

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**

<b>Notice:</b> Changes to	registration information must be fi	led within 10 days in writing o	r by e-mail to the Clerk's office
1.	CAN	IDIDATE INFORMATION	
Title (optional):  Ms. □ Mrs.	☐ Mr. ☐ Mx. ☐ Dr. ☐ Honora	Party Affiliation: ble	Office Sought & District #:
Name: First	MI or Middle Nam	e Last	omb
Mailing Address!	iandst		
City: AUDUCT	)	ZIP:	207,240-3910
Meder	20 Colodon	mail com	·
2.	TRE	ASURER INFORMATION	
Name: First	Fec Kimble	Last	Phone: 257-807-2035
Mailing Address:	Soulder Driv	e	
City: Aubu(n	ZIP: Email	ennyberash	otment.com
appoint a treasurer n	o later than 10 days after becoming No later than 10 days after appointi date and treasurer. The treasurer is	a candidate, and before accept ng a treasurer, the candidate m	ith a population of greater than 15,000 must ting contributions, making expenditures or ust register with the Clerk's office the name and apaign records and for filing reports.
2A.	DEPUTY TRE	ASURER INFORMATION (op	tional)
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 A	GENT INFO	RMATION (optional	
Name:	Phone:		Email:	
Name:	Phone:	Phone:		
DESIGNATION OF AUTHORIS treasurer, authorized to file repo		e use this sec	tion to designate indi	viduals, other than the treasurer and deput
4.	POLITICAL COMM	ITTEE INFO	RMATION (option	al)
Name:				Phone:
Address of Campaign Headquarte	ers:		City:	ZIP:
The committee treasurer is the the candidate must register the	treasurer appointed in Section 2 name of the committee and the	2 of the registr	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 addi	tional pages, if necessary):	Title:		Phone:
Name.		Title.		r none.
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	- New York Control of the Control of	ERTIFICATION	ON	
I, (Print Candidate's Full Name) Signature of Candidate	certify that the	e information	in this registration i	s true, accurate and complete.
6.	REPORTING	G EXEMPTIO	N REQUEST	
Only county and municipal	candidates, and legislative ca	ndidates in a	n uncontested prima	ry election, may request an exemption.
accept any cash or in-kind co	ontributions or make any expendi	itures for their pay for your	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
	TY FOR A REPORTING EXEMP bligations associated with my ca		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)	i-law		My commi	ssion expires(Date)
REVOCATION NOTICE: The notice must be in the form o treasurer is appointed. The n	f an amended registration which	n must be filed outions are acc	I 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)



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## 2025 Campaign Finance Report For Municipal Candidates

