

JUN 1 3 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

CANDIDATE REGISTRATION

	Is this an amendment	?	es 🖾 No	
1.		CANDID/	ATE INFORMATION	
Title (optional):			Party Affiliation:	Office Sought & District #:
☐ Ms. ☐ Mrs.	□ Mr. □ Mx. □ Dr. □	Honorable		Mayor
Name: First	MI or Mi	iddle Name	Last	
Jeffrey D. Harmo	'n			
Mailing Address:				
34 Vista Dr.				
City:		_	ZIP:	Phone:
Auburn		04	1210	207-200-1490
Email:				
jeff@harmonfor	mayor.com			
2.		TREASU	RER INFORMATION	
Name: First	MI or Middle Name	,	Last	Phone:
Sharon Bergeron				
Mailing Address:				
23 Dexter Ave.				
City:	ZIP:	Email:		
Auburn	04210	treasure	er@harmonformayor.c	om
appoint a treasurer no	o later than 10 days after bed No later than 10 days after a late and treasurer. The treas	coming a can	ndidate, and before accepti treasurer, the candidate mu	th a population of greater than 15,000 must ing contributions, making expenditures or ust register with the Clerk's office the name ar paign records and for filing reports.
2A.	DEPUT	Y TREASU	RER INFORMATION (opt	tional)
Name: First	MI or Middle Name		Last	Phone:
Ivanic. 1030				
Mailing Address:				

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

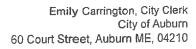
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3. AUTH	ORIZED AG	ENT INFORM	ATION (optional)	
Name:	Phone:		Email:	
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGENT (option	nal): Please	use this section	to designate individ	fuals other than the treasurer and denut
treasurer, authorized to file reports on your behalf.	ilal). Flease	use this section	to designate marvic	tuals, other than the treasurer and deputy
4. POLITIC	CAL COMMI	TTEE INFORM	MATION (optional)	
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMMITTEE (option The committee treasurer is the treasurer appointed the candidate must register the name of the committee Committee Officers (use additional pages, if nec	in Section 2 tee and the co	of the registration	on. No later than 10 i	days after appointing a political committee
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	CE	RTIFICATION		ender seren
I, Jeffrey D. Harmon, cer (Print Candidate's Full Name) Signature of Candidate	rtify that the	information in		ne 12, 2025
6. R	EPORTING	EXEMPTION	REQUEST	
Only county and municipal candidates, and le	gislative can	didates in an u	ncontested primary	election, may request an exemption.
A candidate may request an exemption from the caccept any cash or in-kind contributions or make your or your spouse's/domestic partner's persor statement below and sections 1 & 5, have the form	any expenditunal funds to per notarized, a	ures for their car pay for your ca and submit it to t	mpaign. You cannot mpaign expenses. T he Clerk's office.	request a reporting exemption if you use To request an exemption, complete the
make expenditures or incur obligations associated	d with my can	didacy.		•
Signature of Candidate				Date
Subscribed and sworn (affirmed) to before me this	day of		, 20	
Signature of Notary/Attorney-at-law				ion expires(Date)
(Seal is optional) REVOCATION NOTICE: The foregoing statement notice must be in the form of an amended regist treasurer is appointed. The notice must be filed by to the same penalties applicable to late campaign	t may be revo ration which i efore contribu	oked. Prior to rev must be filed wi utions are accep	ocation, the candidate the the Clerk's office	te must appoint a treasurer. A revocation no later than 10 days after the date the

Sworn Falsification is a Class D crime. (17-A MRS § 453)

	* J. 10-7





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

2025 Campaign Finance Report For Municipal Candidates

Name of Candidate:	Jeffrey Harmon	Jeffrey Harmon				
Street Address:	34 Vista Dr.	34 Vista Dr.				
City and ZIP:	Auburn 04210	Auburn 04210 Phone Number: 207-200-1				
Email:	jeff@harmonfo	ormayor.com				
Office Sought:	MAYOR	MAYOR District Number (if applicable):				
Name of Treasurer:	Sharon Berge	Sharon Bergeron				
Mailing Address:	23 Dexter Ave	23 Dexter Ave.				
City and ZIP:	Auburn 04210 Phone Number: 207			00-1490		
Email:	treasurer@ha	rmonformayor.com				
Report Nam	e	Filing Period	Filin	g Deadline		
☐ January Semiannual		07/01/2024 - 12/31/2024	01	/15/2025		
☐ 11-Day Pre-June Election	1	If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025	25 05	/30/2025		
42-Day Post-June Electio	n	05/28/2025 07/15/2025	07	07/22/2025		
- 12 bay 1 bot carro 2 botto			0.7	145/2025		
July Semiannual		01/01/2025 - 06/30/2025	- 07	/15/2025		
☐ 11-Day Pre-Nov. Election		If filing first report: Beginning of campaign – 10/21/202 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	10	/24/2025		
☐ 42-Day Post-Nov. Election	n	10/22/2025 - 12/09/2025	12	/16/2025		
☐ Amendment to:						
Li Americinencio.						
Other (enecifit):	I					
☐ Other (specify): ☐ Check if campaign had no	ot activity for the repor	ting period. (No other pages are required)				

I CERTIFY THAT I HAVE EXAMINE IS TRUE, CORRECT, AND COMPLI	D THIS REPO ETE.	RT AND TO THE BEST OF MY	KNOWLEDGE IT
18kmm	7/11/2025	pin	7/11/2025
Treasurer Signature	Date	Candidate Signature	Date

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

Candidate Name	Jeffrey Harmon
Januale Name	

Page 1 of 1 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 glving \$50 or less
- 8 Transfer from previous campaign

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount
5/22/2025	Jeffrey Harmon 34 Vista Dr. Aubum, ME 04210	Mayor	City of Auburn	1	\$5,000.00
					MINISTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA C

Total Cash Contributions (this page only)

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

\$5,000.00

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
2/25/2025	Stephanie Mahr-Damion for District 88	Candidate	N/A	6	\$600.00
Description of G	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
2/25/2025	Dan Campbell for District 90	Candidate	N/A	6	\$112.00
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	oods/Services:			1	
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:	Type:	Amount:
Description of Go	l pods/Services:				
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:	Type:	Amount:
Description of Go	ods/Services:				<u></u>
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 God	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of God	ods/Services:				
		T. ()	4 .*h41 441.*c		

Total In-Kind Contributions (this page only) ->

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

\$712.00

Page 1 of 2 Schedule B only

SCHEDULE B EXPENDITURES

			XPENL	TI UKL.	,				
		EXPE	ENDIT	URE T	YPES	•			
APP	Apparel ((t-shirts, hats, embroidery, etc.)		ОТН	Othera	and fees (bank, contribution, and mor	ney order fees, etc.)		
CON	Contribut	ion to party committee, non-profit, other		PER	Person	nel and campaign staff, consulting, a	and independent contractors		
EQP	Equipme	nt of \$50 or more (computer, tablet, phone, furniture, etc.)		РНО	Phone	s (phone banking, robocalls, and text	3)		
EVT	Campaig supplies,	n and fundraising events (venue/booth rental, entertainments)	nt,	POL	Polling	and survey research			
FOD		campaign events or volunteers, catering		POS	Postag	e for US Mail and mailbox fees			
HRD	Hardwar	e and small tools (hammer, nails, tumber, paint, etc.)		PRO	Profess	sional services (graphic design, legal	services, web design)		
LIT	Printed c	ampaign materials (palmcards, signs, stickers, flyers etc.)		RAD	Radio	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	Newspar	per and print media ads only		TRV	Travel	(mileage and lodging, etc.)			
OFF	Office su	pplies, rent, utilities, internet service, phone minutes/data		TVN	TV/Cal	ble ads, production, and media buyer	r costs only		
ONL	Social me	edial and online advertising only		WEB	Websit	e and internet costs (website domain	and registration, etc.)		
			1						
Da	ate 	Name of Payee		Туре		Remark	Amount		
1/1/202	25	Google	OI	OFF		Google Workspace	\$13.08		
1/1/202	25	Google	OF	OFF		Google Voice	\$12.00		
2/1/20:	25	Google	OF	OFF		Google Workspace	\$13.16		
2/1/20	25	Google	OF	OFF		Google Voice	\$12.00		
3/1/20)25	Google	OF	OFF		Google Workspace	\$13.16		
3/1/20)25	Google	Ol	OFF		Google Voice	\$12.00		
3/22/2	2025	Maine Democratic Party	OF	OFF		Voter List	\$73.00		
4/1/20)25	Google	0	OFF		OFF		Google Workspace	\$13.16
4/1/20	25	Google	Of	FF		Google Voice	\$12.00		
5/1/20	025	Google	OF	F		Google Workspace	\$13.16		
		(combined totals from all Schedule				iures (this page only)	\$186.72		
		All Paid by JDH							

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

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

bution to party committee, non-profit, other ment of \$50 or more (computer, tablet, phone, furniture, etc.) aign and fundraising events (venue/booth rental, entertainmen es, etc.) for campaign events or volunteers, catering fare and small tools (hammer, nalls, lumber, paint, etc.) d campaign materials (palmcards, signs, stickers, flyers etc.) couse and direct mail (design, printing, mailing, and postage) coaper and print media ads only supplies, rent, utilities, internet service, phone minutes/data	nt,	PER PHO POL POS PRO RAD	Phones (p Polling and Postage for Profession	and campaign staff, consulting, a shone banking, robocalls, and text d survey research or US Mail and mailbox fees nal services (graphic design, legal	is)		
ment of \$50 or more (computer, tablet, phone, furniture, etc.) aign and fundraising events (venue/booth rental, entertainmentes, etc.) for campaign events or volunteers, catering vare and small tools (hammer, nalls, lumber, paint, etc.) d campaign materials (palmcards, signs, stickers, flyers etc.) couse and direct mail (design, printing, mailing, and postage) couper and print media ads only	18.	POL POS PRO	Polling and Postage for Profession	d survey research or US Mail and mailbox fees			
es, etc.) for campaign events or volunteers, catering fare and small tools (hammer, nalls, lumber, paint, etc.) full campaign materials (palmcards, signs, stickers, flyers etc.) focuse and direct mall (design, printing, mailing, and postage) focuser and print media ads only	11.	POS	Postage for	or US Mail and mailbox fees	senires web design)		
or campaign events or volunteers, catering vare and small tools (hammer, nails, lumber, paint, etc.) d campaign materials (palmcards, signs, stickers, flyers etc.) couse and direct mall (design, printing, mailing, and postage) coaper and print media ads only		PRO	Profession		senices web design)		
d campaign materials (palmcards, signs, stickers, flyers etc.) puse and direct mail (design, printing, mailing, and postage) paper and print media ads only				nal services (graphic design, legal	senices web design)		
ouse and direct mail (design, printing, mailing, and postage) paper and print media ads only		RAD	Radio ads		2011/000, 1702 404/9/7		
paper and print media ads only				and production costs only			
		TKT	Entrance	cost to event (bean suppers, fairs	, party events, etc.)		
supplies, rent, utilities, internet service, phone minutes/data	TRV Travel (mileage and lodging, etc.)						
		TVN	TV/Cable	ads, production, and media buye	er costs only		
medial and online advertising only		WEB	Website a	nd internet costs (website domain	n and registration, etc.)		
A					p		
Date Name of Payee		Name of Payee		Type		Remark	Amount
Google	OF	F		Google Voice	\$12.00		
Google	OF	F		Google Workspace	\$13.16		
Google	OFF	OFF		OFF		Google Voice	\$12.00
United States Postal Service	PO	POS		POS		PO Box	\$234.00
Just Yard Signs	LIT	LIT		Yard Signs	\$493.63		
	Google Google United States Postal Service	Google OF Google OF United States Postal Service Po	Google OFF Google OFF United States Postal Service POS	Google OFF Google OFF Google OFF United States Postal Service POS	Google OFF Google Voice Google OFF Google Workspace Google OFF Google Voice United States Postal Service POS PO Box		

1 - 20		
Jeffrey	Har	mon

Candidate Name: Jerrey Harmon

Page 1 of 1 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	-	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
		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 👈					
		\$0	\$0	\$0	\$0

Candidate Name:	Jeffrey Harmon	Page 1 of 1
4.*		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
	Total Unpaid Debts (combined totals from all Schedule B pages r	s and Obligations (this page only) → must be listed on Schedule F, Line 9)	\$0.00

Candidate Name:	Date:

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					
Rece	ipts					
1.	Cash Contributions this Period (total of all Schedule A pages)	\$5,000.00				
2.	Loans this Period (Schedule C, column 2)	\$0.00				
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.]	\$5,000.00				
Expe	Expenditures					
5.	Expenditures this Period (total of all Schedule B pages)	\$951.51				
6.	Loan Repayments this Period (Schedule C, column 3)	\$0.00				
7.	Total Payments this Period (lines 5 + 6)	\$951.51				
	OTHER ACTIVITY THIS REPORTING PERIOD					
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	\$712.00				
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)	\$0.00				
	CASH SUMMARY FOR PERIOD					
11,	Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	\$657.89				
12.	Plus Total Receipts this Period (line 4 above)	+ \$5,657.89				
13.	Minus Total Payments this Period (line 7 above)	- \$4,706.38				
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= \$4,706.38				
						

^{*} 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.



Treasurer Signature

Rec'd 10/21/25 Ege

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Name of Candidate: Jeffrey Harmon					
	Street Address:	34 Vista Dr.				changed from previous report	
	City and ZIP:	Auburn 04210			Number: 07-200-1490		
	Email:	jeff@harmonforma	ayor.com				
	Office Sought: Mayor District Number (if applicable				t Number (if applicable):		
Name of Treasurer: Sharon Bergero						☐ Check If any information has	
	Mailing Address:	23 Dexter Ave.	er Ave.			changed from previous report	
	City and ZIP:	Auburn 04210		Phone	Number: 207-200-1490		
	Email:	treasurer@harm	nonformayor.com				
	Report Name		Filing Period		Filing	Deadline	
	January Semiannual		07/01/2024 12/31/2024		01/1	15/2025	
0	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	5	05/3	30/2025	
	42-Day Post-June Election		05/28/2025 - 07/15/2025		07/2	22/2025	
			04/04/2025 05/20/2025		07/-	15/2025	
	July Semiannual		01/01/2025 — 06/30/2025		- 077	IVIEVEV	
ĸ	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		10/2	10/24/2025	
	42-Day Post-Nov. Election		10/22/2025 - 12/09/2025		12 <i>J</i> *	16/2025	
_	Amendment to:						
_	Other (specify):						
<u>-</u>		activity for the reporti	ing period. (No other pages are required)				
_							

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE. 10/21/2025 10/21/2025 Date Candidate Signature

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

Candidate Name:	Jeffrey Harmon	Page 1 of 1
		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.

	Contribut	tor 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	Туре	Amount
10/13/2025	Jeffrey Harmon 34 Vista Dr. Auburn, ME 04210	Mayor	City of Auburn	1	\$167.49
	(combined totals from all So		contributions (this page		\$167.49

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

Candidate Name:	Jeffrey Harmon	Page 1 of 1 Schedule 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)

		Contributor Types				
1 Candidate	and Candidate's Spouse/Domestic Partner		5	Political Party Committ	ees	
2 Other Indiv			6	Other Candidates and	Committees	
3 Commercia	al Source		7	Contributors giving \$5	0 or less	
	tion Committees		8	Transfer from previous		
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: Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount
Dale Received.	Community straine, startes, Ep.					
Description of Go	pods/Services:					
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 G	oods/Services:					
			-			

Candidate Name:	Jeffrey Harmon	Page 1 of 2
		Schedule B only

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

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

		EXPENI	DITL	JRE T	YPES	•	
APP	Apparel (t	-shirts, hats, embroidery, etc.)		ОТН	Other a	nd fees (bank, contribution, and mon	ey order fees, etc.)
CON	Contributi	Contribution to party committee, non-profit, other			Person	nel and campaign staff, consulting, ar	nd independent contractors
EQP	Equipmer	nt of \$50 or more (computer, tablet, phone, furniture, etc.)		PHO	Phones	(phone banking, robocalls, and texts	5)
EVT	Campaigr supplies,	n and fundraising events (venue/booth rental, entertainment, etc.)		POL	Polling	and survey research	
FOD		campaign events or volunteers, catering		POS	Postag	e for US Mail and mailbox fees	
HRD	Hardware	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	e and direct mail (design, printing, mailing, and postage)		ткт	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	-	ole ads, production, and media buyer	
ONL	Social me	dial and online advertising only		WEB	Websit	te and internet costs (website domain and registration, etc.)	
						/	
Da	ate	Name of Payee		Туре		Remark	Amount
6/30/20	025	Google	OFF			Google Workspace	\$12.00
6/30/2	025	Google	OFF			Google Voice	\$13.15
7/31/2	025	Google	(OFF		Google Workspace	\$12.00
7/31/2	2025	Google	OFF			Google Voice	\$13.15
8/22/2025 Sign Up Genius		OFF			Volunteer App	\$11.99	
8/31/2025 Google		C	OFF		Google Workspace	\$12.00	
	Total Expenditures (this page only) -> (combined totals from all Schedule B pages must be listed on Schedule F, Line 5)						

SCHEDULE B EXPENDITURES

	EXPENDI	TURE T	YPES
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 (palmoards, 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	Date Name of Payee		Remark	Amount	
8/31/2025	Google	OFF	Google Voice	\$13.18	
9/9/2025	Sign Up Genius	OFF	Volunteer App	\$24.86	
9/30/2025	Google	OFF	Google Workspace	\$12.00	
9/30/2025	Google	OFF	Google Voice	\$13.17	
10/9/2025	Sign Up Genius	OFF	Volunteer App	\$29.99	

Total Expenditures (this page only) →

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

\$93.20

Jeffrey Harmon		

Page 1 of 1 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.

