

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

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#### 2020 CAMPAIGN FINANCE REPORT

### FOR MAINE CLEAN ELECTION ACT LEGISLATIVE CANDIDATES

Please complete ALL entries.

| NAME OF CANDIDATE                  |                 |                                |                                   |                       |
|------------------------------------|-----------------|--------------------------------|-----------------------------------|-----------------------|
| STREET                             |                 |                                |                                   | ]_                    |
| CITY AND ZIP CODE                  |                 |                                | TELEPHONE<br>NUMBER               | CHANGED FROM PREVIOUS |
| E-MAIL                             |                 |                                |                                   | REPORT                |
| OFFICE SOUGHT                      |                 |                                | DISTRICT NUMBER                   |                       |
| NAME OF TREASURER                  |                 |                                |                                   |                       |
| MAILING ADDRESS<br>STREET          |                 |                                |                                   | ☐ CHECK IF CHANGED    |
| CITY AND ZIP CODE                  |                 |                                | TELEPHONE<br>NUMBER               | FROM PREVIOUS REPORT  |
| E-MAIL                             |                 |                                | ·                                 |                       |
| Type of Report                     |                 | Due Date                       | Dates of Report Period            |                       |
| □ 11-Day Pre-F                     | Primary         | May 29, 2020                   | End of Seed Money Report – May 20 | 6, 2020               |
| ☐ 42-Day Post                      | -               | July 21, 2020                  | May 27 – July 14, 2020            |                       |
| ☐ 42-Day Pre-0                     | -               | September 22, 2020             | July 15 – September 15, 2020      |                       |
| ☐ 11-Day Pre-0                     |                 | October 23, 2020               | September 16 – October 20, 2020   |                       |
| ☐ 42-Day Post                      | -General        | December 15, 2020              | October 21 – December 8, 2020     |                       |
| ☐ Amendment                        | to:             |                                |                                   |                       |
| ☐ Other (speci                     | fy):            |                                |                                   |                       |
| ☐ Check if can                     | npaign had no   | activity for the report period | d (no other pages are required).  |                       |
|                                    |                 |                                |                                   |                       |
| I CERTIFY THAT I<br>CORRECT, AND C |                 | NED THIS REPORT AND TO         | THE BEST OF MY KNOWLEDGE IT IS T  | RUE,                  |
| Cand                               | idate's or Trea | surer's Signature              | Date                              |                       |
|                                    | UNSWO           | DRN FALSIFICATION IS A CLASS D | CRIME (17-A M.R.S.A. § 453).      |                       |
|                                    |                 |                                |                                   |                       |

10/2019 Duplicate as needed.

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|------|--------------|----|
| (Sc  | hedule A onl | y) |

#### CANDIDATE'S FULL NAME

### SCHEDULE A MAINE CLEAN ELECTION ACT PAYMENTS

- Enter the initial payments received <u>during the report period</u>. This information is found in the payment letter(s) that the Commission sent you. Report only the payments (and adjustments) that occurred in the report period.
- List primary election and general election payments separately.

| DATE        | PRIMARY ELECTION PAYMENTS                | AMOUNT |
|-------------|--|--------|
|             | INITIAL PAYMENT FOR THE PRIMARY ELECTION |        |
| Adjustments |  |        |
|             |  |        |
|             |  |        |
|             |  |        |

| DATE        | GENERAL ELECTION PAYMENTS                           | AMOUNT |
|-------------|---|--------|
|             | INITIAL PAYMENT FOR THE GENERAL ELECTION            |        |
| Adjustments |   |        |
|             |   |        |
|             |   |        |
|             |   |        |
|             | TOTAL MCEA PAYMENTS ⇒ (Enter on Schedule F, line 1) |        |

| Page | of             |  |
|------|----------------|--|
| (Sc  | hedule B only) |  |

#### CANDIDATE'S FULL NAME

### SCHEDULE B EXPENDITURES

- Enter the date, payee, expenditure type, description, and amount for each expenditure made during the period.
- Expenditures made with a candidate's or an authorized individual's personal funds must be reimbursed within the same report period as the expenditure. Enter the vendor as the payee and the purchase date. Report the name of the individual who made the payment in the remarks section.
- Only enter expenditures that have actually been paid. Enter unpaid debts and obligations on Schedule D.

|     | EXPENDITURE TYPES  |     |  |  |
|-----|--|-----|--|--|
| APP | Apparel, (t-shirts, hats, embroidery, etc.)  | OTH | Other and fees (bank, contribution, and money order fees, etc.)            |  |
| CON | Contribution to party committee, non-profit, other candidate, etc.                     | PER | Personnel and campaign staff, consulting, and independent contractor costs |  |
| EQP | Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)                   | PHO | Phones (phone banking, robocalls and texts)                                |  |
| EVT | Campaign and fundraising events (venue or booth rental, entertainment, supplies, etc.) | POL | Polling and survey research  |  |
| FOD | Food for campaign events or volunteers, catering                                       | POS | Postage for US Mail and mailbox fees                                       |  |
| HRD | Hardware and small tools (hammer, nails, lumber, paint, etc.)                          | PRO | Professional services (graphic design, legal services, web design, etc.)   |  |
| LIT | Printed campaign materials (palmcards, signs, stickers, flyers, etc.)                  | RAD | Radio ads and production costs only  |  |
| MHS | Mail house and direct mail (design, printing, mailing, and postage all included)       | TKT | Entrance cost to event (bean suppers, fairs, party events, etc.)           |  |
| NEW | Newspaper and print media ads only   | TRV | Travel (mileage and lodging, etc.)   |  |
| OFF | Office supplies, rent, utilities, internet service, phone minutes and data             | TVN | TV/cable ads, production, and media buyer costs only                       |  |
| ONL | Social media and online advertising only   | WEB | Website and internet costs (website domain and registration, etc.)         |  |