	Name of Candidate:	Misty		☐ Check if any information has		
	Street Address:		Pakland St			changed from previous report
	City and ZIP:	Aubun	n ME	Phone I	Number: 207-240	-3910
	Email:	medge	1			
	Office Sought:		School Committee			Ward Z
	Name of Treasurer:	Jenni-	for Kimble			☐ Check if any information has
	Mailing Address:	71 B	oulder Dr			changed from previous report
	City and ZIP:	Aubur	n 04210	Phone I	Number: 207, 807, 1	2035
	Email:	jenny	bergo hotmail.	(0)	n	
	Email:		berge hotmail.	(0)		Deadline
				(01	Filing	Deadline 15/2025
	Report Name		Filing Period		<b>Filing</b> 01/	
	Report Name January Semiannual		Filing Period  07/01/2024 – 12/31/2024  If filing first report:  Beginning of campaign – 05/27/202  OR  If January Semiannual filed:		Filing 01/ 05/3	15/2025
0	Report Name January Semiannual  11-Day Pre-June Election  42-Day Post-June Election		Filing Period  07/01/2024 – 12/31/2024  If filing first report:  Beginning of campaign – 05/27/202  OR  If January Semiannual filed:  01/01/2025 – 05/27/2025  05/28/2025 – 07/15/2025		Filing 01/ 05/3 07/2	15/2025 30/2025 22/2025
0	Report Name January Semiannual  11-Day Pre-June Election		Filing Period  07/01/2024 – 12/31/2024  If filing first report:  Beginning of campaign – 05/27/202  OR  If January Semiannual filed:  01/01/2025 – 05/27/2025	5	Filing 01/ 05/3 07/2	15/2025 30/2025
	Report Name January Semiannual  11-Day Pre-June Election  42-Day Post-June Election  July Semiannual  11-Day Pre-Nov. Election		Filing Period  07/01/2024 – 12/31/2024  If filing first report: Beginning of campaign – 05/27/202  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 – 10/21/202  OR  If 2025 July Semiannual filed:	5	91/2 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		Filing Period  07/01/2024 – 12/31/2024  If filing first report: Beginning of campaign – 05/27/202  OR  If January Semiannual filed: 01/01/2025 – 05/27/2025  05/28/2025 – 07/15/2025  O1/01/2025 – 06/30/2025  If filing first report: Beginning of campaign – 10/21/202  OR  If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	5	91/2 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		Filing Period  07/01/2024 – 12/31/2024  If filing first report: Beginning of campaign – 05/27/202  OR  If January Semiannual filed: 01/01/2025 – 05/27/2025  05/28/2025 – 07/15/2025  O1/01/2025 – 06/30/2025  If filing first report: Beginning of campaign – 10/21/202  OR  If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	5	91/2 05/3 07/2 07/2	15/2025 30/2025 22/2025 15/2025 24/2025

I CERTIFY THAT I HAVE EX		ORT AND TO THE	BEST OF MY KNOW	/LEDGE IT
IS TRUE, CORRECT, AND C	OMPLETE.  10 23 2	5/7/		10/23/25
Treasurer Signature	Date Date	Candidate Signature		Date (

Candidate Name:	Misty Edgecomb

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.

	Contrib	utor Types	
_	Candidate and Candidate's Spouse/Domestic Partner	5	Political Party Committees
2	Other Individuals	6	Other Candidates and Committees
	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
10/09/2025	Misty Edgecomb	Business Owner	Self	1	\$236.80
10/21/2025	Misty Edgecomb	Business Owner	Self	1	\$168.80
			ontributions (this nade (		\$405.60

Total Cash Contributions (this page only)→

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

\$405.60

		2 0:	

Candidate Name:	Misty Edgecomb	
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Page 1 of 1 Schedule B only

## SCHEDULE B EXPENDITURES

- Enter the date, payee, <u>expenditure type</u>, 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.

		EXP	ENDITU	RE T	YPES			
APP	Apparel (t-	-shirts, hats, embroidery, etc.)		ОТН	Other and fees (bank, contribution, and money order fees, etc.)			
CON	Contributio	on to party committee, non-profit, other		PER	Person	nel and campaign staff, consulting,	and independent contractors	
EQP		t of \$50 or more (computer, tablet, phone, furniture, etc.)		PHO	Phones	(phone banking, robocalls, and tex	ts)	
EVT	Campaign supplies, e	and fundraising events (venue/booth rental, entertainmete.)	ent,	POL	Polling	and survey research		
FOD		ampaign 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	ional services (graphic design, lega	l services, web design)	
LIT	Printed car	mpaign materials (palmcards, signs, stickers, flyers etc.)		RAD	Radio a	nds and production costs only		
MHS	Mail house	e and direct mail (design, printing, mailing, and postage)		TKT	Entrand	ce cost to event (bean suppers, fairs	s, party events, etc.)	
NEW	Newspape	er and print media ads only		TRV		(mileage and lodging, etc.)		
OFF	Office sup	plies, rent, utilities, internet service, phone minutes/data		TVN		ole ads, production, and media buye		
ONL	Social med	dial and online advertising only		WEB	Websit	e and internet costs (website domai	n and registration, etc.)	
							T	
Da	ite	Name of Payee		Туре		Remark	Amount	
10/0	9/2025	Yard Sign Plus	Ł	_IT			\$236.80	
10/2	<b>R</b> /2025	Evergreen Printing	L	LIT			\$168.80	
				Total F	mendi	tures (this page only) →		

