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2025 Campaign Finance Report For Municipal Candidates

| | Name of Candidate: | | | | | | ☐ Check if any information has |
|------|-----------------------------------|-----------------------|-------------------------------|---|----------|-------------------------|---------------------------------|
| | Street Address: | | | | | | changed from previous report |
| | City and ZIP: | | | | Phone | Number: | |
| | Email: | | | | | | |
| | Office Sought: | | | | District | Number (if applicable): | |
| | Name of Treasurer: | | | | | | ☐ Check if any information has |
| | Mailing Address: | | | | | | changed from previous report |
| | City and ZIP: | | | | Phone | Number: | |
| | Email: | | | | | | |
| | Report Name | Y | F | iling Period | | Filing | Deadline |
| | January Semiannual | | 07/01/2 | 2024 – 12/31/2024 | | 01/ | 15/2025 |
| | 11-Day Pre-June Election | | Beginning of If Januar | ing first report: campaign – 05/27/2025 OR ry Semiannual filed: 2025 – 05/27/2025 | 5 | 05/3 | 30/2025 |
| | 42-Day Post-June Election | | | 2025 - 07/15/2025 | | 07/2 | 22/2025 |
| | | | | | | | |
| | July Semiannual | | | 2025 – 06/30/2025 | | 07/ | 15/2025 |
| | 11-Day Pre-Nov. Election | | Beginning of If 2025 Ju | ing first report: campaign – 10/21/2025 OR uly Semiannual filed: 2025 – 10/21/2025 | 5 | 10/2 | 24/2025 |
| | 42-Day Post-Nov. Election | | 10/22/2 | 2025 – 12/09/2025 | | 12/ | 16/2025 |
| | Amendment to: | | | | | | |
| | Other (specify): | | | | | | |
| | Check if campaign had not | activity for the repo | rting period. <i>(No othe</i> | er pages are required) | | | |
| IS | ERTIFY THAT I HAT I RUE, CORRECT, | | | | | BEST OF MY KN | IOWLEDGE IT |
| Trea | asurer Signature | | Date | Candidate Signa | ature | | Date |
| | | UNSWORN F | ALSIFICATION IS A | CLASS D CRIME (17-A | M.R.S. | § 453). | |

Rev. 2025

| Candidate Name: | Pageof | |
|-----------------|-----------------|--|
| | Schedule A only | |

SCHEDULE A CASH CONTRIBUTIONS

- Itemize all cash contributions from contributors who have given you 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."
- Cash 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 transferred surplus funds from a previous campaign to your current campaign, report that amount in the first report for the current election cycle.
- Duplicate as needed.

Total contributions from the same source (except candidate and candidate's spouse/domestic partner) may NOT exceed \$600 in any election for municipal office.

| | Cont | ributor Types | | | |
|------------------------------------|---------------------------------------|---------------|---|------------|--------|
| 1 Candidate an | d Candidate's Spouse/Domestic Partner | 5 | Political Party Committe | es | |
| Other Individual | uals | 6 | Other Candidates and C | Committees | |
| 3 Commercial S | Source | 7 | Contributors giving \$50 | or less | |
| 4 Political Actio | n Committees | 8 | Transfer from previous | campaign | |
| | | | | | |
| Date Received | Contributor's Name, Address, Zip | Occupation | Employer | Туре | Amount |
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| | (combined totals from all Sch | | ontributions (this page e listed on Schedule F | | |
| | | | | <u> </u> | |

| Candidate Name: | Pageof | |
|-----------------|-----------------|--|
| | Schedule A only | |

SCHEDULE A CASH CONTRIBUTIONS

Contributor Types

1 Candidate and Candidate's Spouse/Domestic Partner

2 Other Individuals

3 Commercial Source

4 Political Action Committees

- 5 Political Party Committees
- 6 Other Candidates and Committees
- 7 Contributors giving \$50 or less
- 3 Transfer from previous campaign

| Date Received | Contributor's Name, Address, Zip | Occupation | Employer | Туре | Amount |
|---------------|----------------------------------|------------|----------|------|--------|
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Total Cash Contributions (this page only)→

(combined totals from all Schedule A pages must be listed on Schedule F, Line 1)

| Candidate Name: | Page | (| of |
|-----------------|------|---------|---------|
| | Sche | dule A- | -1 only |

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 Commit | ttees | |
| 2 Other Indi | viduals | | 6 | Other Candidates and | d Committees | |
| 3 Commerci | al Source | | 7 | Contributors giving \$5 | | |
| 4 Political A | ction Committees | | 8 | Transfer from previou | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | | Employer: | Туре: | Amount: |
| Description of G | oods/Services: | | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | | Employer: | Type: | Amount: |
| Date Neceived. | Contributor 3 Warre, Address, 21p. | Occupation. | | Employer. | Турс. | Amount |
| Description of G | L oods/Services: | | | | | |
| | | | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | | Employer: | Type: | Amount: |
| Description of Go | L oods/Services: | | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | | Employer: | Туре: | Amount: |
| Description of G | oods/Services: | | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | | Employer: | Type: | Amount: |
| Description of G | oods/Services: | | | | | |
| Description of O | ouds/delivices. | | | | | |
| | | Total In-Kin | d Cor | ntributions (this pag | e only) 🗲 | |
| | (combined totals from all | Schodule A-1 nages mi | ust ha | listed on Cohodula | E Line 9) | |

| Page | of | |
|-------|----------|------|
| Sched | lule A-1 | only |

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Туре: | Amount: |
|-------------------|-----------------------------------|---------------|--------------------------|-----------|---------|
| Description of Go | oods/Services: | | I | <u> </u> | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | | I | <u> </u> | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Туре: | Amount: |
| Description of Go | oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | L oods/Services: | | | | |
| Date Received: | Contributor's Name, Address, Zip: | Occupation: | Employer: | Type: | Amount: |
| Description of Go | oods/Services: | I | | | |
| | | Total In-Kind | Contributions (this page | e only) → | |

