 30, 2017 |
| <input type="checkbox"/> Amendment to: | | |
| <input type="checkbox"/> Other (specify): | | |
| <input type="checkbox"/> Check if campaign had no activity for the reporting period (no other pages are required). | | |

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

| | | | |
|---------------------|-------|---------------------|--------|
| _____ | _____ | _____ | _____ |
| Treasurer Signature | Date | Candidate Signature | Date |
| | | | 3/2016 |

Candidate's Full Name

**SCHEDULE A
CASH CONTRIBUTIONS**

- Itemize all cash contributions from contributors who have given you more than \$50 in this report period.
- Both cash and in-kind contributions count toward the \$50 threshold.
- Report the occupation and employer for individual contributors who contributed more than \$50 in this report period. If you requested employment information but did not receive it, write "information requested."
- Cash contributions of \$50 or less may be aggregated and reported as a lump sum. Use "Contributors giving \$50 or less" as the contributor type.
- If you transferred surplus funds from a previous campaign to your current campaign, report that amount in the first report for the current election cycle.

Total contributions from the same source (except candidate and candidate's spouse/domestic partner) may NOT exceed \$775 in any election for municipal office.

Contributor Types

| | | | |
|---|---|---|----------------------------------|
| 1 | Candidate and Candidate's Spouse/Domestic Partner | 5 | Political Party Committees |
| 2 | Other Individuals | 6 | Other Candidates and Committees |
| 3 | Commercial Sources (corporations, etc.) | 7 | Contributors giving \$50 or less |
| 4 | Political Action Committees | 8 | Transfer from previous campaign |

| Date Received | Contributor's Name, Address, Zip | Occupation | Employer | Type | Amount |
|---|----------------------------------|------------|----------|------|--------|
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| Total Cash Contributions (this page only) → | | | | | |
| (combined totals from all Schedule A pages must be listed on Schedule F, Line 1) | | | | | |

Candidate's Full Name

**SCHEDULE A-1
IN-KIND CONTRIBUTIONS**

In-kind contributions are goods and services (including use of facilities) that you received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the campaign by the candidate or supporters if the campaign does not expect to reimburse the candidate or supporter. These contributions may come from the candidate, candidate's family, supporters, PACs, party committees, or other entities. Goods that you have retained from an earlier election such as signs are not in-kind contributions to your current campaign.

- Itemize all in-kind contributions from contributors who have given you contributions totaling more than \$50 in this report period. Both cash and in-kind contributions count toward the \$50 threshold.
- Report the occupation and employer for individual contributors who contributed more than \$50 in this report period. If you requested employment information but did not receive it, write "information requested."
- In-kind contributions of \$50 or less may be aggregated and reported as a lump sum. Use "Contributors giving \$50 or less" as the contributor type.
- If you received goods or services for less than the usual and customary charge, report the amount of the discount as an in-kind contribution.
- A description of the goods or services received is required.

Total contributions (cash and in-kind) from the same source (except candidate and candidate's spouse/domestic partner) may NOT exceed \$775 in any election for municipal office.

Contributor Types

| | | | |
|---|---|---|----------------------------------|
| 1 | Candidate and Candidate's Spouse/Domestic Partner | 5 | Political Party Committees |
| 2 | Other Individuals | 6 | Other Candidates and Committees |
| 3 | Commercial Sources (corporations, etc.) | 7 | Contributors giving \$50 or less |
| 4 | Political Action Committees | 8 | Transfer from previous campaign |

| | | | | | |
|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
|----------------|-----------------------------------|-------------|-----------|-------|---------|

Description of Goods/Services:

| | | | | | |
|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
|----------------|-----------------------------------|-------------|-----------|-------|---------|

Description of Goods/Services:

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|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
|----------------|-----------------------------------|-------------|-----------|-------|---------|

Description of Goods/Services:

Total Cash Contributions (this page only) →
(combined totals from all Schedule A-1 pages must be listed on Schedule F, Line 8)

