

Filed 8/13/13
An

REGISTRATION: MUNICIPAL POLITICAL ACTION COMMITTEE

A political action committee must register with the municipal clerk's office within 7 days of making expenditures to influence a municipal election, including unpaid obligations, or receives contributions that total more than:

- \$1,500 for an organization whose major purpose is to influence municipal candidate or ballot question elections, or
- \$5,000 for organizations which participate in municipal candidate elections but whose major purpose is something other than influencing candidate elections.

An Initial Campaign Finance Report must accompany this form—Political action committees must report all contributions and expenditures, whether cash or in-kind, made since January 1st of the reporting year. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursements, and fundraising expenses.

Within 10 days of a change in PAC information an amended registration form must be submitted to the municipal clerk's office. The committee must also file an updated registration every election year between January 1st and March 1st.

Is this an amendment? Yes No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

COMMITTEE INFORMATION	
Committee name PROTECT SOUTH PORTLAND	Acronym P.S.P.
Mailing address P.O. BOX 2154	Phone 207-400-1709
City, state, zip code SOUTH PORTLAND, ME 04116	Fax
E-mail PROTECTSOUTHPORTLAND@GMAIL.COM	Website PROTECTSOUTHPORTLAND.COM
TREASURER INFORMATION	
Name MARLA PASTRANA	Phone 207-38-4859
Mailing address 67 HAVEN ROAD	
City, state, zip code SOUTH PORTLAND, ME 04116	E-mail MESPASTRANA@GMAIL.COM
PRINCIPAL OFFICER INFORMATION	
Name ROBERT SELLIN	Title CO-CHAIR
Mailing address P.O. BOX 2352	Phone 207-400-1709
City, state, zip code SOUTH PORTLAND, ME 04116	
Name RACHEL BURGER	Title CO-CHAIR
Mailing address 17 CHURCHILL ROAD	Phone 207-400-1709
City, state, zip code SOUTH PORTLAND, ME 04116	

ALTERNATE E-MAIL ADDRESSES

To receive filing reminders and important information from the Commission.

1. ROBERTSELLIN2013@GMAIL.COM	2.
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PRIMARY FUNDRAISERS AND DECISION MAKERS

Identify any candidates, Legislators or other individuals who are the primary fundraisers and decision makers for the committee.

1. ROBERT SELLIN	2. RACHEL BURGER
3. MARLA PASTRANA	4.
5.	6.

COMMITTEE MAILING ADDRESS

Correspondence will be mailed to this address.

Same as above. <input checked="" type="checkbox"/>	Street address or P.O. Box
City, state, zip code	

FORM OF ORGANIZATION

Name the form or structure of organization, i.e., cooperative, corporation, voluntary association, partnership, etc.

Form of organization VOLUNTARY ASSOC.	Date of origin/incorporation AUG. 9 2013
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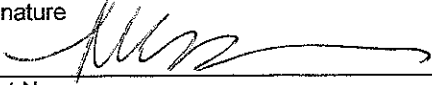
STATEMENT OF SUPPORT OR OPPOSITION

Indicate whether the committee supports a candidate or candidates, political committee, referendum, initiated petition or campaign. If the PAC does not support a specific candidate, committee or issue, please provide a brief statement describing the goals or mission of the PAC.

SUPPORT	WATERFRONT PROTECTION ORDINANCE, CITIZENS INITIATIVE

OPPOSE	

SIGNATURE OF PRINCIPAL PAC OFFICER OR TREASURER

Signature 	Title TREASURER
Print Name MARLA PASTRANA	Date 13 AUG. 2013

IMPORTANT NOTICE

An Initial Campaign Finance Report must be filed with the municipal clerk at the time of registration.

2013 CAMPAIGN FINANCE REPORT**For Political Action Committees in Municipal Elections**

Please complete ALL entries.