Candidate Name: Misty Edgecomb Date: 10/23/2025

## 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							
1.	Cash Contributions this Period (total of all Schedule A pages)	\$405.60					
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 Cash Receipts this Period (interest, etc.)	0					
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	\$405.60					
Expe	nditures						
5.	Expenditures this Period (total of all Schedule B pages)	\$405.60					
6.	Loan Repayments this Period (Schedule C, column 3)	0					
7.	Total Payments this Period (lines 5 + 6)	\$405.60					
	OTHER ACTIVITY THIS REPORTING PERIOD						
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	0					
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	0					
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)	0					
12.	Plus Total Receipts this Period (line 4 above)	+ \$405.60					
13.	Minus Total Payments this Period (line 7 above)	- \$405.60					
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 0					

<sup>\*</sup> 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

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Fax: (207)333-6623

#### **CANDIDATE REGISTRATION**

Notice: Changes to re	egistration information must b  Is this an amendment?	e filed within 10 days in writing or  Wes No	by e-mail to the Clerk's office
1.	C	ANDIDATE INFORMATION	
Title (optional):	∃ Mr. □ Mx. □ Dr. □ Hor	norable Party Affiliation:	Office Sought & District #: 65 &
Name: First	inn E MI or Middle I	Name Last	Gormley
Mailing Address:	Academy S	5-1	
City: Aubur	n	ZIP: 04210	207 832 1719
Email: Quinn.6	2. gormley@g	mail. Com	
2.	TI TI	REASURER INFORMATION	
Name: First EZra	Mt or Middle Name	Aistrop-Gormley	Phone: 207-402-6454
Mailing Address:  3 Aca	demy St		
City: Auburn	demy St ZIP: 04210 E	mail: EZraa.StropO7@gma	il. Com
appoint a treasurer no lincurring obligations. N	EASURER: A candidate for mu later than 10 days after becomi o later than 10 days after appo	unicipal office in towns and cities with	n a population of greater than 15,000 must ng contributions, making expenditures or st register with the Clerk's office the name and
2A.	DEPUTY TI	REASURER INFORMATION (opti	onal)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: Er	nail:	

**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. AU	THORIZED AG	SENT INFOR	RMATION (optional)	
Name:	Phone:		Email:	ēlu.
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGENT (op treasurer, authorized to file reports on your behal		use this sect	ion to designate indivi	duals, other than the treasurer and deput
4. POLI	TICAL COMMI	ITTEE INFO	RMATION (optiona	
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMMITTEE (on The committee treasurer is the treasurer appoint the candidate must register the name of the committee Officers (use additional pages, if recommittee Officers (use additional pages).	ted in Section 2 mittee and the co	of the registra	ation. No later than 10	days after appointing a political committee
Name:	iecessaiy).	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	CE	RTIFICATION	)N	
I, Quinn Gorm(c)  (Print Candidate's Full Name)  Signature of Candidate Com 9		information		true, accurate and complete.
6.	REPORTING	EXEMPTIO	N REQUEST	
Only county and municipal candidates, and A candidate may request an exemption from the accept any cash or in-kind contributions or mayour or your spouse's/domestic partner's perstatement below and sections 1 & 5, have the statement below and sections 1 & 5 and the statement below and sections 1 & 5.	ne obligation to a ke any expenditi sonal funds to p form notarized, a RTING EXEMPT	appoint a treas ures for their pay for your and submit it to TION: I, the to	surer and file campaigr campaign. You cannot campaign expenses. o the Clerk's office.	finance reports if the candidate does not request a reporting exemption if you use To request an exemption, complete the
Signature of Candidate				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
REVOCATION NOTICE: The foregoing statem notice must be in the form of an amended rectreasurer is appointed. The notice must be filled to the same penalties applicable to late campa	ient may be revo gistration which i d before contribu	oked. Prior to r must be filed utions are acc	evocation, the candidation	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)