Candidate Name:

Duplicate as ficones.	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	Loan Balance	A	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
		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 →					
		\$0.00	\$0.00	\$D.00	\$0.00

Candidate Name:	Jeffrey Harmon	Page 1 of 1
		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			
	Total Unpaid Debt (combined totals from all Schedule B pages)	s and Obligations (this page only) must be listed on Schedule F, Line 9)	\$0.00			

	Jeffrey Harmon	10	0/21/2025
Candidate Name:		Date:	

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)	\$167.49			
2.	Loans this Period (Schedule C, column 2)	\$0.00			
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.]	\$167.49			
Expe	nditures				
5.	Expenditures this Period (total of all Schedule B pages)	\$167.49			
6.	Loan Repayments this Period (Schedule C, column 3)	\$0.00			
7.	Total Payments this Period (lines 5 + 6)	\$167.49			
	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)	\$0.00			
	CASH SUMMARY FOR PERIOD				
11.	Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	\$4,706.38			
12.	Plus Total Receipts this Period (line 4 above)	+ \$167.49			
13.	Minus Total Payments this Period (line 7 above)	- \$167.49			
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= \$4.706.38			

^{*} 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.



AUG 2.9 MA

AUG 2'9 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

Notice:	Changes to registration information multiple light changes to registration in the registration of the registration in the registration of the registrati			mail to the Clerk's office
1.		CANDIC	DATE INFORMATION	
Title (opti		Honorable	Party Affiliation:	Office Sought & District #:
Name:	First MI or Mi	ddle Name	Last	
	Neah		Yarn	evich
Mailing A	address: 97 Center Street			æ.
City:			ZIP:	Phone:
1	Anhom		04210	(207)713-7907
Email:	1000111			
0	Mehry 98@ yahrx	0.000	\sim	
	Taxer y 10 C got C			
2.		TREASU	JRER INFORMATION	
Name: F	irst MI or Middle Name)	Last	Phone:
	Joan L		Yarnevich	(207) 713-7907
Mailing A	Address:			
C	17 Center Street			
City:	ZIP:	Email:	0.04.0	
Aus	m 04210	Y	10ahry 986 y	ahoo.com
appoint a incurring address	ATION OF TREASURER: A candidate fo a treasurer no later than 10 days after bed obligations. No later than 10 days after a of the candidate and treasurer. The treas RS § 1013-A)	r municipal coming a ca ppointing a	office in towns and cities with a po andidate, and before accepting cor treasurer, the candidate must reg	pulation of greater than 15,000 must ntributions, making expenditures or ister with the Clerk's office the name an
2A.	DEPUT	Y TREASU	JRER INFORMATION (optional)	
Name: Fi	irst MI or Middle Name		Last	Phone:
<u>Mailing</u> A	ddress:			
City:	ZIP:	Email:		

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3. AUTH	ORIZED AC	GENT INFORM	ATION (optiona	During the state of the state o
Name:	Phone:	711 -	Email:	4 = 10
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGENT (option treasurer, authorized to file reports on your behalf.	onal): Please	use this section	to designate ind	ividuals, other than the treasurer and depu
4. POLITIC	CAL COMM	ITTEE INFORM	MATION (option	al)
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMMITTEE (option The committee treasurer is the treasurer appointed the candidate must register the name of the committee Officers (use additional pages, if necessary)	I in Section 2 Itee and the c	of the registration	on. No later than 1	0 days after appointing a political committe
Name:	essary).	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	CE	ERTIFICATION		
I, Wosh (Name) , ce (Print Candidate's Foll Name) , ce	ertify that the	information in		is true, accurate and complete.
6. F	REPORTING	EXEMPTION	REQUEST	
Only county and municipal candidates, and le	gislative car	ndidates in an u	ncontested prima	ary election, may request an exemption.
A candidate may request an exemption from the accept any cash or in-kind contributions or make your or your spouse's/domestic partner's perso statement below and sections 1 & 5, have the for	any expenditional funds to	tures for their car pay for your ca	mpaign. You cann mpaign expenses	ot request a reporting exemption if you use
STATEMENT OF ELIGIBILITY FOR A REPORT make expenditures or incur obligations associate			dersigned, swear	or affirm that I will not accept contributions,
Signature of Candidate				Date
Subscribed and sworn (affirmed) to before me this				
Signature of Notary/Attorney-at-law(Seal is optional)			My comm	ission expires(Date)
REVOCATION NOTICE: The foregoing statemer notice must be in the form of an amended regis treasurer is appointed. The notice must be filed be to the same penalties applicable to late campaign	nt may be reve tration which pefore contrib	oked. Prior to rev must be filed wi utions are accep	ocation, the candi th the Clerk's offi	date must appoint a treasurer. A revocation ce no later than 10 days after the date the

Sworn Falsification is a Class D crime. (17-A MRS § 453)



Red Wzyz Efr

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Nech	Varnevich			☐ Check if any information has
	Street Address:	97 G	chter st			changed from previous report
	City and ZIP:	Auburn,	04210	Phone	Number: 713 -	7907
	Email:	hoahry	98 Dahoo, com			
	Office Sought:	City	(oungi)	District	Number (if applicable):	
	Name of Treasurer:	Noch You	arheuid			Check if any information has
	Mailing Address:	W		10		changed from previous report
	City and ZIP:		//	Phone I	Number:	//
	Email:	11			11	6.11
	Report Name		Filing Period		Filing	Deadline
	January Semiannual		07/01/2024 – 12/31/2024		01/1	5/2025
	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	5	05/3	0/2025
	42-Day Post-June Election		05/28/2025 - 07/15/2025		07/2	2/2025
	July Semiannual		01/01/2025 - 06/30/2025		0714	5/2025
Þ	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	5		5/2025 4/2025
	42-Day Post-Nov. Election		10/22/2025 – 12/09/2025		12/10	6/2025
	Amendment to:					
	Other (specify):					
	Check if campaign had not	activity for the repor	rting period. (No other pages are required)			

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

Candidate Signature

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT

IS TRUE, CORRECT, AND COMPLETE.

Date

Candidate Name:	Nooh	Varnevich	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.

Contributor Types 1 Candidate and Candidate's Spouse/Domestic Partner 2 Other Individuals 3 Commercial Source 4 Political Action Committees Contributor Types 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
9-4-25	Amy L Sporne 20 Sunse Dr. Minel, ME 07258	N/A	N/A	2	300
9-5-25	Cate Mylander 2964 Shonnon Ad Dwith MN 55810			7	50
9-625	146 Belivean 146 Everett ad Ambarn, ME Otalo	Information	on Requested	2	100
9-6-25	Renel Roy 23 Sunterland es Auburn, NE Stall	destor	201 deaty	2	500
10-1-25	Kevin Arel Fyeurn Ave	Self-Employed	Self	2	100
10-5-25	Fredrick Newthco Ba Sheppy St Auburn, ME 04a11)	Self-Employed	SUF	2	150
	×				
		Total Cook Co	entributions (this page)		1 > 60

Total Cash Contributions (this page only)

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

1900

Candidate Name:	Nooh	Vorherid	
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Page ____of ___ 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
- 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:

Page ____of ___ Schedule 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	tees	
2 Other Indi	viduals		6	Other Candidates and	l 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	Amazinti
Date Neceived.	Contributor's Name, Address, Zip.	Occupation.		Employer.	Type:	Amount:
Description of G	oods/Services:					
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
Description of G	pods/Services:					
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Туре:	Amount:
Description of Go	pods/Services:					
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
	pods/Services:			1		
Description of Go						
Description of Go						

Candidate Name: 106h (arhwich

Page ____of ___ Schedule 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	tees	
2 Other Indi	viduals		6	Other Candidates and	l Committees	
3 Commercia	al Source		7	Contributors giving \$5	i0 or less	
4 Political Ad	ction Committees		8	Transfer from previou		
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:	Туре:	Amount:
Description of Go	oods/Services:			1		
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Туре:	Amount:
Description of Go	pods/Services:					
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:					

Candidate Name: _	Nooh	Yankvill	

Page	of
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
- 8 Transfer from previous campaign

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount
		_			
				90	

Total Cash Contributions (this page only)→

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

Rev. 2025

Calididate Name:	Pageof	f_ only
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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 <u>must</u> list the family or household relationship in the remarks section.
- · Duplicate as needed

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

		EXPEND	ITURE T	ΥF	PES	
APP	Apparel (t	t-shirts, hats, embroidery, etc.)	нто	0	Other and fees (bank, contribution, and mone	y order fees, etc.)
CON	Contribution to party committee, non-profit, other		PER	Pe	ersonnel and campaign staff, consulting, and	independent contractors
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)		PHO	PI	hones (phone banking, robocalls, and texts)	
EVT	Campaigr supplies,	n and fundraising events (venue/booth rental, entertainment,	POL	Po	olling and survey research	
FOD		campaign events or volunteers, catering	POS	Po	ostage for US Mail and mailbox fees	
HRD	Hardware	and small tools (hammer, nails, lumber, paint, etc.)	PRO	Pr	rofessional services (graphic design, legal se	ervices, web design)
LIT	Printed ca	ampaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Ra	adio ads and production costs only	
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage)	TKT	Er	ntrance cost to event (bean suppers, fairs, p	arty events, etc.)
NEW	Newspap	er and print media ads only	TRV	Tr	ravel (mileage and lodging, etc.)	
OFF	Office supplies, rent, utilities, internet service, phone minutes/data		T√N	TV/Cable ads, production, and media buyer costs only		
ONL	Social me	I medial and online advertising only		Website and internet costs (website domain and registration, etc.)		nd registration, etc.)
	Tell, Marie		A= 115	J.V.		
Da	te	Name of Payee	Туре	•	Remark	Amount
		(combined totals from all Schedule B pa			enditures (this page only)	

Candidate Name: Non Yorkevidh

Page ____of ___ Schedule A-1 only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	ods/Services:	1			
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:	Type:	Amount:
Description of Go	ods/Services;				
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	oods/Services:				
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:	Type:	Amount:
Description of Go	oods/Services:	**************************************			
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:	Type:	Amount:
Description of Go	oods/Services:	,	1		
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)

Candidate Name: 100 Marhevia

Page _	of	
Sched	ule A-1	only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

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:	Type:	Amount:
Description of Go	ods/Services:				
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:	Type:	Amount:
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	ods/Services:		.A.		
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:	Type:	Amount:
Description of Go	oods/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:	Type:	Amount:
Description of Go	ods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	oods/Services:		1	11.	
		Total In-Kind	Contributions (this page	ie only) 🗲	

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

Candidate Name:	door	Vorhelich	Page	of
		1 100	Schedule	B only

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 <u>must</u> 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.

		EXPEND	ITURE T	YPE	S	
APP	Apparel (1	l-shirts, hats, embroidery, etc.)	ОТН	Othe	er and fees (bank, contribution, and mone	ey order fees, etc.)
CON	Contributi	on to party committee, non-profit, other	PER	Pers	sonnel and campaign staff, consulting, an	d independent contractors
EQP	Equipmen	nt of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Pho	nes (phone banking, robocalls, and texts)	
EVT	Campaigi supplies,	n and fundraising events (venue/booth rental, entertainment,	POL	Polli	ng and survey research	
FOD	1	campaign events or volunteers, catering	POS	Post	tage for US Mail and mailbox fees	
HRD	Hardware	e and small tools (hammer, nails, lumber, paint, etc.)	PRO	Prof	essional services (graphic design, legal s	ervices, web design)
LIT	Printed ca	ampaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Rad	io ads and production costs only	
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage)	ткт	Entr	ance cost to event (bean suppers, fairs, p	party events, etc.)
NEW	Newspaper and print media ads only		TRV	Trav	rel (mileage and lodging, etc.)	
OFF	Office supplies, rent, utilities, internet service, phone minutes/data		T√N	TVK	Cable ads, production, and media buyer o	osts only
ONL	Social medial and online advertising only		WEB	Website and internet costs (website domain and registration, etc.)		and registration, etc.)
Da	te	Name of Payee	Туре		Remark	Amount
			7.			
		(combined totals from all Schedule B pa		•	ditures (this page only) -> ed on Schedule F, Line 5)	

Candidate Name:	Wooh	happelian	
). 		The state of the s	

Page ____of ____ 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	A	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
		Date:	Date:	Date:	
		Amount:	Amount:	Amount:	
		Date:	Date:	Date:	
		Amount:	Amount:	Amount:	
		Date:	Date:	Date:	7
		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 →					

Candidate Name:	Mach	Varhevia	
-	0		

Page	of	
Schedule	B only	

SCHEDULE B EXPENDITURES

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	O Professional services (graphic design, legal services, web design)		
LIT	Printed campaign materials (palmcards, signs, stickers, flyers etc.)	RAD	D Radio ads and production costs only		
MHS	Mail house and direct mail (design, printing, mailing, and postage)	ТКТ	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	T√N	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	Туре	Remark	Amount

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

Candidate Name: Name:

Page ____of ____ Schedule B only

SCHEDULE B

		EXPEN	DITURES	6			
		EXPENDIT	TURE T	YPES			
APP	Apparel (t-shirts, hats, embroidery, etc.)	ОТН	Othera	nd fees (bank, contribution, and mo	ney order fees, etc.)	
CON	Contributi	ion to party committee, non-profit, other	PER	Person	nel and campaign staff, consulting, a	and independent contractors	
EQP	Equipme	nt of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Phone	(phone banking, robocalls, and text	s)	
EVT	Campaig supplies	n and fundraising events (venue/booth rental, entertainment, etc.)	POL	Polling	Polling and survey research		
FOD		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 ca	ampaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Radio ads and production costs only			
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage)	TKT	Entrance 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 su	oplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cable ads, production, and media buyer costs only			
ONL	Social me	edial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)		and registration, etc.)	
Dat	te	Name of Payee	Туре		Remark .	Amount	

Date	Name of Payee	Туре	Remark	Amount

Total Expenditures (this page only) →

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

Candidate Name: 100h Yorhlvid

Page	of
Schedul	e 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
Lender's Name and Address	Loan Balance at Beginning of Period	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
		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:	
1.0		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 →	Totals for each column →				

Candidate Name:	Voor lorhe	evio	Date:

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	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.]					
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.	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.

Candidate Name:	1) agh 18 melion	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
9-9-25	Spectrum Marketing Companils 95 Eddy all Suite 101 Manufester, NH 03102	Palm Cards	\$4bD
9-20-25	Spectrum Morketing companies 95 Eddy 25 Switchon Mondoster, NH 03102	Compaigh Signs	4711.20
		×	
	·		

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:	Mach lookevid		Pageof
Odifididate Francis		===	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

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: Nooh (ornevid)

Date: 11)-24-25

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	
Rece	ipts	
1.	Cash Contributions this Period (total of all Schedule A pages)	#1,200
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.]	\$ 1,200
Expe	nditures	
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)	\$ 1,171.20
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
12.	Plus Total Receipts this Period (line 4 above)	+ 41,200
13.	Minus Total Payments this Period (line 7 above)	-
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= \$ 1,200

^{*} 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.