NAME OF COMMITTEE	PROTECT SOUTH PORTLAND			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	P.O. BOX 2154			
CITY AND ZIP CODE	SO. PORTLAND MECHANICAL	TELEPHONE NUMBER	207-400-1709	
E-MAIL	PROTECTSOUTHPORTLAND@GMAIL.COM			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
NAME OF TREASURER	MARLA PASTRANA			
MAILING ADDRESS STREET	67 HAVEN RD.			
CITY AND ZIP CODE	SO. PORTLAND MECHANICAL	TELEPHONE NUMBER	207 318-4859	<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
E-MAIL	MESPASTRANA@GMAIL.COM			

NOTE: This filing schedule does not include pre-election or post-election reports. In the case of a June or November candidate or ballot question election, participating committees will be required to file additional pre-election and post-election reports. Please contact the municipal clerk for up-to-date filing information.

<u>Type of Report</u>	<u>Due Date</u>	<u>Dates of Report Period</u>
<input checked="" type="checkbox"/> Initial	Date of Registration	January 1, 2013 — Date of Registration
<input type="checkbox"/> April Quarterly	April 10, 2013	Day After Registration—March 31, 2013
<input type="checkbox"/> July Quarterly	July 15, 2013	April 1, 2013—June 30, 2013
<input type="checkbox"/> October Quarterly	October 7, 2013	July 1, 2013—September 30, 2013
<input type="checkbox"/> January Quarterly	January 15, 2014	October 1, 2013—December 31, 2013
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.		
<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.		

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



Treasurer's Signature

8/13/13

Date

**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 \$50 in value, 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 \$50 in value 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 \$50 in a report period,

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)
8/13/13	Robert Sellin	Retired	Paper, printing	1	\$ 55.43
Total in-kind contributions (this page only) ⇒ <i>(combined totals from all Schedule A-1 pages must be listed on Schedule F)</i>					\$ 55.43

Key Codes:

- | | |
|---------------------------------|--|
| 1 = Individuals | 4 = Party Committee |
| 2 = Commercial Source | 5 = Candidate Committees |
| 3 = Political Action Committees | 6 = Unitemized Contributions of \$50 or less |

**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 those in 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.

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 question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	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 rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		

Only these expenditure types require a remark: CNS, OTH, PRO and SAL

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/>			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/>			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/>			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/>			

Total expenditures this page only =>
(combined totals from all Schedule B pages must be listed on Schedule F)

**SCHEDULE B - 1
OPERATING EXPENSES**

List all operational and other expenditures not made on behalf of a candidate, committee or campaign. Multiple expenditures for bank fees and vehicle travel may be aggregated provided that the time period of the expenditures is identified in the remarks section. All other expenditures must be separately itemized.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
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OFF	Office rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		

Only these expenditure types require a remark: CNS, OTH, PRO and SAL

DATE	PAYEE NAME & ADDRESS	TYPE	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-1 pages must be listed on Schedule F)

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.

	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 (Enter on Schedule A also)	
		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 3	Enter on Schedule F, Line 7	Enter on Schedule F, Line 3a	Enter on Schedule F, Line 14

PAC Name Protect South Portland

**SCHEDULE F
SUMMARY SCHEDULE
CASH ACTIVITY**

Receipts	Total for This Period	Year-to-Date Total
1. Cash Contributions (Schedule A)	\$ 245 ⁰⁰	\$ 245 ⁰⁰
2. Other Cash Receipts (interest, etc.)		
3. Loans (Schedule C, column 2)		
3a. Adjustment for Forgiven Loan Amount (Sch. C, column 4)	-	-
4. Total Receipts (lines 1 + 2 + 3 - 3a)		
Expenditures	Total for This Period	Year-to-Date Total
5. Expenditures to Support or Oppose (Schedule B)		
6. Operating Expenditures (Schedule B-1)		
7. Loan Repayment (Schedule C, column 3)		
8. Total Payments (lines 5 + 6 + 7)		

CASH SUMMARY

	Total for This Period	Year-to-Date Total
9. Cash Balance at Beginning of Period	\$ 245 ⁰⁰	\$ 245 ⁰⁰
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	Year-to-Date Total
13. In-Kind Contributions (Schedule A-1)	\$ 55.43	\$ 55.43
14. Total Loan Balance at End of Period (Sch. C, column 5)		
15. Total Unpaid Debts at End of Period (Schedule D)		