NOTE— 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.). Please refer to the Candidate Guide for restrictions.

| DATE<br>EXPENDITURE<br>MADE | NAME AND ADDRESS OF EACH PAYEE | TYPE<br>(use code<br>from<br>above) | REMARK<br>(describe all goods and services purchased)                           | AMOUNT |
|-----------------------------|--------------------------------|-------------------------------------|---|--------|
|                             |                                |                                     |   |        |
|                             |                                |                                     |   |        |
|                             |                                |                                     |   |        |
|                             |                                |                                     |   |        |
|                             |                                |                                     |   |        |
|                             |                                |                                     |   |        |
|                             |                                |                                     |   |        |
|                             | (combined totals from all Sche | edule B pad                         | Total expenditures (this page only) ⇒ ges must be listed on Schedule F, line 5) |        |

| Page _ | of             |
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| (Scl   | nedule B only) |

| CVNIDID | ATE'C | NAME |  |
|---------|-------|------|--|

## SCHEDULE B EXPENDITURES (continued)

|     | EXPENDITURE TYPES  |     |  |  |
|-----|--|-----|--|--|
| APP | Apparel, (t-shirts, hats, embroidery, etc.)  | OTH | Other and fees (bank, contribution, and money order fees, etc.)            |  |
| CON | Contribution to party committee, non-profit, other candidate, etc.                     | PER | Personnel and campaign staff, consulting, and independent contractor costs |  |
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| FOD | Food for campaign events or volunteers, catering                                       | POS | Postage for US Mail and mailbox fees                                       |  |
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| DATE<br>EXPENDITURE<br>MADE | NAME AND ADDRESS OF EACH PAYEE | TYPE<br>(use code<br>from<br>above) | REMARK<br>(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)

| CANDIDATE'S FULL NAME |
|-----------------------|

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|--------|----------------|
| (Sc    | hedule D only) |

# SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- List any debts or obligations that are unpaid at the close of this period (even if included in earlier reports).
- 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; or
  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<br>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 6) |                             |         |        |

| Page | of             |
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| (Sch | nedule E only) |

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### SCHEDULE E CAMPAIGN EQUIPMENT/PROPERTY

#### PART 1 - CAMPAIGN PROPERTY PURCHASED WITH MCEA FUNDS

- List campaign equipment or property over \$50 purchased during this reporting period that may be converted to the candidate's personal use, such as computer, telephone/fax, photocopier, etc.
- Do not list signs, stationary, campaign literature, and other goods which have value only to the campaign.

| DATE<br>PURCHASED | DESCRIPTION OF EQUIPMENT OR PROPERTY | PURCHASED PRICE<br>OR ESTIMATED<br>VALUE WHEN<br>ACQUIRED |
|-------------------|--------------------------------------|---|
|                   |                                      |   |
|                   |                                      |   |
|                   |                                      |   |
|                   |                                      |   |
|                   |                                      |   |

#### PART 2 - SALES OF CAMPAIGN PROPERTY THIS PERIOD

- List all campaign equipment or property that was sold during this reporting period.
- If you sold equipment or property purchased with seed money, do not list the sale below. Please contact the Commission.

| DATE OF SALE | NAME AND ADDRESS<br>OF PURCHASER | DESCRIPTION OF PROPERTY | SALE PRICE<br>(if sold this<br>period) |
|--------------|----------------------------------|-------------------------|--|
|              | Name:                            |                         |  |
|              | Address:                         |                         |  |
|              |                                  |                         |  |
|              | Name:                            |                         |  |
|              | Address:                         |                         |  |
|              | Name:                            |                         |  |
|              |                                  |                         |  |
|              | Address:                         |                         |  |
|              |                                  |                         |  |

Total proceeds from equipment/property sales this period ⇒ (Enter on Schedule F, line 2)

| CANDIDATE'S | S FULL NAME |  |
|-------------|-------------|--|

| DATE | SUBMITTED |  |
|------|-----------|--|
|      |           |  |

# SCHEDULE F SUMMARY SCHEDULE (MAINE CLEAN ELECTION 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 10 must match the campaign's reconciled bank account balance as of the last day of the report period.

| and report period.   |   |  |  |
|--|---|--|--|
| CASH ACTIVITY  |   |  |  |
| RECEIPTS   |   |  |  |
| 1. MAINE CLEAN ELECTION ACT PAYMENTS (Schedule A)  |   |  |  |
| 2. SALE OF CAMPAIGN PROPERTY (Schedule E, Part 2)  |   |  |  |
| 3. OTHER CASH RECEIPTS THIS PERIOD (interest, etc.)  |   |  |  |
| 4. TOTAL RECEIPTS THIS PERIOD (lines 1 + 2 + 3)  |   |  |  |
| EXPENDITURES   |   |  |  |
| 5. EXPENDITURES THIS PERIOD (total of all Schedule B pages)  |   |  |  |
|  |   |  |  |
| OTHER ACTIVITY   |   |  |  |
| 6. TOTAL UNPAID DEBTS AT CLOSE OF PERIOD (total all Schedule D pages)                              |   |  |  |
|  |   |  |  |
| CASH SUMMARY   |   |  |  |
| 7. CASH BALANCE AT BEGINNING OF PERIOD (Schedule F, line 10 from last report)                      |   |  |  |
| 8. PLUS TOTAL RECEIPTS THIS PERIOD (line 4 above)  | + |  |  |
| 9. MINUS TOTAL PAYMENTS THIS PERIOD (line 5 above)   | - |  |  |
| 10. CASH BALANCE AT CLOSE OF PERIOD (lines 7 + 8 - 9) (must match reconciled bank account balance) | = |  |  |