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Phone: (207) 333-6600 Fax: (207)333-6623

OCT 2 7 2023

2023 Campaign Finance Report

For	Municip	al Ca	ndidates
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Name of Candidate:	Belinda .	A. Gerry		☐ Check if any information has
Street Address:	143 Mill	St. Apt. 100#		changed from previous report
City and ZIP:		Maine 04210	Phone Number: 207- 689-4316	
Email:	PoliticsM	E@aol.com		
Office Sought:	Auburn Ci	ity Council, At-large	District Number (if applicable):
Name of Treasurer:	Belinda A. Gerry			☐ Check if any information has
Mailing Address:	143 Mill St. Apt. 100#			changed from previous report
City and ZIP:		Maine 04210	Phone Number: 207- 689-4316	
Email:	PoliticsM	E@aol.com		
TYPE OF REPO	RT	DUE DATE	DATES OF REPORTING PERIOD	
☐ 11-Day Pre-June B	Election	June 2, 2023	Beginning of campaign – I	May 30, 2023
☐ 42-Day Post-June		July 25, 2023	May 31 July 18,	2023
☐ July Semiannual		July 17, 2023	January 1 – June 30, 2023	
		October 27, 2023	If filing first report: Beginning of campaign – October 2 Or	
			If 2023 July Semiannual filed: Ju	
☐ 42-Day Post-Nove	mber Election	December 19, 2023	October 25 – Decembe	
☐ January Semiann	ual	January 16, 2024	July 1 – December 3	1, 2023
☐ Amendment to:				
☐ Other (specify):				
☐ Check if campaign	had no activity	for the reporting period (n	o other pages are required).	

CERTIFY THAT I HAVE EXAMINED THIS REPO	ORT AND TO THE BES	T OF MY KNOWLEDGE IT
S TRUE, CORRECT, AND COMPLETE.		Belinde a Ter
S TRUE, CORRECT, AND COMPLETE.	Belinda A Gerry	Belinde 10-27-23

Belinda A. Gerry **Treasurer Signature**

Belinda A. Gerry Candidate Signature

SCHEDULE A CASH CONTRIBUTIONS

OCT 2 7 2023

- 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." a
- 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 \$575 in any election for municipal office.

Contribu	tor Types	
Candidate and Candidate's Spouse/Domestic Partner	5	Political Party Committees
Other Individuals	6	Other Candidates and Committees
Commercial Source	7	Contributors giving \$50 or less
Political Action Committees	8	Transfer from previous campaign

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount
07/11/23	Belinda A. Gerry 143 Mill St., Apt 100# Auburn, ME 04210	City Councilor ME Notary Public	City of Auburn Self	1	\$600.00
08/25/23	Belinda A. Gerry 143 Mill St., Apt 100# Auburn, ME 04210	City Councilor ME Notary Public	City of Auburn Self	1	\$500.00
09/15/23	Belinda A. Gerry 143 Mill St., Apt 100# Auburn, ME 04210	City Councilor ME Notary Public	City of Auburn Self	1	\$500.00
10/07/23	John Cleveland 183 Davis Ave. Auburn, ME 04210	COMMUNITY DYNAMICS CORP.	Community Dynamics Corp 201 Main St. Auburn, Maine 04210	14	\$50.00

Total Cash Contributions (this page only)

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

\$1650.00

Page 1___of 1___ Schedule A only

SCHEDULE A CASH CONTRIBUTIONS

OCT 2 7 2023

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
- 8 Transfer from previous campaign

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount

Total Cash Contributions (this page only)→

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

Candidate Name:	Belinda	Gerry	
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Page	of
	lule A-1 only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

OCT 272023

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 \$575 in any election for municipal office.

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		Contributor Types				
1 Candidate	and Candidate's Spouse/Domestic Partner	5	Political Party Commit	tees		
2 Other Indiv	<i>i</i> iduals	6	Other Candidates and	Other Candidates and Committees		
3 Commercia	al Source	7	Contributors giving \$5	0 or less		
4 Political Ac	ction Committees	8	Transfer from previous	s campaign		
		0	Frankrika	Timor	Amount	
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:	
Description of Go	oods/Services:			<u>'</u>		
					T	
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:	
Description of Go	oods/Services:				4	
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	nods/Services:					
Description of Co	0003/03/ V1003.					
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:	
Description of Go	onds/Senvices:					
Description of Go	0000/00/0000					
		Total In-Kind Cor	ntributions (this pag	e only) 🔿		
	(combined totals from all	Schedule A-1 pages must be				
	(′		

Candidate Name:	Betinda	Gerry	

Page	_of	
Schedule		only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

OCT 272023

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Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:			•	
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:	,			
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:		1		M
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:	d	31		
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	ods/Services:				
				_	

Total In-Kind Contributions (this page only) →

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

Page 1 of 1 Schedule B only

SCHEDULE B EXPENDITURES

OCT 27 2023

- 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 <u>must</u> list the family or household relationship in the remarks section.

