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2025 Campaign Finance Report For Municipal Candidates

Name of Candidate:		<input type="checkbox"/> Check if any information has changed from previous report
Street Address:		
City and ZIP:		Phone Number:
Email:		
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:		Phone Number:
Email:		

Report Name	Filing Period	Filing Deadline
<input type="checkbox"/> January Semiannual	07/01/2024 – 12/31/2024	01/15/2025
<input type="checkbox"/> 11-Day Pre-June Election	If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025	05/30/2025
<input type="checkbox"/> 42-Day Post-June Election	05/28/2025 – 07/15/2025	07/22/2025
<input type="checkbox"/> July Semiannual	01/01/2025 – 06/30/2025	07/15/2025
<input type="checkbox"/> 11-Day Pre-Nov. Election	If filing first report: Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	10/24/2025
<input type="checkbox"/> 42-Day Post-Nov. Election	10/22/2025 – 12/09/2025	12/16/2025
<input type="checkbox"/> Amendment to:		
<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Check if campaign had not activity for the reporting period. <i>(No other pages are required)</i>		

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

UNSWORN FALSIFICATION IS A CLASS D CRIME (17-A M.R.S. § 453).

**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.
- Duplicate as needed.

Total contributions (cash and in-kind) from the same source (except candidate and candidate's spouse/domestic partner) may NOT exceed \$600 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 Source | 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:					
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:					
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
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)

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

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:					
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:					
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:					
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:					
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:					
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:					
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:					

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

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**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.
- Duplicate as needed

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	PER	Personnel and campaign staff, consulting, and independent contractors	
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Phones (phone banking, robocalls, and texts)	
EVT	Campaign and fundraising events (venue/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)	
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)	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/data	TVN	TV/Cable ads, production, and media buyer costs only	
ONL	Social medial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)	
Date	Name of Payee	Type	Remark	Amount
Total Expenditures (this page only) →				
(combined totals from all Schedule B pages must be listed on Schedule F, Line 5)				

**SCHEDULE C
LOANS AND LOANS REPAYMENT**

- 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 \$600 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
- Duplicate as needed.

	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:	
		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

**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.