JUN 1 2 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

1.	CAN	DIDATE INFORMATION	
Title (optional): □ Ms. 🙀 Mrs. 🗅	l Mr. □ Mx. □ Dr. □ Honorab	Party Affiliation: Democrat	Office Sought & District #: city council ward 1
Name: First Rachel	MI or Middle Name B	Last Randa	all
Mailing Address:	8 Beaver Rd		
City:		ZIP: 04210	Phone: (207)409-3771
Email: rrandall	cst1@icloud.com		
2.	TREA	ASURER INFORMATION	
Name: First	MI or Middle Name	Last	Phone:
scott w		Randall	(207)344-4219
Mailing Address: 128 Beaver F	Rd		
City: Auburn	ZIP: Email: 04210 SN	wrandall70@gmail.com	
appoint a treasurer no l	ater than 10 days after becoming a	a candidate, and before accepting	a population of greater than 15,000 mu- contributions, making expenditures or register with the Clerk's office the nam gn records and for filing reports.
2A.	DEPUTY TREA	ASURER INFORMATION (option	nal)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			

no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities

3.	AUTHORIZED	AGENT INFOR	MATION (optiona)	
Name:	Phone:		Email:		
Name:	Phone:		Email:		
DESIGNATION OF AUTHORI treasurer, authorized to file rep	l IZED AGENT (optional): Plea onts on your behalf.	ase use this section	n to designate inc	ividuals, other than the treas	urer and deput
4.	POLITICAL CO	MMITTEE INFOR	MATION (option	nal)	
Name:				Phone:	
Address of Campaign Headquar	ters:		City:	ZIP:	
DESIGNATION OF POLITICA The committee treasurer is the the candidate must register the Committee Officers (use add	e treasurer appointed in Section e name of the committee and the	on 2 of the registrat	ion. No later than	10 days after appointing a po	didate's election litical committee
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
5.		CERTIFICATIO	N .		
I, Rachel B. Randall (Print Candidate's Full Name)		the information in	this registration	is true, accurate and compl	ete.
Signature of Candidate	- , 0 0		Date _	June 11, 2025	
6.	REPORT	ING EXEMPTION	REQUEST		
Only county and municipa	l candidates, and legislative	candidates in an	uncontested prim	ary election, may request a	n exemption.
accept any cash or in-kind c	exemption from the obligation contributions or make any expe estic partner's personal funds as 1 & 5, have the form notarize	enditures for their c to pay for your c	ampaign. You canı ampaign expense	not request a reporting exemp	ition if you use
STATEMENT OF ELIGIBILI make expenditures or incur	ITY FOR A REPORTING EXE obligations associated with my	MPTION: I, the uncondidacy.	ndersigned, swear	or affirm that I will not accept	contributions,
Signature of Candidate			_	Date	
Subscribed and sworn (affirmed) to before me this day o	f	, 20		
Signature of Notary/Attorney-a (Seal is optional)	at-law		My comm	nission expires(Date)	
REVOCATION NOTICE: The notice must be in the form of treasurer is appointed. The interest of the second sec	e foregoing statement may be of an amended registration who notice must be filed before cor able to late campaign finance i	nich must be filed v ntributions are acce	with the Clerk's off	ice no later than 10 days afte	er the date the

Sworn Falsification is a Class D crime. (17-A MRS § 453)

	* (p)	



Emily Carrington, City Clerk City of Aubum 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Rachel Randall	☐ Check if any information has			
	Street Address:				changed from previous report	
614. and 719. i.e. i.e.			Phone Number: (207) 409-3771	a description de terres a triso collo depotação deste a colonida de terres a triso colonida de terres		
~**	Email:	crando	ellestie iclove	1.com	No.	
	Office Sought:	gig verge transconnection to a least to the transconnection to the section of the	and the state of t	District Number (if applicable): Ward 1	149	
, gother TS	Name of Treasurer:	Scott Randall	ATG ON THE HEAD		Check if any information has	
Sweet-A sub-	Mailing Address:	128 Beaver Rd		changed fro previous rep		
	City and ZIP:	Auburn .	Sign - Copy of the prompting Cory of the Copy (Copy of the Copy of	Phone Number: (207) 409-3771	AND THE STATE OF T	
	Email:	swrandall70@gm	ail.com			
	Report Name	e	Filing Period	Filing	g Deadline	
	January Semiannual		07/01/2024 - 12/31/2024	01.	/15/2025	
0	11-Day Pre-June Election		If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025	25 05	/30/2025	
	42-Day Post-June Election	n	05/28/2025 - 07/15/2025	05/28/2025 - 07/15/2025 07/22/2025		
			04/04/0005 00/00/0005	0.7	/15/2025	
	July Semiannual		01/01/2025 - 06/30/2025	- 07	110/2020	
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		1/24/2025	
-	42-Day Post-Nov. Election	n	10/22/2025 - 12/09/2025	12	1/16/2025	
1	Amendment to:					
 	Other (specify):					
H		ot activity for the repo	orting period. (No other pages are required,			

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

Treasurer Signature

| O | Date | Date

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

Candidate Name: Rachel Randall Date: 1/22/2025

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	Day and the same of the same o
Recei	pts	
1.	Cash Contributions this Period (total of all Schedule A pages)	3600.00
2.	Loans this Period (Schedule C, column 2)	0
2.a.	Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)*	-0
3.	Other @ash Receipts this Period (interest, etc.)	0
4.	Total Receipts this Period [(lines 1 + 2 + 3) - line 2.a.]	3600.00
Expe	nditures	
5.	Expenditures this Period (total of all Schedule B pages)	3588.67
6.	Loan Repayments this Period (Schedule C, column 3)	0
7.	Total Payments this Period (lines 5 + 6)	3588.67
	OTHER ACTIVITY THIS REPORTING PERIOD	
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	135.38
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	o
10.	Total Loan Balance at Close of Period (Schedule C, column 5)	0
	CASH SUMMARY FOR PERIOD	
11.	Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	О
12.	Plus Total Receipts this Period (line 4 above)	+3600.00
13.	Minus Total Payments this Period (line 7 above)	- 3588.67
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 11.33

^{*} 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.

Candidate Name: Rachel Randall

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.

	Contribu	itor Types			
1	Candidate and Candidate's Spouse/Domestic Partner	5	Poli	tical Party Committees	
2	Other individuals	6	Oth	er Candidates and Committees	
3	Commercial Source	7	Con	tributors giving \$50 or less	
4	Political Action Committees	8	Tran	nsfer from previous campaign	

Richard Whiting 24 Beaver Rd Auburn ME 04210 Rachel Randall	retired	retired	0	
			2	200
128 Beaver Rd AuburnME 04210	Surgical technologist	nine	1	1500.00
Jeff Harmon 34 Vista Dr Auurn ME 04210	Mayor	City of Auburn Maine	2	500.00
John Cleveland 183 Davis St Auburn ME 04210	retired	Retired	2	200.00
Susan Martin 186 Davis St Auburn ME 04210	retired	retired	2	100.00
Susan Weiss 85 Dillingham Hill Rd Auburn ME 04210	retired	retired	2	100.00
Benjamin Lounsbury 505 W Auburn Rd Auburn ME 04210	retire	retire	2	100.00
K.C. Geiger 1464 Pownan Rd Auburn ME 04210	retired	retired	2	200.00
Rex Rhoades 880 Lake Shore Dr Auburn ME 04210	retired	retired	2	200.00
Steve Beale 462 Auburn Pownal Rd Durham ME 04222	retired	retired	2	200.00
	Jeff Harmon 34 Vista Dr Auurn ME 04210 John Cleveland 183 Davis St Auburn ME 04210 Susan Martin 186 Davis St Auburn ME 04210 Susan Weiss 85 Dillingham Hill Rd Auburn ME 04210 Benjamin Lounsbury 505 W Auburn Rd Auburn ME 04210 K.C. Geiger 1464 Pownan Rd Auburn ME 04210 Rex Rhoades 880 Lake Shore Dr Auburn ME 04210 Steve Beale	Jeff Harmon 34 Vista Dr Auurn ME 04210 John Cleveland 183 Davis St Auburn ME 04210 Susan Martin 186 Davis St Auburn ME 04210 Susan Weiss 85 Dillingham Hill Rd Auburn ME 04210 Benjamin Lounsbury 505 W Auburn Rd Auburn ME 04210 K.C. Geiger 1464 Pownan Rd Auburn ME 04210 Rex Rhoades 880 Lake Shore Dr Auburn ME 04210 Steve Beale 462 Auburn Pownal Rd Durham ME 04222 Mayor retired retired retired retired	Jeff Harmon 34 Vista Dr Auurn ME 04210 John Cleveland 183 Davis St Auburn ME 04210 Susan Martin 186 Davis St Auburn ME 04210 Susan Weiss 85 Dillingham Hill Rd Auburn ME 04210 Benjamin Lounsbury 505 W Auburn Rd Auburn ME 04210 K.C. Geiger 1464 Pownan Rd Auburn ME 04210 Rex Rhoades 880 Lake Shore Dr Auburn ME 04210 Steve Beale 462 Auburn Pownal Rd Durham ME 04222 City of Auburn Maine Retired Retired retired retired retired retired retired retired retired	Jeff Harmon 34 Vista Dr Auurn ME 04210 John Cleveland 183 Davis St Auburn ME 04210 Susan Martin 186 Davis St Auburn ME 04210 Susan Weiss 85 Dillingham Hill Rd Auburn ME 04210 Benjamin Lounsbury 505 W Auburn Rd Auburn ME 04210 K.C. Geiger 1464 Pownan Rd Auburn ME 04210 Rex Rhoades 880 Lake Shore Dr Auburn ME 04210 Mayor City of Auburn Maine 2 Retired 2 retired retired retired 2 retired retired 2 Steve Beale City of Auburn Maine 2 Retired 2 retired 2 retired 2 Steve Beale

Total Cash Contributions (this page only)

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

3300.00

Candidate Name:	Rachel Randall	
Candidate Name:	Rachel Randall	

Page 2 of 5
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
- 8 Transfer from previous campaign

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount
10/11/2025	Adam Platz 876 Perkins Ridge Rd Auburn ME 04210	CFO	JarCo Holidings Inc	2	100.00
10/17/2025 .•	Mary Booth 32 Lepidolite CT Auburn ME 04210	retired	retired	2	200.00
	e 6				

Total Cash Contributions (this page only)

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

300.00

Day 2025

×		

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 Committee	s	
2 Other Indivi	•		6	Other Candidates and Co	mmittees	
3 Commercia			7	Contributors giving \$50 o		
	tion Committees		8	Transfer from previous ca		
-, , , , , , , , , , , , , , , , , , ,						
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Туре:	Amount:
	Richard Whiting 24 Beaver Rd Auburn ME 04210	retired		retired	2	40.70
Description of Go	ods/Services:					
22 lawn sign stan	ds @ \$1.85each (Justlawnsigne.com Jus	t Yourd Signs.com				A
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
	Jeff Harmon 34 Vista Dr Auburn ME o4210	Mayor		City of Auburn Maine	2	33.68
Description of Go	ods/Services:					
Furf map printout			_			T O
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
0/21/2025	Rachel Randall 128 Beaver Rd Auburn ME 04210	surgical technologist		none	1	61.00
Description of Go	oods/Services:					
JSPS post card st	tamps				T	Amazinti
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:	Туре:	Amount:
Description of G	oods/Services:		-			1.
		Total In-Kind		ntributions (this page	- 11	35.38

Candidate Name: Rachel randall

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 <u>must</u> 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.

		EXI	PENDIT	URE T	YPES	6	
APP	P Apparel (t-shirts, hats, embroidery, etc.)				Othera	and fees (bank, contribution, and mo	ney orderfees, etc.)
CON	Contribut	ion to party committee, non-profit, other		PER	Persor	nel and campaign staff, consulting, a	and independent contractors
EQP	Equipme	nt of \$50 or more (computer, tablet, phone, furniture, etc.	s.)	PHO	Phone	s (phone banking, robocalls, and text	s)
EVT	Campaig supplies,	n and fundraising events (venue/booth rental, entertain etc.)	ment,	POL	Polling	and survey research	
FOD	1	campaign events or volunteers, catering		POS	Postag	e for US Mail and mailbox fees	
HRD	Hardware	e and small tools (hammer, nails, lumber, paint, etc.)		PRO	Profes	sional services (graphic design, legal	services, web design)
LIT	Printed c	ampaign materials (palmcards, signs, stickers, flyers etc	p.)	RAD	Radio	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 su	oplies, rent, utilities, internet service, phone minutes/data	a	TVN	TV/Cal	ble ads, production, and media buyer	costs only
ONL	Social me	edial and online advertising only		WEB	Website and internet costs (website domain and registration, etc.)		
M	Tizi						
Da	ite	Name of Payee	yee Type			Remark	Amount
7/16		USPS	POS	3		Stamps and thank you cards	37.19
)8/22/202	25	Shannon Martin	MHS	3		Lawn sign and palm card design	112.50
8/26/2025	5	Just yard signs	LIT	T Lawn sign print		Lawn sign print	642.99
8/28/2025	5	Goin' Poatai	POS	8		Public mailbox	36.00
8/28/2025	5	Vista Print	LIT			Campaign literature	262.73
9/03/2025	5	Vista Print	LIT			Campaign literature	39.60
		(combined totals from all Schedu				tures (this page only)	1131.01

SCHEDULE B EXPENDITURES

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 (palmoards, 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	Туре	Remark	Amount
09/11/2025	City of Auburn ME	отн	Voter List	22.00
09/15/2025	Erika Woodman	MHS	Mailer design	225.00
09/22/2025	Going Postal	POS	Post card stamps	54.00
09/23/2025	Rachel Randall	отн	reimbursement	143.93
09/27/2025	Penmor	MHS	Direct mailers	1034.65
10/06/2025	Turner Publishing	NEW	Auburn highlights Ad and Op-ed	689.00
10/18/2025	Staples	LIT	QR code business cards	26.36
10/20/2025	Fed Ex	мнѕ	printed address labels for GOTV	11.18
10/20/2025	goin' postal	POS	Post card stamps	54.00
10/20/2025	goin' postal	POS	post card stamps	197.554 197.54

Total Expenditures (this page only) ->

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

2457.66



JUL 15 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

		ls t	his an aı	mendm	ent? D Y	es X No	
1.					CANDIC	DATE INFORMATION	
Title (option	nal):	but				Party Affiliation:	Office Sought & District #:
☐ Ms.	. Mrs.	Mr.	□ Mx.	□ Dr.	☐ Honorable	Democrat	City Council, WARD 2
Name:	First			MI	or Middle Name	Last	
	7:				M	Parlant	

Notice: Changes to registration information must be filed within 10 days in writing or by e-mail to the Clerk's office

Timorny	M	COWAN	J
Mailing Address:			
145 DAVIS AV	E		
City:	ZIP		Phone:
AUBURN,		04210	(207) 577- 3833
Email:			
tim cowan 207@	gmail con		

2.	TRE	EASURER INFORMATION	
Name: First	MI or Middle Name	Last	Phone:
Marianne	Ν.	Cowan	(201) 577 - 3832
Mailing Address:	- Si		
145 DAVIS	AVE		
City: ZI			
AUBURN	04210	marianne, n. cowan	L@ gmail.com

DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of greater than 15,000 must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk's office the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRS § 1013-A)

2A.	DEPUTY	TREASURER INFORMATION (options	ai)
Name: First	MI or Middle Name	Cowan	Phone: (207) 577-3833
Mailing Address: 145 DAVIS	SAVE		
City: AUBURN		Email: timcowan 207@g.	nail.com

