

Commission on Governmental Ethics and Election Practices Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta ME, 04333

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### **2022 CAMPAIGN FINANCE REPORT**

FOR ALL LOCAL PARTY COMMITTEES

FOR ALL LOCAL PARTY CO	OMMITTEES				
Please complete ALL en	tries.				
NAME OF COMMITTEE					
STREET					☐ CHECK IF CHANGED
CITY AND ZIP CODE			TELEPHONE NUMBER		FROM PREVIOUS REPORT
E-MAIL					
NAME OF TREASURER					
MAILING ADDRESS STREET					☐ CHECK IF CHANGED
CITY AND ZIP CODE			TELEPHONE NUMBER		FROM PREVIOUS REPORT
E-MAIL					
		Filing Thresholds			
Regular Reports. The re	equirement to file is eeding \$1,500 in co	\$1,500 or spend more than \$1,5 triggered when the committee expentitutions or expenditures is the eginning of the year.	xceeds \$1,500 ir	n contributions or expend	itures. The
Type of F	Report	Due Date		Dates of Report Period	
☐ July Semi-Annual		July 15, 2022		January 1 – June 30, 2022	
☐ 11-Day Pre-General	Report	October 28, 2022		July 1 – October 25, 2022	
☐ January Semi-Annu	al Report	January 17, 2023	0	ctober 26 – December 31, 2	022
☐ Amendment to:					
		ittee had no contributions and no e Check the appropriate report above		did not incur any unpaid del	ots or
☐ Termination Report:	: If the committee will	have no further activity. Check the	e appropriate repo	ort above as well.	
I CERTIFY THAT I HAND COMPLETE.	AVE EXAMINED T	HIS REPORT AND TO THE BE	ST OF MY KNO	WLEDGE IT IS TRUE, C	ORRECT,
	Treasurer's Siç	gnature		Da	ate

COMMITTEE Name: _	Page of
	Schedule A only

# SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.
- Duplicate as needed.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND 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				

Key Codes:

5 = Political Action Committee

1 = Individuals 7 = Ballot Question Committee

3 = Commercial Source 9 = Candidate/Candidate Committees

4 = Non Profit Organization 10 = General Treasury Transfer

12 = Contributors giving \$50 or Less

6 = Political Party Committee 16 = Financial Institution

COMMITTEE Name:	Page of
	Schedule A-1 only

# SCHEDULE A-1 IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.
- Duplicate as needed.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION  (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
Total in-kind contributions (this page only) ⇒  (combined totals from all Schedule A-1 pages must be listed on Schedule F)					

Key Codes:

5 = Political Action Committee

6 = Political Party Committee

1 = Individuals 7 = Ballot Question Committee

3 = Commercial Source 9 = Candidate/Candidate Committees

4 = Non Profit Organization 10 = General Treasury Transfer

12 = Contributors giving \$50 or Less

16 = Financial Institution

COMMITTEE Name: _	Page of
	Schedule B only

## SCHEDULE B EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including expenditures made in the signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.
- Duplicate as needed.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or ballot question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

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		EXPENDIT	JRE T	YPES	
APP	Appare	I (t-shirts, hats, embroidery, etc.)	PER	Personnel and campaign staff, consulting, an	d independent contractors
CON	Contrib	ution to party committee, non-profit, other	PHO	Phones (phone banking, robocalls, and texts)	
EQP	Equipm	nent of \$50 or more (computer, tablet, phone, furniture, etc.)	POL	Polling and survey research	
EVT	Campa supplies	ign and fundraising events (venue/booth rental, entertainment, s, etc.)	POS	Postage for US Mail and mailbox fees	
FOD		or campaign events or volunteers, catering	PRO	Professional services (graphic design, legal s	ervices, web design)
HRD	Hardwa	are and small tools (hammer, nails, lumber, paint, etc.)	RAD	Radio ads and production costs only	
LIT	Printed	campaign materials (palmcards, signs, stickers, flyers etc.)	TKT	Entrance cost to event (bean suppers, fairs, p	party events, etc.)
MHS	Mail ho	use and direct mail (design, printing, mailing, and postage)	TRV	Travel (mileage and lodging, etc.)	
OFF	Office s	supplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cable ads, production, and media buyer of	costs only
ONL	Social r	medial and online advertising only	WEB	Website and internet costs (website domain a	and registration, etc.)
ОТН	Other a	and fees (bank, contribution, and money order fees, etc.)			
		! REMARKS REQUIRED ON	ALL EXF	PENDITURE TYPES!	
Date:		Payee Name and Address:			Amount
Type:		Remarks (Required):			
☐ Sup	oport	Candidate Name/Ballot Question:			
∐ Op <sub>l</sub>	pose				
Date:		Payee Name and Address:			Amount
Type:		Remarks (Required):			
,,,		, ,			
		Candidate Name/Ballot Question:			
⊔ Sup	oport	Candidate Name/Ballot Question.			
□ Орг	pose				
		Total	expen	ditures this page only ⇒	
		(combined totals from all Schedu	le B pag	es must be listed on Schedule F)	