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Candidate's Full Name

**SCHEDULE A-1
IN-KIND CONTRIBUTIONS**

Contributor Types

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|---|---|---|----------------------------------|
| 1 | Candidate and Candidate's Spouse/Domestic Partner | 5 | Political Party Committees |
| 2 | Other Individuals | 6 | Other Candidates and Committees |
| 3 | Commercial Sources (corporations, etc.) | 7 | Contributors giving \$50 or less |
| 4 | Political Action Committees | 8 | Transfer from previous campaign |

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|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
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Description of Goods/Services:

| | | | | | |
|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
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Description of Goods/Services:

| | | | | | |
|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
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Description of Goods/Services:

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|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
|----------------|-----------------------------------|-------------|-----------|-------|---------|

Description of Goods/Services:

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|----------------|-----------------------------------|-------------|-----------|-------|---------|
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
|----------------|-----------------------------------|-------------|-----------|-------|---------|

Description of Goods/Services:

Total Cash Contributions (this page only) →
(combined totals from all Schedule A-1 pages must be listed on Schedule F, Line 8)

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Candidate's Full Name

**SCHEDULE B
EXPENDITURES**

- Enter the date, payee, **expenditure type**, and amount for each expenditure made during the report period.
- All expenditures require a remark. Enter a description of the goods and services purchased.
- For expenditures made with the candidate's or authorized individual's personal funds and that are reimbursed within the same report period, enter them as reimbursed expenditures (Payee Name is the vendor and the person who was reimbursed is named in the Remark field). If expenditures made by others are not reimbursed by the end of the report period, they are either reported as in-kind contributions or unpaid debts and obligations.
- If you use campaign funds to pay or reimburse an immediate family member or household member for goods or services they provided or purchased for the campaign, you **must** list the family or household relationship in the remarks section.

Only enter expenditures that have actually been paid. Enter unpaid debts and obligations on Schedule D.

Expenditure Types

| | | | |
|-----|--|-----|--|
| CNS | Campaign Consultants | POL | Polling and survey research |
| CON | Contribution to other candidate, party, committee | POS | Postage for U.S. mail and mail box fees |
| EQP | Equipment (office machines, furniture, cell phones, etc.) | PRO | Other professional services |
| FND | Fundraising events | PRT | Print media ads only (newspapers, magazines, etc.) |
| FOD | Food for campaign events, volunteers | RAD | Radio ads, production costs |
| LIT | Printing and graphics (flyers, signs, palmcards, t-shirts, etc.) | SAL | Campaign workers' salaries and personnel costs |
| MHS | Mail House (all services purchased) | TRV | Travel (fuel, mileage, lodging, etc.) |
| OFF | Office supplies, utilities, phone/internet services, rent, etc. | TVN | TV or cable ads, production costs |
| OTH | Other (bank fees, entrance fees, small tools, wood, etc.) | WEB | Web advertising |
| PHO | Phone banks, automated telephone calls | | |

| Date | Name of Payee | Type | Remark | Amount |
|---|---------------|------|--------|--------|
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| Total Cash Contributions (this page only) → | | | | |
| (combined totals from all Schedule B pages must be listed on Schedule F, Line 5) | | | | |

Candidate's Full Name

**SCHEDULE B
EXPENDITURES**

Expenditure Types

| | | | |
|-----|--|-----|--|
| CNS | Campaign Consultants | POL | Polling and survey research |
| CON | Contribution to other candidate, party, committee | POS | Postage for U.S. mail and mail box fees |
| EQP | Equipment (office machines, furniture, cell phones, etc.) | PRO | Other professional services |
| FND | Fundraising events | PRT | Print media ads only (newspapers, magazines, etc.) |
| FOD | Food for campaign events, volunteers | RAD | Radio ads, production costs |
| LIT | Printing and graphics (flyers, signs, palmcards, t-shirts, etc.) | SAL | Campaign workers' salaries and personnel costs |
| MHS | Mail House (all services purchased) | TRV | Travel (fuel, mileage, lodging, etc.) |
| OFF | Office supplies, utilities, phone/internet services, rent, etc. | TVN | TV or cable ads, production costs |
| OTH | Other (bank fees, entrance fees, small tools, wood, etc.) | WEB | Web advertising |
| PHO | Phone banks, automated telephone calls | | |

| Date | Name of Payee | Type | Remark | Amount |
|---|---------------|------|--------|--------|
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| Total Cash Contributions (this page only) → | | | | |
| (combined totals from all Schedule B pages must be listed on Schedule F, Line 5) | | | | |