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3. AUTHO	ORIZED AG	ENT INFORMATI	ON (optional)	
Name:	Phone:		Email:	
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGENT (option reasurer, authorized to file reports on your behalf.	nal): Please	use this section to	designate individi	uals, other than the treasurer and deput
4. POLITIC	CAL COMMI	TTEE INFORMAT	TON (optional)	
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMMITTEE (option of the committee treasurer is the treasurer appointed the candidate must register the name of the committee Officers (use additional pages, if necessity)	in Section 2 tee and the co	of the registration. N	No later than 10 d	ays after appointing a political committee
Name:	essary).	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
ivaire.		ride.		Frione.
Mailing Address:		City:	ZIP:	Email:
5.	CE	RTIFICATION	L english.	
I, Time thy M. Owan, cer (Print Candidate's Full Name) Signature of Candidate	rtify that the	information in this	registration is to	rue, accurate and complete.
6. R	EPORTING	EXEMPTION RE	QUEST	
Only county and municipal candidates, and le	gislative can	didates in an unco	ntested primary	election, may request an exemption.
A candidate may request an exemption from the caccept any cash or in-kind contributions or make your or your spouse's/domestic partner's persor statement below and sections 1 & 5, have the form	any expenditunal funds to p	ures for their campa pay for your campa	ign. You cannot raign expenses. T	equest a reporting exemption if you use
STATEMENT OF ELIGIBILITY FOR A REPORT make expenditures or incur obligations associated			igned, swear or a	ffirm that I will not accept contributions,
Signature of Candidate			D	ate
Subscribed and sworn (affirmed) to before me this	day of		20	
Signature of Notary/Attorney-at-law(Seal is optional)			My commission	on expires
REVOCATION NOTICE: The foregoing statement notice must be in the form of an amended regist treasurer is appointed. The notice must be filed by to the same penalties applicable to late campaign	t may be revo tration which r efore contribu	ked. Prior to revoca must be filed with that tions are accepted	tion, the candidate ne Clerk's office r	e must appoint a treasurer. A revocation no later than 10 days after the date the

Sworn Falsification is a Class D crime. (17-A MRS § 453)

Email: ecarrington@aubummaine.gov

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

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Timothy M Cow	an		☐ Check if any information has		
	Street Address:	145 Davis Av	е			changed from previous report	
	City and ZIP:	Auburn 04210		Phone Number 207-577-38			
	Email:	timcowan207@	gmail.com				
	Office Sought:	City Council		District Numb	er (if applicabl	e):	
	Name of Treasurer:	Marianne Cow	van			☐ Check if any information has	
	Mailing Address:	145 Davis Ave		change previou			
	City and ZIP:	Aubum 0421	0	Phone Number 207-577-38			
	Email:	marianne.n.co	wan@gmail.com				
	Report Name	e	Filing Period		Filing	Deadline	
	January Semiannual		07/01/2024 — 12/31/2024		01/	15/2025	
0	11-Day Pre-June Electio	n	If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025	5	05/30/2025		
	42-Day Post-June Election	on	05/28/2025 - 07/15/2025	05/28/2025 - 07/15/2025		22/2025	
			04/04/0005 00/00/0005		074	15/2025	
	July Semiannual		01/01/2025 — 06/30/2025		07/15/2025		
х	X 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		10/2	10/24/2025	
	42-Day Post-Nov. Election	on	10/22/2025 — 12/09/2025		12/	16/2025	
	Amendment to:						
	Other (specify):						
	Check if campaign had r	not activity for the	reporting period. (No other pages are red	uired)			

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

Daté

	*

Candidate Name: Timothy M Cowan

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.

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
9/5/2025	John and Debora Cleveland 183 Davis Ave, Auburn ME 04210	Retired		2	\$100.00
9/7/2025	Susan Martin 186 Davis Ave, Auburn ME 04210	Retired		2	\$100.00
9/9/2025	Joe Pelliccia 10 Josslyn Street, Auburn ME	Retired		2	\$100.00
9/9/2025	Tim & Marianne Cowan 145 Davis Ave, Auburn ME	Epidemiologist, Educ. Administrator	Maine Health, Bates College	1	\$200.00
9/18/2025	Kenneth C Geiger 1464 Pownal Rd. Auburn ME	Retired		2	\$200.00
9/19/2025	Bonnie and Ben Lounsbury 505 W. Auburn Rd Auburn ME	Retired		2	\$100.00
9/22/2025	Rex H. and Luanne S Rhoades 880 Lakeshore Drive Auburn ME	Retired		2	\$200.00
9/30/2025	Stephen Beale 462 Auburn Pownal Rd Auburn ME	retired		2	\$200.00
10/2/2025	Jeff Harmon 34 Vista Dr Auburn ME	retired		2	\$300.00
10/8/2025	Mary Booth 32 Lepidolite Ct Auburn ME	retired		2	\$300.00
10/11/2025	Adam Roberts Platz 100 Evergreen Rd Auburn ME	CFO	Baxter Outdoors	2	\$75.00
10/11/2025	Sharon & Denis Bergeron 23 Dexter Ave. Auburn ME	retired		2	\$100.00
10/21/2025	Contributors giving \$50 or less	N/A	N/A	7	\$225.00
	(combined totals from all		ontributions (this page o		\$2,200.00

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

		,

Candidate Name: Timothy M. Cowan

Page ___of ___ Schedule 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.

	С	ontributor Types			
1 Candidate	e and Candidate's Spouse/Domestic Partner		5 Political Party	Committees	
2 Other Indi			6 Other Candida	tes and Committees	
3 Commerci	ial Source			iving \$50 or less	
4 Political A	ction Committees		-	previous campaign	
Date Received : 9/15/2025	Contributor's Name, Address, Zip: Jeff Harmon, 34 Vista Dr, Auburn ME 04210	Occupation: Retired	Employer:	Type: 2	Amount: \$74.06
Description of	Goods/Services: Printed materials- Turf lists for o	canvassing			
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of	Goods/Services: Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of	Goods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of	Goods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of	Goods/Services:				
		Tatal In Kind C		naga anha 🔁	
	(combined totals from all Sci		ontributions (this		\$74.06

Candidate Name: Timothy M. Cowan

Page ____of ____ Schedule B only

SCHEDULE B

- Enter the date, payee, expenditure type, and amoun EXPENDET URE Sure 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.
- Duplicate as needed

		EXPEN	DITURE T	YPE	S	
APP	Apparel (1	I-shirts, hats, embroidery, etc.)	ОТН	Other	and fees (bank, contribution, and mone)	y order fees, etc.)
CON	Contribut	ion to party committee, non-profit, other	PER	Persor	nnel and campaign staff, consulting, and	d independent contractors
EQP	Equipmer	nt of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Phone	s (phone banking, robocalls, and texts)	
EVT	Campaigr supplies,	n and fundraising events (venue/booth rental, entertainment,	POL	Polling	and survey research	
FOD		campaign events or volunteers, catering	POS	Postag	ge for US Mail and mailbox fees	
HRD	Hardware	and small tools (hammer, nails, lumber, paint, etc.)	PRO	Profes	sional services (graphic design, legal se	ervices, web design)
LIT	Printed ca	ampaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Radio	ads and production costs only	
MHS	Mail hous	ee and direct mail (design, printing, malling, and postage)	ткт	Entran	ce cost to event (bean suppers, fairs, p	party events, etc.)
NEW	Newspap	er and print media ads only	TRV	Travel	(mileage and lodging, etc.)	
OFF	Office su	pplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Ca	ble ads, production, and media buyer co	osts only
ONL	Social me	edial and online advertising only	WEB	Website and internet costs (website domain and		and registration, etc.)
9/21/2	2025	Thalo Blue Designs, LLC	WEE		Website Registration, Hosting, Development	\$260.83
		(combined totals from all Schedule B p			tures (this page only) → d on Schedule F, Line 5)	\$260.83

		<u>u</u>
		٠٠

Candidate Name:	Timorny	M.	Cowan	
	,	A 20		

Page ____of ______ 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	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
at Beginning of Period	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
	Loan Balance at Beginning of Period	Loan Balance at Beginning of Period Amount Loaned this Period Date: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Amount:	ACTIVITYTHIS PERIO (report amount and date at Beginning of Period Amount Loaned this Period Date: Date: Amount: Amount: Date: Date: Amount: A	ACTIVITY THIS PERIOD (report amount and date) Amount Loaned this Period Amount Experiod Amount Experiod Date: Amount: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Date: Amount: Amount: Date: Amount: Amount: Date: Amount: Date: Amount: Date: Amount: Amount: Date: Amount: Date: Amount: Amount: Date: Amount: Amount: Date: Amount: Date: Amount: Date: Amount: Date: Amount: Amount:

andidate Name: _	Timorny	M. Cowan	
			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
9/19/2025	Marianne Cowan, 145 Davis Ave, Auburn ME 04210	cc payment to Amazon.com for yard sign stands	58.01
9/23/2025	Marianne Cowan, 145 Davis Ave, Auburn ME 04210	cc payment to GoDaddy for website fees	8.99
9/24/2025	Marianne Cowan, 145 Davis Ave, Auburn ME 04210	cc payment to GoDaddy for website fees	35.18
10/2/2025	Marianne Cowan, 145 Davis Ave, Auburn ME 04210	cc payment to Penmor Lithographers for palm cards and two postcard mailings	1872.29
10/10/2025	Marianne Cowan, 145 Davis Ave, Auburn ME 04210	cc payment to Vistaprint for 500 postcards	90.18
10/17/2025	Marianne Cowan, 145 Davis Ave, Auburn ME 04210	cc payment to USPS for 200 postcard stamps	122.00

Total Unpaid Debts and Obligations (this page only)

(combined totals from all Schedule B pages must be listed on Schedule F, Line 9)

2186.65

		,
		24.

Candidate Name:

TimoTHY M. COWAN

Date: 10/24/25

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

RECI	EIPTS	
1.	Cash Contributions this Period (total of all Schedule A pages)	\$2200.00
2.	Loans this Period (Schedule C, column 2)	\$ 0.00
2.A.	Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)*	
3.	Other Cash Receipts this Period (interest, etc.)	\$ 0.21
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	\$2200.21
EXPE	NDITURES	
5.	Expenditures this Period (total of all Schedule B pages)	\$ 260.83
6.	Loan Repayments this Period (Schedule C, column 3)	
7.	Total Payments this Period (lines 5 + 6)	\$ 260.83
	OTHER ACTIVITY THIS RE	PORTING PERIOD
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	\$ 74.06
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)	\$ 0.00
	CASH SUMMARY FOR PERIOD	
11.	Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	\$ 560.14
12.	Plus Total Receipts this Period (line 4 above)	+ \$2200.21
13.	Minus Total Payments this Period (line 7 above)	- \$ 230.83
14.	CASH BALANCE AT END OF PERIOD (MUST MATCH RECONCILED BANK ACCOUNT BALANCE)	= \$2499.52

^{*} 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.

				(16) ₁	



AUG 2 1 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

Notice: Changes to	o registration information must be file Is this an amendment?	d within 10 days in writing or by Yes 📮 No	e-mail to the Clerk's office
1.	CANE	DIDATE INFORMATION	
Title (optional): Ms. Mrs.	□ Mr. □ Mx. 嵐 Dr. □ Honorable	Party Affiliation: Unaffiliated	Office Sought & District #: City Council Wald Z
Name: First	MI or Middle Name	Last	
Mailing Address:	randrien Avr	1298	
City: Aubur	^	ZIP: OYZIO	Phone: 207-576-8993
Email: Thomp	ag 1326 @ oi		
2.	TREA	SURER INFORMATION	
Name: First Sam Mailing Address:	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: Email:		
appoint a treasurer incurring obligations	no later than 10 days after becoming a . No later than 10 days after appointing idate and treasurer. The treasurer is re	candidate, and before accepting a treasurer, the candidate must	register with the Clerk's office the name and
2A.	DEPUTY TREA	SURER INFORMATION (option	nal)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: Email:		

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3.	AUTHORIZED	AGENT INFOR	RMATION (optional	
Name:	Phone:		Email:	- 5.75 miles - 10.000 miles (2000)
Name:	Phone:		Email:	
DESIGNATION OF AUTHORI: treasurer, authorized to file repo		ase use this sect	ion to designate indi	viduals, other than the treasurer and deput
4.	POLITICAL CO	MMITTEE INFO	RMATION (option	al)
Name:				Phone:
Address of Campaign Headquarte	ers:		City:	ZIP:
DESIGNATION OF POLITICAL The committee treasurer is the the candidate must register the Committee Officers (use addi	treasurer appointed in Sectioname of the committee and t	on 2 of the registra he committee offic	ation. No later than 1	ommittee to promote the candidate's election 0 days after appointing a political committee -A MRS § 1013-A (1) (B))
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.		CERTIFICATIO	ON	
I, Thomas E Pa (Print Candidate's Full Name) Signature of Candidate	eg C , certify that	the information		s true, accurate and complete.
6.	REPORT	ING EXEMPTIO	N REQUEST	
A candidate may request an accept any cash or in-kind conjugation or your spouse's/domestatement below and sections STATEMENT OF ELIGIBILI	exemption from the obligation ontributions or make any expessic partner's personal funds at 1 & 5, have the form notariz	to appoint a treasenditures for their stopay for your ed, and submit it to	surer and file campaig campaign. You canno campaign expenses o the Clerk's office.	or affirm that I will not accept contributions,
make expenditures or incur o	bligations associated with my	candidacy.		
Signature of Candidate				Date
Subscribed and sworn (affirmed)	to before me this day o	f	, 20	
Signature of Notary/Attorney-at (Seal is optional)	-law		My commi	ssion expires(Date)
notice must be in the form o	f an amended registration whotice must be filed before cor	nich must be filed ntributions are acc	with the Clerk's office	date must appoint a treasurer. A revocation se no later than 10 days after the date the s made. A late revocation notice is subject

Sworn Falsification is a Class D crime. (17-A MRS § 453)



Reid 1924/20 2/2

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Thoma	es Page Aview Ave.		☐ Check if any information has	
	Street Address:	87 Gran	driew Ave.		changed from previous report	
	City and ZIP:		04210	Phone Number: 207-576.889	73	
	Email:	thom pa	ge 326@ ortlook, co	n		
	Office Sought:	City Co	ge 326@ ortlook, co	District Number (if applicable): Ward Z		
	Name of Treasurer:	self			☐ Check if any information has	
	Mailing Address:				changed from previous report	
	City and ZIP:			Phone Number:		
	Email:					
	Report Name		Filing Period	Filing	Deadline	
	January Semiannual		07/01/2024 – 12/31/2024		15/2025	
0	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	5	30/2025	
-			01/01/2025 - 05/27/2025			
	42-Day Post-June Election		05/28/2025 07/15/2025	07/2	22/2025	
	42-Day Post-June Election			07/2	22/2025	
	42-Day Post-June Election July Semiannual				22/2025	
			05/28/2025 07/15/2025	07/		
	July Semiannual		05/28/2025 07/15/2025 01/01/2025 06/30/2025 If filing first report: Beginning of campaign 10/21/2025 OR If 2025 July Semiannual filed:	5 10/2	15/2025	
0	July Semiannual 11-Day Pre-Nov. Election		05/28/2025 07/15/2025 01/01/2025 06/30/2025 If filing first report: Beginning of campaign 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 10/21/2025	5 10/2	15/2025 24/2025	
	July Semiannual 11-Day Pre-Nov. Election 42-Day Post-Nov. Election		05/28/2025 07/15/2025 01/01/2025 06/30/2025 If filing first report: Beginning of campaign 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 10/21/2025	5 10/2	15/2025 24/2025	
	July Semiannual 11-Day Pre-Nov. Election 42-Day Post-Nov. Election Amendment to: Other (specify):		05/28/2025 07/15/2025 01/01/2025 06/30/2025 If filing first report: Beginning of campaign 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 10/21/2025	5 10/2	15/2025 24/2025	

Check if campaign had not activity for	or the reporting period. (No ot	her pages are required)	
I CERTIFY THAT I HAVE EX IS TRUE, CORRECT, AND		PORT AND TO THE BEST OF MY	KNOWLEDGE IT
Treasurer Signature	Date	Candidate Signature	10/24/2 S Date
UN	SWORN FALSIFICATION IS	A CLASS D CRIME (17-A M.R.S. § 453).	

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.

	Contrib	tor Types	
1	Candidate and Candidate's Spouse/Domestic Partner	5 Political Party Committees	
2	Other Individuals	6 Other Candidates and Committees	S
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	Туре	Amount
9/12/25	Renée Roy 155 Center St. Auburn, ME 04210	Realton	Better Homes	2	500
9/12/25	Michael Givardin Chicoine Are, Aburn 04210	Retired		2	25 V
9/12/25	a full the fire wife	Retived	_	2	100
9/12/25	Wayne 04284 Pond Rd	Retired		2	200
9/25/25	Youngs Corner Rd. Ashurn 04210	Retired	_	Z	100
9/25/25	Mike & Rachel Dixon Rita Are Lewiston 04240	Eugineer Banking	+D Bank	2	100
1.1.6	Rita Are Lewiston 04240 Robert & Claire Turdit Wemory Lane, Harrison 04040	Retiral	_	N	100
	l l				

Total Cash Contributions (this page only)→

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

1350

Page	l	of	1	
Schedu	ıle (on on	ly	

Candidate Name: Thomas Page

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	A	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
		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 →					
				5	

Page	of
Schedule	B only

SCHEDULE B EXPENDITURES

. 50	EXPENDIT	URE T	YPES
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.)

