

SUSAN MOONEY, CITY CLERK
 CITY OF SOUTH PORTLAND
 25 COTTAGE ROAD, SOUTH PORTLAND, ME 04106
 OFFICE HOURS: M-W & F 8:00-4:30, TH 8:00-6:30

PH: (207) 767-7601 FAX: (207) 767-7620
 E-MAIL: smooney@southportland.org

24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Political Action Committees and Ballot Question Committees

COMMITTEE INFORMATION	
Name of committee <i>Natural Resources Council of Maine</i>	Phone <i>207-622-3101</i>
Mailing address, city, state, zip code <i>3 Wade Street Augusta ME 04330</i>	
TREASURER INFORMATION	
Name of treasurer <i>KATHRYN THOMPSON</i>	Phone <i>207-430-0119</i>
Mailing address, city, state, zip code <i>3 Wade Street Augusta ME 04330</i>	

FILING SCHEDULE FOR 2013	
Election Date	Reporting Period
November 5, 2013	October 23, 2013—November 4, 2013

WHEN TO FILE	WHAT CONTRIBUTIONS SHOULD BE REPORTED	WHAT EXPENDITURES SHOULD BE REPORTED
Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order.	Any <u>single</u> contribution of \$5,000 or more received during the reporting period.	Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported.

IMPORTANT REMINDERS

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE	
Contributor Name ROCKEFELLER FAMILY FUND	Date of contribution 10/24/13
Address 475 RIVERSIDE DRIVE SUITE 900	Amount of contribution 5,000
City, state, zip code NEW YORK NEW YORK 10115	
Occupation	Employer
Contributor Name	Date of contribution
Address	Amount of contribution
City, state, zip code	
Occupation	Employer

EXPENDITURES OF \$1,000 OR MORE	
Payee/Creditor Protect South Portland	Date of expenditure 10/24/13
Address PO Box 2154	Amount of expenditure 17,500
City, state, zip code South Portland, ME 04116	
Purpose of expenditure Contribution	
Expenditure made on behalf of (name of candidate or ballot question) Waterfront Protection Ordinance	In support or opposition? Support
Payee/Creditor	Date of expenditure
Address	Amount of expenditure
City, state, zip code	
Purpose of expenditure	
Expenditure made on behalf of (name of candidate or ballot question)	In support or opposition?

I, KATHRYN THOMPSON, certify that the information in this report is true, correct and complete.

Signature of Treasurer Kathy Thompson Date 10/25/13