Rec'd 10/24/25 Efe

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:	Quinn Gom	Quinn Gomley				
	Street Address:	changed from previous report					
	City and ZIP:	Auburn, ME	, 04210	Phone Number: 207-832-1719			
	Email:						
	Office Sought:	School Com	mittee	District Number (if applicab Ward 4	le):		
	Name of Treasurer:	Ezra Aistrop-	Gormley		☐ Check if any information has		
	Mailing Address:	3 Academy S	ST		changed from previous report		
	City and ZIP:	Auburn, ME,	, 04210 Phone Number: 207-402-6454				
	Email:	ezraaistrop(	07@gmail.com				
	Report Name		Filing Period	Fi	ling 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		05/30/2025		
0	42-Day Post-June Election	ı	05/28/2025 07/15/2025		07/22/2025		
L.3	July Comiannust		01/01/2025 — 06/30/2025		07/15/2025		
July Semiannual  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		
	Amendment to:						
0	Other (specify):						
	Check if campaign had not	activity for the repor	ting 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

10/24/2025

Date

10/24/2025

Date

10/24/2025

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

**Quinn Gormley** Candidate Name: \_

#### **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		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
9/5/2025	Sue Aistrop801 Greenwich St, Philadelphia, PA 19147, United States	Business Administrator	Habonim Dror North America	2	105.75
9/5/2025	Carrie Jadud64 Montello St, Lewiston, ME 04240, United States Jessica Milinichik52 Sandy Beach	Community Organizer	Maine People's Alliance	2	53.04
9/5/2025	Rd, Auburn, ME 04210, United States	Director of Education & Community	Planned Parenthood of Northern New England	2	53.04
9/5/2025	Destie Sprague14 Park St, Bath, ME 04540, United States	Executive Director	Maine Women's Lobby	2	53.04
9/12/25	Aimee Martin11 Lombard ST, Brunswick, ME, 04011	Associate Director	Planned Parenthood Federation of America	2	53.04
9/14/25	Jennie Butler49 Carriage Hill Dr, Windham, ME 04062, United States	Professor	University of Southern Maine	2	53.04
9/23/25	Kimberly Simmons71 Quebec Street, Portland, ME 04101, United States	Sociologist	University of Southern Maine	2	105.75
9/23/25	Chris Clapp3431 Morganton Blvd, Morganton, NC 28655, United States	Physician	Mountain View Pediatrics	2	100
9/23/25	Ariel Linet261 Maine Avenue, Portland, ME 04103, United States	Info Requested	Info Requested	2	53.04
	(combined totals from all Sch		ontributions (this page o	• •	629.74

Page 2 of 2 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
9/24/25	Samara Cogan5929 Beverly Lane, Everett, WA 98203, United States	Project manager	Array	2	53.04
9/24/25	Amy Brewsteinapt 14b 1901 Walnut Street, Philadelphia, PA 19103, United States	Retired	N/A	2	53.04
9/24/25	Whitley Lehto39 Forsythia Lane, Windham, ME 04062, United States	Bioinformatics Analyst	CCRM	2	53.04
9/24/25	Jayson Hunt200 Hancock Street, Bangor, ME 04401, United States	Program manager	info requested	2	53.04
9/24/25	Erika Hewitt12 Clifton Street, Bath, ME 04530, United States	Minister	UUA	2	50
10/21/25	Contributors Giving \$50 or Less			6	413.82

Total Cash Contributions (this page only)→

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

675.98

Candidate Name:	Quinn Gormley	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.