Date	Name of Payee	Туре	Remark	Amount

Total Expenditures (this page only) →

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

Candidate Name:	Thomas	Page	
		('	

Page_	of	
Sched	ule A-1	only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

				9
	-		y	4
	C	1	2	?
	I			

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:				
Description of G	Description of Goods/Services:								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:				
Description of Go	oda/Canilaas:								
Description of Go	Juds/Services.								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:				
Description of Co	anda/Cantiana								
Description of Go	jous/Services.								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:				
	1.0								
Description of Go	oods/Services:								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:				
Date Note.	control of tarrey rearross, 2p.	Оссиранст.	Employon	Туро.	Amount.				
5	1.0								
Description of Go	iods/Services:								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:				
				1,770.	7 ariodin.				
December 100	1. (O an in an	\							
Description of Go	ods/services:								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:				
Date Received.	Contributor 3 Name, Address, Zip.	Occupation.	Limployer.	Type.	Amount.				
Description of Go	ods/Services:								
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:	Type:	Amount:				
Description of Go	ada/Cantiaga								
Description of Go	uus/Services.								
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	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)

	<u>-1</u>	7)	
Candidate Name:	1 homas	Page	
		0	

Page __/_of __/_ Schedule B only

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.

APP	Apparel (Apparel (t-shirts, hats, embroidery, etc.)			Othera	and fees (bank, contribution, and mon	ey order fees, etc.)
CON	Contributi	Contribution to party committee, non-profit, other			Person	nel and campaign staff, consulting, ar	nd independent contractors
EQP	Equipme	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)			Phones	s (phone banking, robocalls, and texts)
EVT	Campaig supplies,	n and fundraising events (venue/booth rental, entertain etc.)	ment,	POL	Polling	and survey research	
FOD		campaign events or volunteers, catering		POS	Postag	e 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	c.)	RAD	Radio a	ads and production costs only	
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage	e)	ТКТ	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/dat	ia	TVN	TV/Cal	ole ads, production, and media buyer	costs only
ONL	Social me	edial and online advertising only		WEB	Websit	e and internet costs (website domain	and registration, etc.)
Da	ate	Name of Payee		Туре		Remark	Amount
0/15	125	VS Postal Suc.		05			78
0/15	125	Walmart	Walmart				14.4
10/14/25		VS Postal Svc. Walmart Spectrum Marketing	1	DE PE	-		646,2
				_			

Candidate Name:	Thowas	Page	Page / of /
		V	Schedule D only

SCHEDULE D DUNPAID 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
		_	

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:	Thomas	Pace	
		7	

Date: 10/24/25

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				
Rece	Receipts				
1.	Cash Contributions this Period (total of all Schedule A pages)	1250			
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.]	1350			
Expe	nditures				
5.	Expenditures this Period (total of all Schedule B pages)	738.65			
6.	Loan Repayments this Period (Schedule C, column 3)	_			
7.	Total Payments this Period (lines 5 + 6)	738.60			
	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)	4			
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			
12.	Plus Total Receipts this Period (line 4 above)	+ 135 o			
13.	Minus Total Payments this Period (line 7 above)	- 738.45 = 511.35			
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 511,35			

^{*} 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.



AUU 2 5 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207) 333-6623

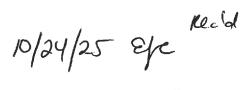
CANDIDATE REGISTRATION

CANDIDATE REGISTRATIO	<u> </u>		
Notice: Changes to registration informa		in 10 days in writing or b ☐ No	y e-mail to the Clerk's office
1.	CANDIDAT	E INFORMATION	
Title (optional):	Dr. ☐ Honorable	arty Affiliation:	Office Sought & District #:
Name: First Mathieu	MI or Middle Name	Last	vall
Mailing Address: 263 Sander (and Dr		
City: Auburn	ZIP:	1210	Phone: 207 689 6810
Email: Mothieu. 1. d	uvall @ c	amoil. con	\
)	
2.	TREASURE	R INFORMATION	
Name: First MI or M Beverly	iddle Name	Johnson	Phone: 207 577 3762
Mailing Address: 263 Scander	oud Dr.		
Autora 04210	Email:	Ohnso 30	botes, edu
DESIGNATION OF TREASURER: A cand appoint a treasurer no later than 10 days incurring obligations. No later than 10 day address of the candidate and treasurer. T (21-A MRS § 1013-A)	after becoming a candid s after appointing a trea	date, and before accepting asurer, the candidate mus	g contributions, making expenditures or t register with the Clerk's office the name and
2A.	DEPUTY TREASURE	R INFORMATION (option	onal)
Name: First MI or M	iddle Name	Last	Phone:
<u>Mailing</u> Address:			•
City: ZIP:	Email:		

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3.	AUTHORI	ZED AGENT INFOR	MATION (optional	
Name:	Pho	one:	Email:	
Name:	Pho	one:	Email:	
DESIGNATION OF AUTHORIZ treasurer, authorized to file repo	ZED AGENT (optional): orts on your behalf.	Please use this secti	on to designate indi	viduals, other than the treasurer and depu
4.	POLITICAL	COMMITTEE INFO	RMATION (option	al)
Name:				Phone:
Address of Campaign Headquarte	ers:		City:	ZIP:
DESIGNATION OF POLITICAL The committee treasurer is the the candidate must register the Committee Officers (use addi	treasurer appointed in S name of the committee a	ection 2 of the registra and the committee office	ition. No later than 1	committee to promote the candidate's election 0 days after appointing a political committer -A MRS § 1013-A (1) (B))
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.		CERTIFICATIO	ON .	
I, Mothieut Du (Print Candidate's Full Name) Signature of Candidate	certify , certify	that the information	•	is true, accurate and complete.
6.	REPO	ORTING EXEMPTIO	N REQUEST	
Only county and municipal	candidates, and legisla	itive candidates in an	uncontested prima	ary election, may request an exemption.
accept any cash or in-kind co	ontributions or make any stic partner's personal f	expenditures for their ounds to pay for your	campaign. You cann campaign expenses	gn finance reports if the candidate does not ot request a reporting exemption if you use . To request an exemption, complete the
STATEMENT OF ELIGIBILI' make expenditures or incur o			undersigned, swear o	or affirm that I will not accept contributions,
Signature of Candidate				Date
Subscribed and sworn (affirmed)	to before me this	day of	, 20	
 Signature of Notary/Attorney-at (Seal is optional)	-law		My comm	ission expires(Date)
notice must be in the form o	f an amended registratio otice must be filed before	n which must be filed contributions are acc	with the Clerk's office	date must appoint a treasurer. A revocation ce no later than 10 days after the date the s made. A late revocation notice is subject

Sworn Falsification is a Class D crime. (17-A MRS § 453)



Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Mothie	ue L Davill		☐ Check if any information has
5	Street Address:	263	Sundaloud Dr		changed from previous report
	City and ZIP:	Auburn	ME04210	hone Number: 207 689	8810
	Email:		΄	mail. com	
	Office Sought:	CityCou	ucid Word 3	istrict Number (if applicable):	
	Name of Treasurer:	Bever	y Johnson		Check if any information has
	Mailing Address:	263 5	sunderland Dr		changed from previous report
	City and ZiP:	Aubur	ME 04210	hone Number:	- 3762
	Email:	1	0/11	• 1	
	Eman.	Dever	1. Johnson @ GMCe	11. COM	
	Report Name	Dever	Filing Period	A(, (OM)	Deadline
	Report Name	bevery	Filing Period 07/01/2024 – 12/31/2024		Deadline 15/2025
0		bever 1		01/	
	Report Name January Semiannual 11-Day Pre-June Election		07/01/2024 - 12/31/2024 If filing first report: Beginning of campaign - 05/27/2025 OR If January Semiannual filed:	01/	15/2025
0	Report Name January Semiannual 11-Day Pre-June Election 42-Day Post-June Election		07/01/2024 – 12/31/2024 If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025	01/ ² 05/3 07/2	15/2025 30/2025 22/2025
0	Report Name January Semiannual 11-Day Pre-June Election		07/01/2024 - 12/31/2024 If filling first report: Beginning of campaign - 05/27/2025 OR If January Semiannual filed: 01/01/2025 - 05/27/2025 05/28/2025 - 07/15/2025	01/ ² 05/3 07/2	30/2025
0	Report Name January Semiannual 11-Day Pre-June Election 42-Day Post-June Election		07/01/2024 – 12/31/2024 If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025	01/ ² 05/3 07/ ²	15/2025 30/2025 22/2025
0	Report Name January Semiannual 11-Day Pre-June Election 42-Day Post-June Election July Semiannual	1	07/01/2024 – 12/31/2024 If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed:	01/2 05/3 07/2 07/2	15/2025 30/2025 22/2025 15/2025
	Report Name January Semiannual 11-Day Pre-June Election 42-Day Post-June Election July Semiannual 11-Day Pre-Nov. Election	1	07/01/2024 – 12/31/2024 If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	01/2 05/3 07/2 07/2	15/2025 30/2025 22/2025 15/2025 24/2025
	Report Name January Semiannual 11-Day Pre-June Election 42-Day Post-June Election July Semiannual 11-Day Pre-Nov. Election 42-Day Post-Nov. Election Amendment to: Other (specify):		07/01/2024 – 12/31/2024 If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	01/2 05/3 07/2 07/2	15/2025 30/2025 22/2025 15/2025 24/2025
	Report Name January Semiannual 11-Day Pre-June Election 42-Day Post-June Election July Semiannual 11-Day Pre-Nov. Election 42-Day Post-Nov. Election Amendment to: Other (specify):		07/01/2024 – 12/31/2024 If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	01/2 05/3 07/2 07/2	15/2025 30/2025 22/2025 15/2025 24/2025

IS TRUE, CORRECT, AND COMPLETE.

| Date | Da

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

Candidate Name: Mathieu Duyall

Page ___of ___ 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.

Contributor Types 1 Candidate and Candidate's Spouse/Domestic Partner 2 Other Individuals 3 Commercial Source 4 Political Action Committees Contributor Types 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
10-1-25	Clarisa Pérez Armedoria 14 Tovinume un Malhieu Durall 263 Sandal and Dr Mathieu Durall Dr Mathieu Durall 263 Sandal and Dr	z Educator	Bates Lollege Bates	2	50 -
8-25-25	Martheen Durall 263 Sundayland Dr	Educator	Bates College	(20-
10-23-25	Mathier Durall Dr	Educator	College Bates College	l	390-
			,		
	(combined totals from all Scho		ontributions (this page on the listed on Schedule F	• /	460 —

Candidate Name: Mathieu Duvall

SCHEDULE B EXPENDITURES

		EXPEN	NDITURE '	T'	YPES	
APP	Apparel (f	s-shirts, hats, embroidery, etc.)	отн		Other and fees (bank, contribution, and mo	ney order fees, etc.)
CON	Contributi	on to party committee, non-profit, other	PER		Personnel and campaign staff, consulting, a	and independent contractors
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)				Phones (phone banking, robocalls, and tex	s)
EVT	Campaigr supplies,	n and fundraising events (venue/booth rental, entertainment,	POL		Polling and survey research	
FOD	Food for campaign events or volunteers, catering				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 ca	ampaign materials (palmcards, signs, stickers, flyers etc.)	RAD		Radio ads and production costs only	
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage)	TKT		Entrance 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	ì	TV/Cable ads, production, and media buye	r costs only
ONL	Social me	dial and online advertising only	WEB		Website and internet costs (website domain	and registration, etc.)
i jiş						
Da	ate	Name of Payee	Тур	e e	Remark	Amount
	-	Mathieu Duvall				
			Total E	Ex	penditures (this page only) →	388.73

(combined totals from all Schedule B pages must be listed 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	A	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
		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 →					

Candidate Name:	Mathier	Dwall	 Page
			Schedule D

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
	Total Unpaid Debt	s and Obligations (this page only)	

(combined totals from all Schedule B pages must be listed on Schedule F, Line 9)

Rev. 2025

Candidate Name:	Mathiere Davall	Date: 16-24-35
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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			
Receipts				
1.	Cash Contributions this Period (total of all Schedule A pages)	\$ 460.00		
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.]			
Expe	nditures			
5.	Expenditures this Period (total of all Schedule B pages)	\$388.73		
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)	+ \$460.00 -\$ 388.73 = \$71.27		
13.	Minus Total Payments this Period (line 7 above)	-# 386.73		
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= \$71.27		

^{*} 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.



AUG 2 0 2025

VNG 2 0 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@aubummaine.gov Phone: (207) 333-6600 Fax: (207)333-6623

CANDIDATE REGISTRATION

1.		CANDIE	DATE INFORMATION	
Title (optional): Ms. Mrs.	□ Mr. □ Mx. □ Dr. □ 1	-lonorable	Party Affiliation: DEMOCRAT	Office Sought & District #: CITY COUNCILOR.
Name: First	MI or Midd Lyr		BUTL	ER
Mailing Address:	LORY DRIVE			
City:			ZIP:	Phone:
AUBURN		OL	1210	207 400 5035
2.	Mar Middle 1	TREASU	IRER INFORMATION	Phone
2.	THE PERSON NAMED IN	TREASU	IRER INFORMATION	
Name: First	Mi or Middle Name		Last	Phone:
SUE			MARTIN	207-212-8802
Mailing Address: 186 DAVI	S AVENUE			
City:	ZIP:	Email:		
AUBURN	04210	56ma	artin7222gmail	. COM
ppoint a treasurer no locurring obligations. N	later than 10 days after beco o later than 10 days after app te and treasurer. The treasur	ming a ca pointing a er is respo	ndidate, and before acceptin treasurer, the candidate mus	a population of greater than 15,000 mu g contributions, making expenditures or it register with the Clerk's office the nam aign records and for filing reports.
ame: First	MI or Middle Name	INLAGO	Last	Phone:
ame: First	MI or Middle Name		Lasi	rnone.
ailing Address:		Ė		
		mail:		

ri-

3.	AUTHORIZED	GENT INFO	RMATION (optional		
Name:	Phone:		Email:		
Name;	Phone:		Email:		
DESIGNATION OF AUTHORI treasurer, authorized to file rep		e use this sect	ion to designate indi	viduals, other than the treasurer a	nd deput
4.	POLITICAL COMM	NITTEE INFO	RMATION (option	al)	
Name:		Mark S	77117 37 37 38	Phone:	
Address of Campaign Headquarte	ers:		City:	ZIP:	
The committee treasurer is the	treasurer appointed in Section 2 name of the committee and the c	of the registra	ition. No later than 1	ommittee to promote the candidate 0 days after appointing a political -A MRS § 1013-A (1) (B))	o's electi commit
Name:	onai pages, ii necessary).	Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
SAME OF THE PARTY OF THE SAME	Bullion of the State of the Sta	RTIFICATIO			
KELLY LYNN BUT (Print Candidate's Full Name) Signature of Candidate	Certify that the	information in	this registration i	s true, accurate and complete. 8- 20-25	
Signature of Candidate	certify that the	information in	this registration i Date I REQUEST	8.20.25	
Cept any cash or in-kind contribut or your spouse's/domestic atement below and sections 1 & CATEMENT OF ELIGIBILITY F	REPORTING ndidates, and legislative cand imption from the obligation to ap butions or make any expenditu partner's personal funds to p	EXEMPTION didates in an oppoint a treasures for their carry for your cond submit it to	Date I REQUEST uncontested primater and file campaigampaign. You cannot ampaign expenses the Clerk's office.		does r if you u
Cept any cash or in-kind contribut or your spouse's/domestic atement below and sections 1 & CATEMENT OF ELIGIBILITY F	REPORTING middates, and legislative cand imption from the obligation to ap butions or make any expenditu partner's personal funds to p is 5, have the form notarized, and if OR A REPORTING EXEMPT	EXEMPTION didates in an oppoint a treasures for their carry for your cond submit it to	Date I REQUEST uncontested primater and file campaigampaign. You cannot ampaign expenses the Clerk's office.	ry election, may request an exemption are request an exemption. To request an exemption, con	does n if you u
Cept any cash or in-kind contribut or your spouse's/domestic atemet below and sections 1 & CATEMENT OF ELIGIBILITY Fake expenditures or incur obligationature of Candidate	REPORTING Indidates, and legislative cand imption from the obligation to apputions or make any expenditure partner's personal funds to partne	EXEMPTION didates in an oppoint a treasures for their care ay for your cond submit it to ION: I, the unidacy.	Date I REQUEST Uncontested primater and file campaign ampaign. You cannot ampaign expenses the Clerk's office. Indersigned, swear of the campaign o	ry election, may request an exin finance reports if the candidate of request a reporting exemption. To request an exemption, contraffirm that I will not accept contraffirm the contraffirm that I will not accept contraffirm that I will not accept contraffirm the contraffirm that I will not accept the contraffirm the contraffirm that I will not accept the contraffirm	does n if you u
Cept any cash or in-kind contribut or your spouse's/domestic atemet below and sections 1 & CATEMENT OF ELIGIBILITY Fake expenditures or incur obligationature of Candidate	REPORTING Indidates, and legislative cand imption from the obligation to apputions or make any expenditure partner's personal funds to partne	EXEMPTION didates in an oppoint a treasures for their care ay for your cand submit it to ION: I, the unidacy.	Date I REQUEST uncontested prima urer and file campaigampaign. You cannot ampaign expenses the Clerk's office. undersigned, swear of the contest o	ry election, may request an exin finance reports if the candidate of request a reporting exemption. To request an exemption, contraffirm that I will not accept contraffirm the contraffirm that I will not accept contraffirm that I will not accept contraffirm the contraffirm that I will not accept the contraffirm the contraffirm that I will not accept the contraffirm	does n if you us aplete th

