2015 CAMPAIGN FINANCE REPORT

For Municipal Candidates

Please complete ALL entries.

NAME OF CANDIDATE			☐ **CHECK IF ANY INFORMATION HAS CHANGED FROM PREVIOUS REPORT**
STREET			
CITY AND ZIP CODE		**TELEPHONE NUMBER**	
E-MAIL			
OFFICE SOUGHT		**DISTRICT NUMBER** (if applicable)	

NAME OF TREASURER			☐ **CHECK IF ANY INFORMATION HAS CHANGED FROM PREVIOUS REPORT**
MAILING ADDRESS: STREET			
CITY AND ZIP CODE		**TELEPHONE NUMBER**	
E-MAIL			

TYPE OF REPORT	DUE DATE	DATES OF REPORTING PERIOD
☐ **2015 July Semiannual**	July 15, 2015	Beginning of campaign – June 30, 2015
☐ **11-Day Pre-Election**	October 23, 2015	July 1st/Beginning of campaign – October 20, 2015
☐ **42-Day Post-Election**	December 15, 2015	October 21, 2015 – December 8, 2015
☐ **2016 January Semiannual**	January 15, 2016	December 9, 2015 – December 31, 2015
☐ **Amendment to:**		
☐ **Other (specify):**		
☐ **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's Signature **Date**	**Candidate's Signature** **Date**

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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 every contributor who is an individual and who contributed more than $50 in this report period.**
- **If you have requested employment information from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.**
- **For cash contributions totaling $50 or less, please enter "total of contributions $50 or less" and the total amount on a line on this page. When a contributor has given you more than $50 in total (sum of all of their contributions), you must list that contributor separately.**
- **On the first report of the election cycle only, include the total of any surplus campaign funds from a previous election cycle that you are transferring to your current campaign.**

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

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION	EMPLOYER	TYPE (use key code)	AMOUNT
				Total cash contributions (this page only) ⇒	
				(combined totals from all Schedule A pages must be listed on Schedule F, line 1	

Key Codes:
1 = Candidate and Candidate's Spouse/Domestic Partner
2 = Other Individuals
3 = Commercial Sources (corporations, etc.)
4 = Political Action Committees
5 = Political Party Committees
6 = Other Candidates and Committees
7 = (This type not applicable to municipal candidates.)
8 = Contributors Giving $50 or Less
9 = Transfer from Previous Campaign

CANDIDATE'S FULL NAME

SCHEDULE A
CASH CONTRIBUTIONS

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION	EMPLOYER	TYPE (use key code)	AMOUNT

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 every contributor who is an individual and who contributed more than $50 in this report period.**
- **If you have requested employment information from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.**
- **For in-kind contributions totaling $50 or less, please enter "total of contributions $50 or less" and the total amount on a line on this page. When a contributor has given you more than $50 in total (sum of all of their contributions), you must list that contributor separately.**
- **If you received goods and services at a discount, report the amount of the difference between the fair market value and the cost you paid as an in-kind contribution.**

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.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION	EMPLOYER	TYPE (use key code)	AMOUNT
DESCRIPTION OF GOODS/SERVICES:					
DESCRIPTION OF GOODS/SERVICES:					
DESCRIPTION OF GOODS/SERVICES:					
				Total in-kind contributions (this page only) ⇒ *(combined totals from all Schedule A-1 pages must be listed on Schedule F, line 8)*	

Key Codes:
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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.**

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

Expenditure Types		Expenditure Types	
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
CON	Contribution to other candidate, party, committee	PRO	Other professional services
EQP	Equipment (office machines, furniture, cell phones, etc.)	PRT	Print media ads only (newspapers, magazines, etc.)
FND	Fundraising events	RAD	Radio ads, production costs
FOD	Food for campaign events, volunteers	SAL	Campaign workers' salaries and personnel costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	TRV	Travel (fuel, mileage, lodging, etc.)
MHS	Mail house (all services purchased)	TVN	TV or cable ads, production costs
OFF	Office supplies, utilities, phone/internet services, rent, etc.	WEB	Web advertising
OTH	Other (bank fees, entrance fees, small tools, wood, etc.)	NEW - For payments and reimbursements made to the candidate's family and household members, the relationship to the candidate must be reported in the Remark section (e.g., spouse, brother, roommate, etc.).	
PHO	Phone banks, automated telephone calls		
POL	Polling and survey research		

DATE (of expenditure)	NAME OF EACH PAYEE	TYPE (use code from above)	REMARK (All expenditure types requires a remark describing all goods and services purchased)	AMOUNT
			Total expenditures (this page only) ⇒ ***(combined totals from all Schedule B pages must be listed on Schedule F, line 5)***	

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CANDIDATE'S FULL NAME

SCHEDULE B
EXPENDITURES

Expenditure Types		Expenditure Types	
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
CON	Contribution to other candidate, party, committee	PRO	Other professional services
EQP	Equipment (office machines, furniture, cell phones, etc.)	PRT	Print media ads only (newspapers, magazines, etc.)
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OTH	Other (bank fees, entrance fees, small tools, wood, etc.)	NEW - For payments and reimbursements made to the candidate's family and household members, the relationship to the candidate must be reported in the Remark section (e.g., spouse, brother, roommate, etc.).	
PHO	Phone banks, automated telephone calls		
POL	Polling and survey research		

DATE (of expenditure)	NAME OF EACH PAYEE	TYPE (use code from above)	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
			Total expenditures (this page only) ⇒	
			(combined totals from all Schedule B pages must be listed on Schedule F, line 5)	

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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	**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	
Totals for each column		**Enter on Schedule F, line 2**	**Enter on Schedule F, line 6**	**Enter on Schedule A and Schedule F, line 2.a**	**Enter on Schedule F, line 10**

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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 OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
		Total unpaid debts and obligations (this page only) ⇒ ***(combined totals from all Schedule D pages must be listed on Schedule F, line 9)***	

CANDIDATE'S FULL NAME

DATE SUBMITTED

SCHEDULE F
SUMMARY SCHEDULE
(MUNICIPAL CANDIDATES)

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 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.