Candidate's Full Name

**SCHEDULE C
LOANS and LOAN REPAYMENTS**

- List all new and continuing loans that were unpaid at any time during this reporting period.
- If a loan amount is forgiven, the amount forgiven must also be entered as a contribution on Schedule A.
- Loans cannot exceed \$775 in any election for municipal candidates, except loans made by the candidate, the candidate's spouse or domestic partner, or a financial institution in the State of Maine

| | COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 |
|----------------------------------|--|---|----------------------------------|------------------------------------|---|
| Lender's Name and Address | Loan Balance at Beginning of Period | ACTIVITY THIS PERIOD (report amount and date) | | | LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4 |
| | | Amount Loaned this Period | Amount Repaid this Period | Amount Forgiven this Period | |
| | | Date: Amount: | Date: Amount: | Date: Amount: | |
| | | Date: Amount: | Date: Amount: | Date: Amount: | |
| | | Date: Amount: | Date: Amount: | Date: Amount: | |
| | | Date: Amount: | Date: Amount: | Date: Amount: | |
| | | Date: Amount: | Date: Amount: | Date: Amount: | |
| | | Date: Amount: | Date: Amount: | Date: Amount: | |
| Totals for each column → | | Enter on Schedule F, Line 2 | Enter on Schedule F, Line 6 | Enter on Schedule F, Line 2.a | Enter on Schedule F, Line 10 |

Candidate's Full Name

**SCHEDULE D
UNPAID DEBTS and OBLIGATIONS**

- You have incurred a debt or obligation if you have placed an order for a good or service without making a payment; made a promise or agreement to pay for a good or service; signed a contract for a good or service; and received delivery of a good or service for which you have not paid.
- If the campaign has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- Report actual payments to vendors on Schedule B.

| Date | Creditor's Name and Address | Purpose | Amount |
|---|-----------------------------|---------|--------|
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| Total Cash Contributions (this page only) → (combined totals from all Schedule B pages must be listed on Schedule F, Line 9) | | | |

**SCHEDULE F
SUMMARY SCHEDULE**

This page is required for all candidates except those checking the no activity box on the cover page of the report.

The cash balance on line 14 must match the campaign's reconciled bank account balance as of the last day of the report period.

| CASH ACTIVITY | |
|--|---|
| Receipts | |
| 1. Cash Contributions this Period (total of all Schedule A pages) | |
| 2. Loans this Period (Schedule C, column 2) | |
| 2.a. Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)* | - |
| 3. Other Cash Receipts this Period (interest, etc.) | |
| 4. Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.] | |
| Expenditures | |
| 5. Expenditures this Period (total of all Schedule B pages) | |
| 6. Loan Repayments this Period (Schedule C, column 3) | |
| 7. Total Payments this Period (lines 5 + 6) | |
| OTHER ACTIVITY THIS REPORTING PERIOD | |
| 8. In-kind Contributions this Period (total of all Schedule A-1 pages) | |
| 9. Total Unpaid Debts at Close of Period (total of all Schedule D pages) | |
| 10. Total Loan Balance at Close of Period (Schedule C, column 5) | |
| CASH SUMMARY FOR PERIOD | |
| 11. Cash Balance at Beginning of Period (Schedule F, line 14 from last report) | |
| 12. Plus Total Receipts this Period (line 4 above) | + |
| 13. Minus Total Payments this Period (line 7 above) | - |
| 14. Cash Balance at End of Period (must match reconciled bank account balance) | = |

* If you forgave a loan or part of a loan during the report period, you need to enter the forgiven amount on line 2.a. and subtract it from the sum of lines 1, 2 & 3. This adjustment is needed so that the forgiven amount is not double-counted as a receipt.