		Contributor Types				
1 Candidate	and Candidate's Spouse/Domestic Partner		5	Political Party Commit	ttees	
2 Other Indiv	riduals		6	Other Candidates and Committees		
3 Commercia	al Source		7	Contributors giving \$5	50 or less	
4 Political Ac	tion Committees		8	Transfer from previou	s campaign	
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:  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	pods/Services:	1.				
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Туре:	Amount:
	oods/Services:					

Candidate Name:	

Page	of	
Schedule	A-1	only

## SCHEDULE A-1 IN-KIND CONTRIBUTIONS

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
			(1)		
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Date Received.	Contributor's Name, Address, 21p.	Godpation.	Zimpioyon.	.,,,,,	
Description of Go	oods/Services:				
		O source the source	Employee	Type:	Amount:
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type.	Amount.
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	oods/Services:				
					v
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Description of Go	oods/Services:				
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Bato Modello					
Description of Go	L				
2000.151101101101					
Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
Date Novelved.	Commission of restrict, Auditory Exp.		. ,		
Description of Go	L nods/Services:				1
Description of Ot	, a.a., 11000.				
			0-41-4-44		
		Total In-Kind	Contributions (this pag	je 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:	Quinn Gormley	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 unpaid debts and obligations on Schedule D.

		EXPEN	NDITU	JRE T	YPES		
APP	Apparel (t	-shirts, hats, embroidery, etc.)		ОТН	Othera	and fees (bank, contribution, and mo	ney order fees, etc.)
CON	Contributio	on to party committee, non-profit, other		PER	Person	nel and campaign staff, consulting, a	and independent contractors
EQP	Equipmen	t of \$50 or more (computer, tablet, phone, furniture, etc.)		PHO	Phone	s (phone banking, robocalls, and text	ds)
EVT	Campaign supplies,	and fundraising events (venue/booth rental, entertainment, etc.)		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, legal	services, web design)
LIT	Printed ca	mpaign materials (palmcards, signs, stickers, flyers etc.)		RAD	Radio	ads and production costs only	
мнѕ	Mail house	e and direct mail (design, printing, mailing, and postage)		ткт	Entran	ce cost to event (bean suppers, fairs	, 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/Cal	ble ads, production, and media buye	r costs only
ONL	Social me	dial and online advertising only		WEB	Websit	te and internet costs (website domair	and registration, etc.)
Da	ate	Name of Payee		Туре		Remark	Amount
9/30/	2025	Maine Democratic Party	CC	NC		Maine Dems VAN Access	20.00
10/2/2	.025	Signs.com	LI	Т		Campaign Signs	423.41
10/3/2	2025	vistaprint	LI <sup>-</sup>	Τ		Postcards, Palmca	ds 224.90
10/14	1/2025	USPS	POS			Stamps	78.00
10/20	0/2025	Walmart	OFF			hole punches, clip boards	66.55
10/20	)/2025	5 Staples OFF			labels	21.96	
	l.	(combined totals from all Schedule B			-	tures (this page only)  on Schedule F, Line 5)	834.82

	Quinn Gormley	
Candidate Name:		_

Page	2	of	2	
Sched		B or	nly	

#### **SCHEDULE B EXPENDITURES**

	EXPENDI	IUKE I	YPES
APP	Apparel (t-shirts, hats, embroidery, etc.)	ОТН	Other and fees (bank, contribution, and money order fees, etc.)
CON	Contribution to party committee, пол-ртоfit, 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
10/21/2025	Stripe	ОТН	processing fee for online donations	85.93
		Tetal Evnendi	tures (this page only)	85.93

Total Expenditures (this page only) →

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

Page	1	of _	1	
Sched	dule	C onl	lv	

#### 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	Į.	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
	i	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:	Quinn Gormley	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 i	s and Obligations (this page only)  must be listed on Schedule F, Line 9)	0

Candidate Name:	Quinn Gormley	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	
Recei	pts	
1.	Cash Contributions this Period (total of all Schedule A pages)	1,305.72
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 Cash Receipts this Period (interest, etc.)	0
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	1,305.72
Expe	nditures	
5.	Expenditures this Period (total of all Schedule B pages)	920.75
6.	Loan Repayments this Period (Schedule C, column 3)	0
7.	Total Payments this Period (lines 5 + 6)	920.75
	OTHER ACTIVITY THIS REPORTING PERIOD	
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	0
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	0
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)	0
12.	Plus Total Receipts this Period (line 4 above)	+ 1,305.72
13.	Minus Total Payments this Period (line 7 above)	- 920.75
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 384.97