Sworn Falsification is a Class D crime. (17-A MRS § 453)

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Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@aubummaine.gov Phone: (207) 333-6600 Fax: (207)333-6623

025 Campaign Fin						
Name of Candidate:	Kelly L. Butler			☐ Check if any information has changed from		
Street Address:	130 Hickory Drive	30 Hickory Drive				
City and ZiP:	Auburn 04210		Phone Number: (207)	317-6131		
Email:	kellybutlerward4@	2gmail.com				
Office Sought:	City Council	City Council District Number (if a				
Name of Treasurer:	Susan B. Martin			☐ Check if any information has		
Mailing Address:	186 Davis Avenue			changed from previous report		
City and ZiP:	Auburn 04210	uburn 04210		07) 212- 8802		
Email:	sbmartin722@gmail	.com				
Report Name		Filing Period		Filing Deadline		
January Semiannual		07/01/2024 - 12/31/2024		01/15/2025		
□ 11-Day Pre-June Elect	tion	if filing first report: Beginning of campaign 05/27/2025 OR If January Semiannual filed: 01/01/2025 05/27/2025		05/30/2025		
☐ 42-Day Post-June Election		05/28/2025 - 07/15/2025		07/22/2025		
3 July Semiannual		01/01/2025 06/30/2025		07/15/2025		
□ 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		
⊒ 42-Day Post-Nov. Election		10/22/2025 12/09/2025		12/16/2025		
Ameridment to:						
Other (specify):						
Check if campaign had not activity fo	with a management of the settle					

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

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

10/21/25

Candidate Name: Butler Page 1 of _2 Schedule A only

SCHEDULE A CASHCONTRIBUTIONS

- 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.

Contributor Types

- 1 Candidate and Candidate's Spouse/Domestic Partner
- 4 Political Action Committees 5 Political Party Committees

- 2 Other Individuals
- 3 Commercial Source

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
8/29/2025	Jeffrey Harmon 34 Vista Drive Auburn, Me 04210	Mayor	City of Auburn 60 Court Street Auburn, Me 04210	2	500.00
8/29/25025	Rhyanna LaRose 47 Brickyard circle Auburn, Me 04240	nurse	retired	7	10.00
8/29/2025	Nancy Nuir 113 Taft Avenue Auburn, Me 04210	retired	NA	7	10.00
9/02/2025	Susan B Martin 186 Davis Avenue Auburn, Me 04210	retired	NA	2	100.00
9/12/2025	John Cleveland 183 Davis Avenue Auburn, Me 04210	retired	NA	2	200.00
9/16/2025	KC Geiger 1454 Pownal Road Auburn, Me 04210	retired	NA	2	200.00
9/19/2025	Rex H Rhoades 880 Lakeshore Drive Auburn, Me 04210	retired	NA .	2	200.00
9/21/2025	Cecile Demers 323 Trapp Road Auburn, Mer 04210	requested		7	20.00

Robert Weiss 85 Dillingham Hill Road Auburn, Me 04210	retired	NA	2	50.00
Bonnie Lounsbury 505 West Auburn Road Auburn, Me 04210	retired	NA	2	100.00
Cynthia Elias 564 Lake Street Auburn, Me 04210	retired	NA	2	50.00
Stephen P Beale 462 Pownal Road Durham, Me 04222	retired	NA	2	200.00
Mary B Booth 32 Lepidiolite Court Auburn, Me 04210	retired	NA	2	400.00
Sharon B Bergeron 23 Dexter Ave Auburn, Me 04210	retired	NA	2	100.00
Adam Platz 876 Perkins Ridge Road Auburn, Me 02410	Business owner	JAR Company 468 Portland St Berwick, Me 03901	2	75.00
Bettyann Sheats 32 Waterview Drive Auburn, Me	retired	NA	2	50.00
(combined totals from all Schedule A page on Sci		ontributions (this	→	2265.00
	85 Dillingham Hill Road Auburn, Me 04210 Bonnie Lounsbury 505 West Auburn Road Auburn, Me 04210 Cynthia Elias 564 Lake Street Auburn, Me 04210 Stephen P Beale 462 Pownal Road Durham, Me 04222 Mary B Booth 32 Lepidiolite Court Auburn, Me 04210 Sharon B Bergeron 23 Dexter Ave Auburn, Me 04210 Adam Platz 876 Perkins Ridge Road Auburn, Me 02410 Bettyann Sheats 32 Waterview Drive Auburn, Me (combined totals from all Schedule A page	85 Dillingham Hill Road Auburn, Me 04210 Bonnie Lounsbury 505 West Auburn Road Auburn, Me 04210 Cynthia Elias 564 Lake Street Auburn, Me 04210 Stephen P Beale 462 Pownal Road Durham, Me 04222 Mary B Booth 32 Lepidiolite Court Auburn, Me 04210 Sharon B Bergeron 23 Dexter Ave Auburn, Me 04210 Adam Platz 876 Perkins Ridge Road Auburn, Me 02410 Bettyann Sheats 32 Waterview Drive Auburn, Me (combined totals from all Schedule A page	85 Dillingham Hill Road Auburn, Me 04210 Bonnie Lounsbury 505 West Auburn Road Auburn, Me 04210 Cynthia Elias 564 Lake Street Auburn, Me 04210 Stephen P Beale 462 Pownal Road Durham, Me 04222 Mary B Booth 32 Lepidiolite Court Auburn, Me 04210 Sharon B Bergeron 23 Dexter Ave Auburn, Me 04210 Adam Platz 876 Perkins Ridge Road Auburn, Me 02410 Bettyann Sheats 32 Waterview Drive Auburn, Me (combined totals from all Schedule A page)	85 Dillingham Hill Road Auburn, Me 04210 Bonnie Lounsbury 505 West Auburn Road Auburn, Me 04210 Cynthia Elias 564 Lake Street Auburn, Me 04210 Stephen P Beale 462 Pownal Road Durham, Me 04222 Mary B Booth 32 Lepidiolite Court Auburn, Me 04210 Sharon B Bergeron 23 Dexter Ave Auburn, Me 04210 Adam Platz 876 Perkins Ridge Road Auburn, Me 02410 Bettyann Sheats 32 Waterview Drive Auburn, Me (combined totals from all Schedule A page)

Candidate Name: Butler Page of 1 of 1 Schedule 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

- 5 Political Party Committees
- 1 Candidate and Candidate's Spouse/Domestic Partner 2 Other Individuals
- 3 Commercial Source
- 4 Political Action 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:
Description of C	Goods/Services:				
Date Received: 9/19/2025	Contributor's Name, Address, Zip: Jeff Harmon 34 Vista Drive Auburn, Me 04210	Occupation:	Employer: City of Aubum	Type: 2	Amount: 41.95
Description of G	Goods/Services: letter printing from Staples				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of G	Goods/Services:				

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)

41.95

Description of Goods/Services:

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

Total In-Kind Contributions (this page only)->

Candidate Name: Butler Page of 1 0f 2 Schedule B only

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 <u>must</u> list the family or household relationship in the remarks section. Duplicate as needed

SCHEDULE B EXPENDITURES

		EXPE	NDIT	JRE T	YPE	5	
APP	Appare	el (t-shirts, hats, embroidery, etc.)		отн	Othe	ther and fees (bank, contribution, and money order fees, etc.)	
CON	Contri	Contribution to party committee, non-profit, other			Pers	onnel and campaign staff, consulting	g, and independent contractors
EQP	Equipr	ment of \$50 or more (computer, tablet, phone, furniture, etc	.)	РНО	Pho	nes (phone banking, robocalis, and t	exis)
EVT		aign and fundraising events (venue/booth rental, simment, supplies, etc.)		POL	Polli	ng and survey research	
FOD	Food fo	Food for campaign events or volunteers, catering			Post	age for US Mail and mailbox fees	
HRD	Hardw	are and small tools (hammer, nails, lumber, paint, etc.)		PRO	Profe	essional services (graphiSCc desig	n, legal services, web design)
ЦT	Printed	Printed campaign materials (palmcards, signs, stickers, flyers etc.)			Radi	o ads and production costs only	
MHS	Mail ho	Mail house and direct mail (design, printing, mailing, and postage)			Entrance cost to event (bean suppers, fairs, party events, etc.)		
NEW	Newsp	aper and print media ads only		TRV	Travel (mileage and lodging, etc.)		
OFF	Office	supplies, rent, utilities, internet service, phone minutes/date		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.)		
Da	te	Name of Payee		Туре		Remark	Amount
9/17/202	5	Erika Woodman 89 Temple St #2 Saco, Maine 04072	LIT			Design and printing of palm cards Reimbursed Susan Martin	550.00
)/30/202	5	Erika Woodman 89 Temple St #2 Saco, Maine 04072	PRO	•		Creation of postcard mailer Relmbursed Susan Martin	250.00

9/20/2025	Staples 89 Union St Auburn, Me 04210		Markers, elastic bands, holepunch, binders, etc Reimbursed Kelly Butler	91.17
8/23/2005	USPS 258 Rodman Road Auburn, Me 04210	POS	Post Office box rental Reimbursed Kelly Butler	234.00
8/28/2025	Just Yard Signs 2235 Mercator Drive Orlando, Florida 32807	LIT	Campaign signs Reimbursed Kelly Butler	713.55
9/30/2025	USPS 258 Rodman Road Auburn, Me 04210	POS	Postage paid by Penmore Lithographers Reimbursed Kelly Butler	104.70
9/30/2025	Penmore Lithographers 8 Lexington St Lewiston, Me 04210	ய	Mailers Reimbursed Kelly Butler	693.32
10/20/2025	Penmore Lithographers 8 Lexington St Lewiston, Me 04210	POS	Postage for second mailers Reimbused Susan Martin	249.45
	(combined totals from all Schedule B pages on Schedule F, Line 5)		i→	2886.19

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 PERIO (report amount and date	CTIVITY THIS PERIOD report amount and date)		
		Amount Loaned this Period	Amount Repaid this Period	Amount Forgiven this Period	PERIOD (1+2) – 3 – 4	
Kelly L Butler 130 Hickory Drive Auburn, ME 04210		Date: 9/29/2025	Date: 10/19/2025	Date:	None	
Audulii, ME 04210		Amount: 80.00	Amount: 80.00	Amount:		
Susan B. Martin 186 Davis Avenue		Date:10/20/2025	Date:	Date:	500.00	
Auburn, Me 04210		Amount:500.00	Amount:	Amount:		
Kelly L Butler 130 Hickory Drive Auburn, ME 04210		Date: 10/20/2025	Date:	Date:	500.00	
Auburi, ME V4210		Amount: 500.00	Amount:	Amount:		
Totals for each column ->		\$1080.00	\$80.00	80.00	\$1000.00	
		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	

Rev. 2025

Candidate Name Butler: Page 1of 1_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
		¥	
	(combined totals from all Schedule B pages mi Sch	ots and Obligations (this page only)	

Candidate Name: Butler Date: _10/22/2025

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	
Cash Contributions this Period (total of all Schedule A pages)	2265.00
2. Loans this Period (Schedule C, column 2)	1080.00
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.]	3345.00
Expenditures	
5. Expenditures this period (total of ALL schedule B pages)	2886.19
6. Loan Repayments this Period (Schedule C, column 3)	80.00
7. Total Payments this Period (lines 5 + 6)	2966.19
OTHER ACTIVITY THIS REPORTING PER	IOD
8. In-kind Contributions this Period (total of all Schedule A-1 pages)	41.95
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)	1000,00
CASH SUMMARY FOR PERIOD	
11. Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	0
12. Plus Total Receipts this Period (line 4 above)	3345.00
13. Minus Total Payments this Period (line 7 above)	2996.19
14. Cash Balance at End of Period (must match reconciled bank account balance)	348.81

^{*} 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.



AUG 2 0 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

Notice: Changes to	registration information must b	oe filed within 10 days in writi □ Yes □ No	ng or by e-mail to the Clerk's office
1.		CANDIDATE INFORMATION	
Title (optional): ☐ Ms. ☐ Mrs.	□ Mr. □ Mx. □ Dr. □ Ho	Party Affiliation:	Office Sought & District #: City Council Ward 4
Name: First	MI or Middle	Name	Weisner
Mailing Address:	High St AP	4 4	
City: Aubur	n	ZIP: 04210	Phone: 207-514-5453
Email: Ben	weisneralha	trail. com	
2.	7	FREASURER INFORMATION	v de la companya de
Name: First	MI or Middle Name	Lema	Phone: 207-899-6998
Mailing Address: 79 Lak	ceshore pr. A	uburn ME O	4210
Auburn	ZIP: 04210	Email: Kryston le may b	Dgmail.com
appoint a treasurer no	o later than 10 days after becon No later than 10 days after app date and treasurer. The treasure	ning a candidate, and before a ointing a treasurer, the candida	ies with a population of greater than 15,000 must occepting contributions, making expenditures or ate must register with the Clerk's office the name and campaign records and for filing reports.
2A.	DEPUTY 1	TREASURER INFORMATION	N (optional)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: E	Email:	

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3.	AUTHORIZE	D AGENT INFOR	MATION (optiona	d)	
Name:	Phone	Phone:		Email:	
Name:	Phone:		Email:		
DESIGNATION OF AUTHORIZ treasurer, authorized to file repo		lease use this section	n to designate inc	lividuals, other than the treasurer and deput	
4. POLITICAL COMMITTEE INFORMATION (optional)					
Name:				Phone:	
Address of Campaign Headquarte	ers:		City:	ZIP:	
DESIGNATION OF POLITICAL The committee treasurer is the the candidate must register the Committee Officers (use addi Name:	treasurer appointed in Sec name of the committee and	tion 2 of the registration the committee office	ion. No later than	committee to promote the candidate's election 10 days after appointing a political committee 1-A MRS § 1013-A (1) (B)) Phone:	
Mailing Address:		City:	ZIP:	Email:	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
5.		CERTIFICATIO	N		
I, Benjamin (Print Candidate's Full Name) Signature of Candidate	n	at the information in	n this registration	is true, accurate and complete.	
6.	REPOR	TING EXEMPTION	REQUEST	a talkinin ili di katalan da Karania	
Only county and municipal	candidates, and legislativ	/e candidates in an	uncontested prim	nary election, may request an exemption.	
accept any cash or in-kind co	ontributions or make any ex estic partner's personal fund	penditures for their o ds to pay for your o	ampaign. You canı ampaign expense	ign finance reports if the candidate does not not request a reporting exemption if you use s. To request an exemption, complete the	
STATEMENT OF ELIGIBILI' make expenditures or incur o			ndersigned, swear	or affirm that I will not accept contributions,	
Signature of Candidate			Date		
Subscribed and sworn (affirmed)	to before me this day	/ of	, 20		
Signature of Notary/Attorney-a (Seal is optional)	t-law		My comm	nission expires(Date)	
REVOCATION NOTICE: The	e foregoing statement may b	e revoked. Prior to re	evocation, the cand	lidate must appoint a treasurer. A revocation ice no later than 10 days after the date the	

treasurer is appointed. The notice must be filed before contributions are accepted or expenditures made. A late revocation notice is subject to the same penalties applicable to late campaign finance reports.



Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	☐ Check if any information has				
	Street Address:	Street Address: 83 High Street, Apt 4			changed from previous report	
	City and ZIP:	Auburn, ME()4210	Phone Number: 207-514-5453		
	Email:	benweisner@	hotmail.com			
	Office Sought:	City Council		District Number (if applicable): 4		
	Name of Treasurer:	Kryston Lem	ay		☐ Check if any information has	
	Mailing Address: 79 Lake Shor		re Drive		changed from previous report	
	City and ZIP:	Auburn, ME(04210	Phone Number: 207-899-6998		
	Email:	krystonlemay	/@gmail.com			
	Report Name		Filing Period	Filing	Deadline	
	January Semiannual		07/01/2024 12/31/2024	01/	15/2025	
			If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025		5/30/2025	
	42-Day Post-June Election		05/28/2025 – 07/15/2025 07/		7/22/2025	
			04/04/0005 00/00/0005	07/	15/2025	
	July Semiannual		01/01/2025 – 06/30/2025		07/15/2025	
K	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		24/2025	
	42-Day Post-Nov. Election		10/22/2025 – 12/09/2025	12/	16/2025	
	Amendment to:					
	Other (specify):					
	Check if campaign had not	activity for the repo	rting period. (No other pages are required)			

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

Dupton Temay	10/22/2025	Bun & Culina	10/24/2025
Treasurer Signature	Date	Candidate Signature	Date

andidate Name:	Benjamin J. Weisner	Page 1 of 1
		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.

	Contribu	itor 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	Туре	Amount	
9/19/2025	Fight for Freedom, PO Box 735 Auburn, ME 04210			4	600.00	
9/23/2025	Eric Brakey, 14 Forest St. Dover, NH 03820	Executive Director	The Free State Project	2	100.00	
10/2/2025	Quentin Chapman, 51 Eastman Ln Auburn, ME 04210	Supervisor of Retail Sales	Roopers	2	100.00	
	<					
Total Cash Contributions (this page only)→ 80						
(combined totals from all Schedule A pages must be listed on Schedule F, Line 1)						

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
- 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:	Benjamin J. Weisner

Page 1 of 1 Schedule 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.

	C	ontributor Types			
1 Candidate	and Candidate's Spouse/Domestic Partner	5	Political Party Commit	tees	
2 Other Indi	2 Other Individuals		Other Candidates and	I Committees	
3 Commercia	al Source	7	Contributors giving \$5	i0 or less	
4 Political Ad	ction Committees	8	Transfer from previou		
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
9/30/2025	Contributors giving \$50 or less			2	25.00
Description of Go	ods/Services: Office Supplies	- V)			\
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of G	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of G	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of G	oods/Services;				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of G	oods/Services:				

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	ods/Services:				
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:				
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:	Type:	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:	Type:	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:				
		Total In-Kind	Contributions (this pag	ge only) →	

Total In-Kind Contributions (this page only)

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

Candidate Name:	Benjamin J. Weisner	Page <u>1</u> of <u>1</u>
		Schedule B only

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

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

APP	Apparel (t-shirts, hats, embroidery, etc.)		ОТН	Other	and fees (bank, contribution, and mo	oney order fees, etc.)
CON	Contribution	on to party committee, non-profit, other	PER	Persor	nnel and campaign staff, consulting,	and independent contractors
EQP	Equipmen	t of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Phone	s (phone banking, robocalls, and tex	ets)
EVT	Campaign supplies,	and fundraising events (venue/booth rental, entertainment,	POL	Polling	and survey research	
FOD		ampaign events or volunteers, catering	POS	Postag	ge for US Mail and mailbox fees	
HRD	Hardware	and small tools (hammer, nails, lumber, paint, etc.)	PRO	Profes	sional services (graphic design, lega	ıl services, web design)
LIT	Printed ca	mpaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Radio	ads and production costs only	
MHS	Mail house	e and direct mail (design, printing, mailing, and postage)	TKT	Entrar	nce cost to event (bean suppers, fairs	s, party events, etc.)
NEW	Newspape	er and print media ads only	TRV	Travel	(mileage and lodging, etc.)	
OFF	Office sup	plies, rent, utilities, internet service, phone minutes/data	TVN	TV/Ca	ble ads, production, and media buye	er costs only
ONL	Social me	dial and online advertising only	WEB	Websi	te and internet costs (website domai	in and registration, etc.)
Dat	te	Name of Payee	Туре		Remark	Amount
10/15/2	2025	Spectrum Marketing	LIT		Palm Cards	460.00
			Total E	xpend	itures (this page only) →	460.00

Candidate Name:	Page	of
Sandidate Hamo.	Schedule	B only

SCHEDULE B EXPENDITURES

		EXPEN	DITURE T	YPES	3	
APP	Apparel (t-shirts, hats, embroidery, etc.)	ОТН	Other	and fees (bank, contribution, and mone	y order fees, etc.)
CON	-	on to party committee, non-profit, other	PER	Persor	nnel and campaign staff, consulting, and	I independent contractors
EQP			PHO	Phone	s (phone banking, robocalls, and texts)	
EVT	Campaig	n and fundraising events (venue/booth rental, entertainment,	POL	Polling	and survey research	
FOD	supplies,	etc.) campaign events or volunteers, catering	POS	Postag	ge for US Mail and mailbox fees	
HRD	-	and small tools (hammer, nails, lumber, paint, etc.)	PRO	Profes	sional services (graphic design, legal se	ervices, web design)
LIT		ampaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Radio	ads and production costs only	
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage)	ТКТ	Entran	nce cost to event (bean suppers, fairs, pa	arty events, etc.)
NEW		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/Ca	ble ads, production, and media buyer co	osts only
ONL	Social me	dial and online advertising only	WEB	Websi	te and internet costs (website domain a	nd registration, etc.)
Da	te	Name of Payee	Туре		Remark	Amount
		(combined totals from all Schedule B p			itures (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 →					

Candidate Name:	Pageof
Odirarate i i i i i i i i i i i i i i i i i i i	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
	29		
	Total Unnaid Daht	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:	Benjamin J. Weisner
Candidate Name.	

Date:	1	
Date.		

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)	800.00		
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.]	800.00		
Expe	nditures			
5.	Expenditures this Period (total of all Schedule B pages)	460.00		
6.	Loan Repayments this Period (Schedule C, column 3)			
7.	Total Payments this Period (lines 5 + 6)	460.00		
	OTHER ACTIVITY THIS REPORTING PERIO	D		
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	25.00		
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)	304.54		
12.	Plus Total Receipts this Period (line 4 above)	+ 800.00		
13.	Minus Total Payments this Period (line 7 above)	- 460.00		
14.	Cash Balance at End of Period (must match reconciled bank account balance)	=644.54		

^{*} 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.



AUG 0 1 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

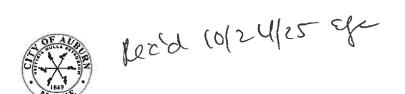
Notice: Changes to registration information must be filed is this an amendment?	d within 10 days in writing or b	by e-mail to the Clerk's office			
1. CANDIDATE INFORMATION					
Title (optional): ☐ Ms. ☐ Mrs. 其 Mr. ☐ Mx. ☐ Dr. ☐ Honorable	Party Affiliation:	Office Sought & District #: WARD#3-COUNCILOR			
Name: First MI or Middle Name	Last WA	LKER SR.			
Mailing Address: 41 BROAD ST					
AUBURN 04	ZIP: 1210	Phone: 207-577,2694			
LWALKER @ AUBURNME	GOV				
2. TREAS	SURER INFORMATION				
Name: First MI or Middle Name STEPHEN J	MARTELLI	Phone: 207-440-7883			
Mailing Address: 21 COOK ST APT	T#6	7			
City: ZIP: Email: AUBURN SJM	IARTELLIZ 180	@amail.com			
DESIGNATION OF TREASURER: A candidate for municip appoint a treasurer no later than 10 days after becoming a incurring obligations. No later than 10 days after appointing address of the candidate and treasurer. The treasurer is res (21-A MRS § 1013-A)	candidate, and before accepting a treasurer, the candidate mus	g contributions, making expenditures or st register with the Clerk's office the name and			
2A. DEPUTY TREAS	SURER INFORMATION (option	onal)			
Name: First MI or Middle Name	Last	Phone:			
<u>Mailing</u> Address:					
City: ZIP: Email:					

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

Name:	Phone:		Email:	
Name:	Phone:	Phone:		
DESIGNATION OF AUTHORIZED ACtreasurer, authorized to file reports on y		use this sect	ion to designate inc	tividuals, other than the treasurer and dep
4.	POLITICAL COMM	ITTEE INFO	RMATION (option	nal)
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMM The committee treasurer is the treasur the candidate must register the name of Committee Officers (use additional page) Name:	er appointed in Section 2 of the committee and the c	of the registr	ation. No later than	committee to promote the candidate's elect 10 days after appointing a political commit 1-A MRS § 1013-A (1) (B)) Phone:
Name.		Title.		Thorie.
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	CI	ERTIFICATION	ON	
I, FROY G. WALKED (Print Candidate's Full Name) Signature of Candidate	Sh, certify that the	information Color	2//	is true, accurate and complete.
6.	REPORTING	EXEMPTIC	N REQUEST	
A candidate may request an exempt accept any cash or in-kind contributi	ion from the obligation to a ons or make any expendi tner's personal funds to	appoint a treas tures for their pay for your	surer and file campa campaign. You can campaign expense	lary election, may request an exemption and indicate does not request a reporting exemption if you use so. To request an exemption, complete the
STATEMENT OF ELIGIBILITY FOR make expenditures or incur obligation			undersigned, swear	or affirm that I will not accept contributions
Signature of Candidate				Date
Subscribed and sworn (affirmed) to befor				
Signature of Notary/Attorney-at-law (Seal is optional)			My comn	nission expires(Date)
REVOCATION NOTICE: The forego	ing statement may be rev	oked. Prior to	revocation, the cand	idate must appoint a treasurer. A revocation ice no later than 10 days after the date the

treasurer is appointed. The notice must be filed before contributions are accepted or expenditures made. A late revocation notice is subject to the same penalties applicable to late campaign finance reports.

Sworn Falsification is a Class D crime. (17-A MRS § 453)



Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

CANDIDATE REGISTRATION

Notice: Changes to registration information must be	be filed within	10 days in writing or	by e-mail to the Clerk's office
Is this an amendment?	Yes	□ No	
		NITODIA TION	

	CANDIC	DATE INFORMATION	
Title (optional):	Mx. □ Dr. □ Honorable	Party Affiliation:	Office Sought & District #:
☐ Ms. ☐ Mrs. 🙇 Mr. ☐	IVIX. DDI. D HONORDIE		WARD 3-COUNCILOR
Name: First LEROY	MI or Middle Name	Last	HER SR
Mailing Address: HIBROAD) 5T		
City: AUBURN		zip: 04210	Phone: 207.577.2694
Email:	1		
L WALKER G	AUBURNM	E. GOV	
			A CONTRACTOR OF THE CONTRACTOR
2.	TREASI	JRER INFORMATION	2000年,中国1970年的1990年)。
Name: First	MI or Middle Name	Last	Phone:
STEPHEN	JAMES M	ARTELLI	201,790,1883
Mailing Address:		at a	
21 COOK	ST APT	776	
City: ZIP:	Email:		- A
AUBURN 042	10 SJ1	MARTELLIZI.	86 (GMAILOCOM
appoint a treasurer no later than	10 days after becoming a can a	andidate, and before acception treasurer, the candidate must consible for maintaining camp	n a population of greater than 15,000 must ng contributions, making expenditures or st register with the Clerk's office the name and aign records and for filing reports.
2A.	DEPUTY TREASU	JRER INFORMATION (opti	onal)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:	-		
City: ZIP:	Email:		

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3.	AUTHORIZED /	AGENT INFO	RMATION (options	al)
Name:	Phone:		Email:	
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED treasurer, authorized to file reports) AGENT (optional): Please on your behalf.	e use this sec	tion to designate ind	dividuals, other than the treasurer and depo
4.	POLITICAL COMM	MITTEE INFO	ORMATION (option	nal)
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL CO The committee treasurer is the trea the candidate must register the nam Committee Officers (use additions	asurer appointed in Section 2 ne of the committee and the	2 of the registr	ration. No later than 1	committee to promote the candidate's election 10 days after appointing a political committed 1-A MRS § 1013-A (1) (B))
Name:	al pages, it necessary).	Title:		Phone:
Nume.		i itro.		Filone.
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:	2-30-1-2-30-3	City:	ZIP:	Email:
5.	CI	ERTIFICATION	ON	
I, LEROY G. WALK. (Print Candidate's Full Name)	ER Sil., certify that the	information	in this registration i	is true, accurate and complete.
Signature of Candidate X	tary Walk	SR	Date _	10.23.25
6.	REPORTING	S EXEMPTIO	N REQUEST	
Only county and municipal cand	didates, and legislative car	ndidates in an	uncontested prima	ary election, may request an exemption.
A candidate may request an exem accept any cash or in-kind contribu	nption from the obligation to a outions or make any expendit partner's personal funds to	appoint a treas tures for their o pay for your o	surer and file campaig campaign. You canno campaign expenses.	gn finance reports if the candidate does not of request a reporting exemption if you use. To request an exemption, complete the
STATEMENT OF ELIGIBILITY FO make expenditures or incur obligate	OR A REPORTING EXEMPT tions associated with my can	TION: I, the undidacy.	indersigned, swear or	or affirm that I will not accept contributions,
Signature of Candidate	ing Wilk	ne)	o.	Date 10.24.25
Subscribed and sworn (affirmed) to before	fore me this By day of	octobel	20.25	
Signature of Notary/Attorney-at-law _ (Seal is optional)	6,7 C	~	My commis	ssion expires Ol/((/2030
notice must be in the form of an a	amended registration which i must be filed before contribu	must be filed vultions are acce	with the Clerk's office	late must appoint a treasurer. A revocation e no later than 10 days after the date the smade. A late revocation notice is subject

Sworn Falsification is a Class D crime. (17-A MRS § 453)



ReEd 10/24/25 epe

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov

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

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	LEROY	G.	WALKER	SR.	Check if any information has changed from
	Street Address:	41 BK	CAD	ST,		previous report
	City and ZIP:	AUBUK	2 N	04210	Phone Number: 207 - 577	.2694
	Email:	LWALL	TERG	AUBURNI	1E.GOV	
	Office Sought:	WARD#	\$5 C	ouncilor	District Number (if applicable)	:
	Name of Treasurer:	STEP	HEN	J. MART	ELLI	Check if any information has
	Mailing Address:	21 00	OOK	ST APT A	/	changed from previous report
	City and ZIP:	AUBUR	NO	4210	Phone Number: 207-440/	1883
	Email:	SJMART	ELLIZ	2186@gMAIL	COM	
	Report Name	•		Filing Period	Filin	g Deadline
	January Semiannual			07/01/2024 12/31/2024	01	/15/2025
	11-Day Pre-June Election		If	If filing first report: ning of campaign – 05/27/202 OR f January Semiannual filed: 01/01/2025 – 05/27/2025	05	/30/2025
	42-Day Post-June Election	1		05/28/2025 - 07/15/2025	07	/22/2025
	July Semiannual			01/01/2025 - 06/30/2025	07	/15/2025
×	11-Day Pre-Nov. Election		Begin	If filing first report: aning of campaign – 10/21/202 OR 2025 July Semiannual filed: 07/01/2025 – 10/21/2025		/24/2025
	42-Day Post-Nov. Election	l		10/22/2025 - 12/09/2025	12	/16/2025
	Amendment to:				· · · · · · · · · · · · · · · · · · ·	
	Other (specify):					
冥	Check if campaign had not	activity for the repo	rting period.	(No other pages are required)		

CERTIFY THAT I HAVE EXAMINE		RT AND TO THE BEST	OF MY KNOWL	EDGE IT
IS TRUE, CORRECT, AND COMPI	LEIE.	- 1	2// 2	
De marth	10.23.25	Try Wall	kiso.	10.2325
Treasurer Signature	Date	Candidate Signature		Date
1/		-/		

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

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.