EXPENDITURE TYPES

Duplicate as needed

Only enter expenditures that have actually been paid. Enter unpaid debts and obligations on Schedule D.

APP	Apparel (t-shirts, hats, embroidery, etc.)			ОТН	Other a	and fees (bank, contribution, and money	order fees, etc.)
CON	Contributi	ion to party committee, non-profit, other		PER	Personnel and campaign staff, consulting, and ind		independent contractors
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)			PHO	Phones (phone banking, robocalls, and texts)		
EVT	Campaigr supplies,	n and fundraising events (venue/booth rental, entertainmer etc.)	nt,	POL	Polling	and survey research	
FOD		campaign events or volunteers, catering	1	POS	Postage for US Mail and mailbox fees		
HRD	Hardware	e and small tools (hammer, nails, lumber, paint, etc.)		PRO	Profess	sional services (graphic design, legal se	rvices, 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	Entrand	ce cost to event (bean suppers, fairs, pa	rty 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/Cat	ble ads, production, and media buyer co	sts only
ONL	Social me	edial and online advertising only	1	WEB	Website and internet costs (website domain and registration		
Da	ite	Name of Payee		Туре		Remark	Amount
07/11/	723	City of Auburn Court St. Auburn, ME 04210	Ol	ГН		Auburn City wide Voter List	\$55.00

SCHEDULE B EXPENDITURES

OCT 2 7 2023

	EXPENDITURE TYPES			
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	
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.)	
		- 1		

Date	Name of Payee	Туре	Remark	Amount
-				
		T 1 - 1 - 5	tures (this page only)	

Total Expenditures (this page only) →

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

Candidate Name:	Belinda	Gerry	
		- 1	

Page ___ of Schedule C only

SCHEDULE C LOANS AND LOANS REPAYMENT

OCT 27 2023

- 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 \$575 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

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	Loan Balance		FIVITY THIS PERION port amount and date)		LOAN BALANCE AT
Lender's Name and Address	at Beginning of Period	Amount Loaned this Period	Amount Repaid this Period	Amount Forgiven this Period	END OF PERIOD (1+2) – 3 – 4
Belinda A. Gerry		Date: 10/23/23	Date:	Date:	
143 Mill St., Apt. 100# Auburn, Maine 04210	\$ 0.00	Amount: \$500.00	Amount: \$0.00	Amount: \$0.00	\$500.00
		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 →		\$500.00			\$500.00

Candidate Name:	Belinda	Gerry	

Page ____of ___ Schedule D only

SCHEDULE D UNPAID DEBTS and OBLIGATIONS

OCT 2 7 2023

- 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
	Total Unnaid Debte	and Obligations (this page only)	

Total Unpaid Debts and Obligations (this page only) (combined totals from all Schedule B pages must be listed on Schedule F, Line 9)

Candidate Name: Belinda Gerry

Date: 10-31-23

OCT 27 2023

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	
Recei	pts	
1.	Cash Contributions this Period (total of all Schedule A pages)	\$1650.00
2.	Loans this Period (Schedule C, column 2)	\$500.00
2.a.	Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)*	\$0.00
3.	Other Cash Receipts this Period (interest, etc.)	\$0.00
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	\$2150.00
Expe	nditures	
5.	Expenditures this Period (total of all Schedule B pages)	\$55.00
6.	Loan Repayments this Period (Schedule C, column 3)	\$0.00
7.	Total Payments this Period (lines 5 + 6)	\$55.00
	OTHER ACTIVITY THIS REPORTING PERIOD	
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	\$0.00
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	\$0.00
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)	\$0.00
12.	Plus Total Receipts this Period (line 4 above)	+ \$2150.00
13.	Minus Total Payments this Period (line 7 above)	- \$55.00
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= \$2095.00
	1. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 11 110 11

^{*} 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.