⊃age	of
Schedul	e B only

# SCHEDULE B (continued) EXPENDITURES TO SUPPORT OR OPPOSE

	(combined totals from all Schedule B pages must be listed on Schedule F)	
	Total expenditures this page only ⇒	
☐ Oppose		
☐ Support	Candidate Name/Ballot Question:	-
туре.	nemans (nequired).	
Type:	Remarks (Required):	_
		7 amount
Date:	Payee Name and Address:	Amount
☐ Oppose		
☐ Support	Candidate Name/Ballot Question:	-
Type:	Remarks (Required):	1
Date:	Payee Name and Address:	Amount
☐ Oppose		
☐ Support	Candidate Name/Ballot Question:	_
Type:	Remarks (Required):	
Date:	Payee Name and Address:	Amount
☐ Oppose		
☐ Support	Candidate Name/Ballot Question:	-
Type:	Remarks (Required):	1
Date.	Fayee Ivallie allu Auuless.	Amount
Oppose  Date:	Payee Name and Address:	Amount
Support	Candidate Name/Ballot Question:	_
Type:	Remarks (Required):	-
Date:	Payee Name and Address:	Amount

COMMIT	TEE N	Name:			Page _	of
				JLE B	-1	ule B-1 only
fo in	or banl the re	OPERA operational expenditures made to a single paye k fees and vehicle travel may be aggregated and emark section. te as needed	e or cre	ditor that	t were made during this reporting period. N	
<u> </u>	ирпои		NDITU	JRE T	YPES	
APP	Appai	rel (t-shirts, hats, embroidery, etc.)		PER	Personnel and campaign staff, consulting, and indepe	ndent contractors
CON	Contr	ibution to party committee, non-profit, other		PHO	Phones (phone banking, robocalls, and texts)	
EQP	Equip	ment of \$50 or more (computer, tablet, phone, furniture, etc.)		POL	Polling and survey research	
EVT		paign and fundraising events (venue/booth rental, entertainme les, etc.)	nt,	POS	Postage for US Mail and mailbox fees	
FOD		for campaign events or volunteers, catering		PRO	Professional services (graphic design, legal services,	web design)
HRD	Hardv	vare and small tools (hammer, nails, lumber, paint, etc.)		RAD	Radio ads and production costs only	
LIT	Printe	d campaign materials (palmcards, signs, stickers, flyers etc.)		TKT	Entrance cost to event (bean suppers, fairs, party eve	nts, etc.)
MHS	Mail h	ouse and direct mail (design, printing, mailing, and postage)		TRV	Travel (mileage and lodging, etc.)	
OFF	Office	supplies, rent, utilities, internet service, phone minutes/data		TVN	TV/Cable ads, production, and media buyer costs only	/
ONL	Socia	I medial and online advertising only		WEB	Website and internet costs (website domain and regis	tration, etc.)
ОТН	Other	and fees (bank, contribution, and money order fees, etc.)				
		! REMARKS REQUIR	RED FOR	ALL EXP	ENDITURE TYPES !.	
DATE		PAYEE NAME & ADDRESS	TY	/PE	REMARKS (REQUIRED)	AMOUNT

Total expenditures (this page only) ⇒

(combined totals from all Schedule B-1 pages must be listed on Schedule F)

Page_	of	
Sched	ule B-1	only

# SCHEDULE B – 1 (continued) OPERATING EXPENSES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT
Total expenditures (this page only) $\Rightarrow$				
(combined totals from all Schedule B-1 pages must be listed on Schedule F)				

COMMITTEE Name:	

#### Page \_\_\_\_ of \_\_\_\_ Schedule C only

## SCHEDULE C LOANS AND 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.

Duplicate as needed.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
LENDER'S NAME AND ADDRESS		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	END OF PERIOD (1+2) – 3 – 4
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

COMMITTEE Name:	Page of
	Schedule D only

# SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all unpaid debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee 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.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.
- Duplicate as needed.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT	
İ				
	Total unpaid debt	ts and obligations (this page only) $\Rightarrow$		
(combined totals from all Schedule D pages must be listed on Schedule F)				

COMMITTEE Name:	

# SCHEDULE F SUMMARY SCHEDULE

### **CASH ACTIVITY**

Receipts	Total for this Period
Cash Contributions (Schedule A)	
2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	
6. Operating Expenditures (Schedule B-1)	
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	

### **CASH SUMMARY**

	Total for This Period
9. Cash Balance at Beginning of Period	
10. Plus Total Receipts This Period (line 4 above)	
11. Minus Total Payments This Period (line 8 above)	
12. Cash Balance at End of Period	

### **OTHER ACTIVITY**

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	