Contributor Types

5 Political Party Committees

6 Other Candidates and Committees

7 Contributors giving \$50 or less

Duplicate as needed.

Other Individuals

Commercial Source

1 Candidate and Candidate's Spouse/Domestic Partner

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

4 Political Actio	n Committees	8	8 Transfer from previous campaign			
Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount	
			91			
			и			
			9			
	(combined totals from all Sch		ontributions (this page on Schedule F	1		



AUG 18 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

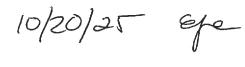
CANDIDATE REGISTRATION

Notice: Changes t	to registration information must h	be filed within 10 days in writing	or by e-mail to the Clerk's office
	Is this an amendment?	☐ Yes ☐ No	
1.		CANDIDATE INFORMATION	
Title (optional): Ms. Mrs.	. 🗆 Mr. 🗆 Mx. 🗆 Dr. 🗀 Ho	Party Affiliation:	Office Sought & District #: City Cauncil At Large
Name: First Be	elinda A MI or Middle		eRRI/
Mailing Address:	43 Mill St.	Apt 100	
City: Au	burn	ZIP: 04210	Phone: 207 689 4316
Email: Pol;	itics MED GOL. COM	M	
2.		TREASURER INFORMATION	
Name: First Re	MI or Middle Name	GERRY	Phone: 207 689 43/6
Mailing Address:	Mill St Apti	06	
City: Aub	zip: E	Email: PoliticsMEDai	ol-com
appoint a treasurer incurring obligations	no later than 10 days after becomes. No later than 10 days after appointed and treasurer. The treasure	ning a candidate, and before acco ointing a treasurer, the candidate	with a population of greater than 15,000 must epting contributions, making expenditures or must register with the Clerk's office the name and ampaign records and for filing reports.
2A.	DEPUTY T	TREASURER INFORMATION (optional)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: E	Email:	(9)

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3.	AUTHORIZED A	AGENT INFOR	RMATION (optional)	
Name:	Phone:		Email:	
Name:	Phone:	Phone:		
DESIGNATION OF AUTHORIZE treasurer, authorized to file reports		se use this secti	ion to designate indi	viduals, other than the treasurer and deputy
4.	POLITICAL COM	MITTEE INFO	RMATION (options	al)
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
The committee treasurer is the tre the candidate must register the na	easurer appointed in Section me of the committee and the	2 of the registra	ation. No later than 1	ommittee to promote the candidate's election 0 days after appointing a political committee -A MRS § 1013-A (1) (B))
Committee Officers (use additio	nal pages, if necessary):	Title:		Phone:
Name:		Title.		riidile.
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.		CERTIFICATIO	ON	
I, Belindle Arline Grint Candidate's Full Name) Signature of Candidate	erry, certify that the	he information	in this registration i	s true, accurate and complete.
6.	REPORTIN	NG EXEMPTIO	N REQUEST	
Only county and municipal ca	indidates, and legislative o	andidates in ar	uncontested prima	ry election, may request an exemption.
A candidate may request an exc accept any cash or in-kind cont your or your spouse's/domesti- statement below and sections 1 STATEMENT OF ELIGIBILITY	emption from the obligation tributions or make any experion partner's personal funds & 5, have the form notarized FOR A REPORTING EXEM	o appoint a treas ditures for their to pay for your d, and submit it t	surer and file campaig campaign. You canno campaign expenses o the Clerk's office.	gn finance reports if the candidate does not of request a reporting exemption if you use. To request an exemption, complete the or affirm that I will not accept contributions,
make expenditures or incur obli	gations associated with my o	candidacy.		
Signature of Candidate				Date
Subscribed and sworn (affirmed) to	before me this day of	<u> </u>	, 20	
Signature of Notary/Attorney-at-lat (Seal is optional)	w		My commi	ssion expires(Date)
REVOCATION NOTICE: The form of a	n amended registration whi ce must be filed before cont	ch must be filed ributions are acc	revocation, the candid with the Clerk's office	date must appoint a treasurer. A revocation se no later than 10 days after the date the s made. A late revocation notice is subject

Sworn Falsification is a Class D crime. (17-A MRS § 453)



Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Belin		~4	☐ Check if any information has changed from previous report
		143		0 8	provious report
	City and ZIP:	Aut		Number: 0 > 689 -	4316
	Email:		Lies MEDaol.com		
	Office Sought:			t Number (if applicable):	
	Name of Treasurer:	Belind	de A GERRY Self)	☐ Check if any information has
	Mailing Address:	143	M.11 Stapt100#		changed from previous report
	City and ZIP:	Aubi	Wn, ME04210 20	Number: 87 689-4	1316
	Email:	Poli	FICSMEDGOLCOM		V-1812
	Report Name		Filing Period	Filing	Deadline
	January Semiannual		07/01/2024 — 12/31/2024	01/	15/2025
<u>-</u>	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	05/3	30/2025
	42-Day Post-June Election		05/28/2025 - 07/15/2025	07/2	22/2025
			04/04/2025 06/20/2025	07/	15/2025
	July Semiannual		01/01/2025 – 06/30/2025 If filing first report:	077	10/2025
₽/	, 11-Day Pre-Nov. Election		Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	10/2	24/2025
	42-Day Post-Nov. Election		10/22/2025 — 12/09/2025	12/	16/2025
	Amendment to:				
	Other (specify):				
少	Check if campaign had not	activity for the repo	rting period. (No other pages are required)		

I CERTIFY THAT I HAVE EXA	MINED THIS REPOR	RT AND TO THE BEST OF N	IY KNOWLEDGE IT
IS TRUE, CORRECT, AND C	OMPLETE.	1	
Treasurer Signature	10/20/25 Date	Candidate Signature ASS D CRIME (17-A M.R.S. § 453).	10/20/25 Date

Candidate Name:	Page of
	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.

	Con	tributor Types			
1 Candidate an 2 Other Individu 3 Commercial 9 4 Political Actio	Source	5 6 7 8	Political Party Committe Other Candidates and C Contributors giving \$50 Transfer from previous of	committees or less	
Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount
					The second second
	(combined totals from all Sch		ntributions (this page e listed on Schedule F		



AUG 1 4 2025

Emily Carrington, City Clerk City of Auburn 60 Court Street, Auburn ME, 04210

Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

CANDIDATE REGISTRATION

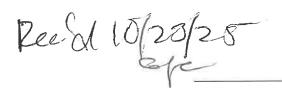
SANDIDATE REC		Luithin 10 days in writing or b	w a mail to the Clark's office
	stration information must be filed is this an amendment?		y e-mail to the Clerk's office
1.	CANDI	DATE INFORMATION	
Title (optional):	Mr. □ Mx. □ Dr. □ Honorable	Party Affiliation:	Office Sought & District #:
Name: First	MI or Middle Name	Last Plat	2
Mailing Address:	L 482		
City: Aubunn		ZIP: 04212	Phone: 2075765318
Email: adam. p	late ogmail.com		
	0	URER INFORMATION	
2. Name: First	MI or Middle Name	Last	Phone:
Enic	III of Middle Com-	Eddy	207576 2227
Mailing Address: 315 Dav	wille (wher R	'd	
City: Aubumn	ZIP: Email:	ddy & chalmers	insurance group, com
appoint a treasurer no late incurring obligations. No li	SURER: A candidate for municipa er than 10 days after becoming a c	ol office in towns and cities with candidate, and before accepting a treasurer, the candidate mus	a population of greater than 15,000 must g contributions, making expenditures or t register with the Clerk's office the name and
2A.	DEPUTY TREAS	URER INFORMATION (option	onal)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: Email:		

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk's office no later than 10 days after the appointment. The deputy, when acting in the absence of the treasurer, has the same powers and responsibilities as the treasurer. (21-A MRS § 1013-A (1)(A)(1)).

3. AUTH	ORIZED AC	SENT INFORM	MATION (optional)	
Name:	Phone:		Email:	94
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGENT (option treasurer, authorized to file reports on your behalf.	nal): Please	use this section	n to designate indivi	duals, other than the treasurer and deputy
4. POLITIC	AL COMM	ITTEE INFOR	MATION (optional	
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMMITTEE (option of the committee treasurer is the treasurer appointed the candidate must register the name of the committee Officers (upper additional pages) if the	in Section 2 tee and the c	of the registrat	on. No later than 10	days after appointing a political committee
Committee Officers (use additional pages, if nec	essary):	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	CF	RTIFICATIO		
I, Adam Platz, cer (Print Candidate's Full Name) Signature of Candidate	rtify that the	information in		true, accurate and complete.
6. R	EPORTING	EXEMPTION	REQUEST	
Only county and municipal candidates, and le	gislative car	ndidates in an	uncontested primar	y election, may request an exemption.
A candidate may request an exemption from the caccept any cash or in-kind contributions or make your or your spouse's/domestic partner's persor statement below and sections 1 & 5, have the form	any expendit nal funds to m notarized,	tures for their ca pay for your c and submit it to	ampaign. You cannot ampaign expenses. the Clerk's office.	request a reporting exemption if you use To request an exemption, complete the
make expenditures or incur obligations associated			3	,
Signature of Candidate			o	Date
Subscribed and sworn (affirmed) to before me this	day of		, 20	
Signature of Notary/Attorney-at-law(Seal is optional)			My commiss	sion expires(Date)
REVOCATION NOTICE: The foregoing statement notice must be in the form of an amended regist treasurer is appointed. The notice must be filed by to the same penalties applicable to late campaign	t may be revoluted the track to the track the track to the track t	oked. Prior to re must be filed v utions are acce	vocation, the candida	ate must appoint a treasurer. A revocation no later than 10 days after the date the

Sworn Falsification is a Class D crime. (17-A MRS § 453)





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Email: ecarrington@auburnmaine.gov Phone: (207) 333-6600

Fax: (207)333-6623

2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Adam	Platz Perkins Ridge 1	2		☐ Check if any information has changed from
	Street Address:	8+6	Perkins Kidse 1	CO		previous report
	City and ZIP:	Auburn	04210	Phone	Number: 207 5	765318
	Email:	adam.	platzagmail.com			
	Office Sought:	City Con	uncil - Atlarge	District	Number (if applicable):	
	Name of Treasurer:	Eric E	Eddy			☐ Check if any information has
	Mailing Address:	315 (Danville Corner	Rd		changed from previous report
	City and ZIP:	Auburn	, ME 04210	Phone	Number: 207 5	762227
	Email:					
	Report Name	<u> </u>	Filing Period		Filing	Deadline
	January Semiannual		07/01/2024 - 12/31/2024		01/	15/2025
0	11-Day Pre-June Election		If filing first report: Beginning of campaign – 05/27/2 OR If January Semiannual filed:	025	05/	30/2025
			01/01/2025 - 05/27/2025			
	42-Day Post-June Election				07/	22/2025
			01/01/2025 - 05/27/2025 05/28/2025 - 07/15/2025			22/2025
	42-Day Post-June Election July Semiannual 11-Day Pre-Nov. Election	ı	01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2 OR If 2025 July Semiannual filed:		07/	
<u> </u>	July Semiannual 11-Day Pre-Nov. Election		01/01/2025 - 05/27/2025 05/28/2025 - 07/15/2025 01/01/2025 - 06/30/2025 If filing first report: Beginning of campaign - 10/21/2 OR		10/	15/2025
	July Semiannual 11-Day Pre-Nov. Election 42-Day Post-Nov. Election		01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025		10/	15/2025 24/2025
<u> </u>	July Semiannual 11-Day Pre-Nov. Election		01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025		10/	15/2025 24/2025
	July Semiannual 11-Day Pre-Nov. Election 42-Day Post-Nov. Election Amendment to: Other (specify):		01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025 01/01/2025 – 06/30/2025 If filing first report: Beginning of campaign – 10/21/2 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	:	10/	15/2025 24/2025

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

Treasurer Signature

Date

Treasurer Signature

Date

10/22/25

Date

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

Candidate Name:	Adam	Plata	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.

Contributor Types

Political Party Committees

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.

1 Candidate an	nd Candidate's Spouse/Domestic Partner		5 Political Party Committees		
2 Other Individu	uals	. 6	Other Candidates and C	ommittees	
3 Commercial S	source *I have not received	d . cm 7	Contributors giving \$50 c	or less	
4 Political Actio	n Committees day a Line / (whi orthing	5 Ivi 8			
	Jals Source #1 have not received n Committees donations (contributions this election ey	cle	•		
	THIS ELECTION CO.				
Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Туре	Amount
					1
		Total Cash C	ontributions (this page	only)→	
	(combined totals from all Sch				
	(combined totals from all och	oudio A pages illusti	oo noted on ooneddie i	, =1110 1/	

Candidate Name:	Adam	Platz	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
- 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)

On add to Name	Adama	Dla	t2	
Candidate Name: _	1 well w	110	t	

Page	of	
Sched	ule 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	tees	
2 Other Indiv	viduals		6	Other Candidates and	I Committees	
3 Commercia	al Source		7	Contributors giving \$5		
4 Political Ac	ction Committees		8	Transfer from previou		
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:	Туре:	Amount:
Description of Go	oods/Services:					
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
Description of Go	oods/Services:			1		
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Туре:	Amount:
Description of Go	pods/Services:					
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Туре:	Amount:
Description of G	oods/Services:					

Candidate Name:	Adam	Platz	
Carraidate riaire	1 10		

Page ____of ___ Schedule A-1 only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	ods/Services:			10	
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			
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:	Type:	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	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Туре:	Amount:
Description of Go	oods/Services:		ulu-	,	

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

Candidate Name:	Adam	Platz	
,	1		

Page_	of
Sched	ule B only

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 <u>unpaid</u> debts and obligations on Schedule D.

		EXPEN	DITURE T	YPES		
APP	Apparel (t-shirts, hats, embroidery, etc.)		ОТН	Other a	and fees (bank, contribution, and mo	ney order fees, etc.)
CON	Contributi	on to party committee, non-profit, other	PER	Person	nel and campaign staff, consulting, a	and independent contractors
EQP	Equipmen	nt of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Phones	(phone banking, robocalls, and text	s)
EVT	Campaigi supplies,	n and fundraising events (venue/booth rental, entertainment, etc.)	POL	Polling	and survey research	
FOD		campaign events or volunteers, catering	POS	Postag	e for US Mail and mailbox fees	
HRD	Hardware	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, fivers etc.)	RAD	Radio a	ads and production costs only	
MHS	Mail hous	e and direct mail (design, printing, mailing, and postage)	ткт	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	pplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cat	ble ads, production, and media buye	r costs only
ONL	Social me	edial and online advertising only	WEB	Websit	e and internet costs (website domai	n and registration, etc.)
Da	ate	Name of Payee	Туре		Remark	Amount
7/	13	Squirespace	WEP	>	wessile fee	\$ 23.06
81	13	Square space Square Space Square Space Square Space	WEP	>	ţı.	\$23.00
91	13	Square Space	WEE	b	11	\$ 23.00
10	113	Squere Squee	WE	3	U	\$23.00
		(combined totals from all Schedule B			tures (this page only) → d on Schedule F, Line 5)	92.60

Candidate Name: Adam Klata	Candidate Name:	Adan	Plata	
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Page	of
Schedule	B only

SCHEDULE B EXPENDITURES

	EXPENDI	TURE T	YPES
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)	ткт	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	Туре	Remark	Amount

Total Expenditures (this page only) →

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

Candidate Name:	Adam	Plno	er:
		1	

Page	of
Sched	lule 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.

Bupileate as fielded.	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
		A			
Lender's Name and Address	Loan Balance at Beginning of Period	Amount Loaned this Period	(report amount and date) Amount Repaid this Period	Amount Forgiven this Period	LOAN BALANCE AT 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 →					

Candidate Name:	4	dun	P	la	13		
Odinara	\rightarrow						

Page ____of ____ 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

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: Adm Plain

Date: 10/22/25

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					
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.]	Ø			
Expe	nditures				
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)	\$92.00			
	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)	248.64			
12.	Plus Total Receipts this Period (line 4 above)	+			
13.	Minus Total Payments this Period (line 7 above)	- 92.00			
14.	Cash Balance at End of Period (must match reconciled bank account balance)	- 92.00 = 156.64			

^{*} 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.