(combined totals from all Schedule A-1 pages must be listed on Schedule F, Line 8)

| Candida | te Name: | | Pageof Schedule B only |
|---------|--|--|---|
| | | DULE B | 5 |
| • | Enter the date, payee, expenditure type, and amount for each All expenditures require a remark. Enter a description of the growth of the Remark field). If expenditures made by others are reported as in-kind contributions or unpaid debts and obligation of the growth of | oods and sividual's per Name is the not reim ns. amily men nilly or hour debts are not set to the not set to th | services purchased. ersonal funds and that are reimbursed within the same ne vendor and the person who was reimbursed is abursed by the end of the report period, they are either or household member for goods or services they sehold relationship in the remarks section. Indications on Schedule D. |
| APP | Apparel (t-shirts, hats, embroidery, etc.) | ОТН | 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 |
| LII | | | |
| MHS | Mail house and direct mail (design, printing, mailing, and postage) | TKT | Entrance cost to event (bean suppers, fairs, party events, etc.) |
| | Mail house and direct mail (design, printing, mailing, and postage) Newspaper and print media ads only | TKT TRV | Entrance cost to event (bean suppers, fairs, party events, etc.) Travel (mileage and lodging, etc.) |
| MHS | , o ii o i | _ | |

| Date | Name of Payee | Туре | Remark | Amount |
|------|---------------|-----------------|--------------------------|--------|
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| | | Total Evenerali | tures (this page only) → | |

(combined totals from all Schedule B pages must be listed on Schedule F, Line 5)

| Candidate Name: | |
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| Page | of |
|-------|-------------|
| Sched | dule B only |

SCHEDULE B EXPENDITURES

| | | , | | | | |
|-------------------|-------------------|--|------|---------|---|----------------------------|
| EXPENDITURE TYPES | | | | | | |
| APP | Apparel (| t-shirts, hats, embroidery, etc.) | ОТН | Other a | and fees (bank, contribution, and mon | ey order fees, etc.) |
| CON | Contributi | on to party committee, non-profit, other | PER | Person | nnel and campaign staff, consulting, ar | nd independent contractors |
| EQP | Equipme | nt of \$50 or more (computer, tablet, phone, furniture, etc.) | PHO | Phones | s (phone banking, robocalls, and texts |) |
| EVT | Campaig supplies, | n and fundraising events (venue/booth rental, entertainment, etc.) | POL | Polling | and survey research | |
| FOD | Food for | campaign events or volunteers, catering | POS | Postag | ge for US Mail and mailbox fees | |
| HRD | Hardware | e and small tools (hammer, nails, lumber, paint, etc.) | PRO | Profess | sional services (graphic design, legal | services, web design) |
| LIT | Printed ca | ampaign materials (palmcards, signs, stickers, flyers etc.) | RAD | Radio a | ads and production costs only | |
| MHS | Mail hous | se and direct mail (design, printing, mailing, and postage) | TKT | Entran | ce cost to event (bean suppers, fairs, | party events, etc.) |
| NEW | Newspap | er and print media ads only | TRV | Travel | (mileage and lodging, etc.) | |
| OFF | Office sup | oplies, rent, utilities, internet service, phone minutes/data | TVN | TV/Cal | ble ads, production, and media buyer | costs only |
| ONL | Social me | edial and online advertising only | WEB | Websit | te and internet costs (website domain | and registration, etc.) |
| | | | | | | |
| Da | te | Name of Payee | Туре | | Remark | Amount |
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| | | (combined totals from all Schedule B pa | | | tures (this page only) → d on Schedule F, Line 5) | |

| Candidate Name: | Pageof | _ |
|-----------------|-----------------|---|
| | Schedule C only | |

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 |
|---------------------------|---|---|--------------------------------|----------------------------------|---------------------------------|
| | 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 | 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: | |
| | | 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 |
| Totals for each column → | | | | | |
| | | | | | |

| andidate Name: | Pageof |
|----------------|-----------------|
| | Schedule D only |

SCHEDULE D UNPAID DEBTS and OBLIGATIONS

- 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; and 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.
- Duplicate as needed.

| Date | Creditor's Name and Address | Purpose | Amount |
|---|-----------------------------|---------|--------|
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| Total Unpaid Debts and Obligations (this page only) | | | |

Rev. 2025

| Candidate Name: | Date: | |
|-----------------|-------|--|
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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 | | | |
|--------------------------------------|--|---|--|
| Receip | ots | | |
| 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.] | | |
| Expen | ditures | | |
| 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. | <i>Minus</i> 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.