<sup>\*</sup> 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 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

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

		within 10 days in writing or by e- ∕es □ No	-mail to the Clerk's office
1.	CANDII	DATE INFORMATION	
Title (optional):	. □ Mx. □ Dr. □ Honorable	Party Affiliation: Unerrolled	Office Sought & District #: School Board #88
Name: First	MI or Middle Name	Last	aprien
9	tland Way		1
City: Auburn		ZIP: 04210	Phone: (207) 312-8101
Email: lydia cha	ipman 4111 @gmail	l.com	'
2.	TREASI	URER INFORMATION	
Name: First Lydia	MI or Middle Name	Chapman	Phone: (204) 312 -8101
Mailing Address:	rtland Way		
City: Aubur	ZIP: Email: 1	ydia chapmen411 (	egnail.com
appoint a treasurer no later incurring obligations. No lat	than 10 days after becoming a ca	andidate, and before accepting co	opulation of greater than 15,000 must intributions, making expenditures or gister with the Clerk's office the name and records and for filing reports.
2A.	DEPUTY TREASI	URER INFORMATION (optional	
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

3.	AUTHORIZED A	GENT INFOR	MATION (optional)	
Name:	Phone:		Email:	
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGEN treasurer, authorized to file reports on your		use this section	on to designate indiv	riduals, other than the treasurer and deputy
4.	POLITICAL COMM	ITTEE INFOR	RMATION (optiona	l)
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
The committee treasurer is the treasurer at the candidate must register the name of th	appointed in Section 2 e committee and the	of the registra	ition. No later than 10	ommittee to promote the candidate's election 0 days after appointing a political committee A MRS § 1013-A (1) (B))
Committee Officers (use additional page Name:	es, if necessary):	Title:		Phone:
		0.14	ZIP:	Email:
Mailing Address:		City:	ZIP:	Email.
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.		ERTIFICATION	)N	
I, Lydia Chapman (Prin Candidate's Full Name) Signature of Candidate	, certify that the		in this registration is	s true, accurate and complete. &-7-2025
6.	REPORTING	G EXEMPTIO	N REQUEST	
A candidate may request an exemption accept any cash or in-kind contributions your or your spouse's/domestic partnerstatement below and sections 1 & 5, ha	from the obligation to s or make any expender's personal funds to ve the form notarized,	appoint a treas itures for their pay for your and submit it t	surer and file campaig campaign. You canno campaign expenses. o the Clerk's office.	in preserved in the candidate does not be request a reporting exemption if you use a request an exemption, complete the
STATEMENT OF ELIGIBILITY FOR A make expenditures or incur obligations	REPORTING EXEMS associated with my ca	PTION: I, the indidacy.	undersigned, swear o	or affirm that I will not accept contributions,
Signature of Candidate				Date
Subscribed and sworn (affirmed) to before m	ne this day of _		20	
Signature of Notary/Attorney-at-law (Seal is optional)			My commi	ssion expires(Date)
REVOCATION NOTICE: The foregoing notice must be in the form of an amen	statement may be red ded registration which be filed before contri	voked. Prior to n must be filed butions are acc	revocation, the candid with the Clerk's offic	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)



## Recold 10/23/25

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:		Chapman			☐ Check if any information has
	Street Address:	51 Po	itland Way			changed from previous report
	City and ZIP:	Awow	n 04210	Phone Nun	nber: (204) 312	1-8101
	Email:	lydrack	Japman 411 @gnail, co	M		
	Office Sought:	School	Board Committee	District Nu	mber (if applicable):	
	Name of Treasurer:	Lydia 1	Chapman			Check if any information has
	Mailing Address:	51 Red	tand way			changed from previous report
	City and ZIP:	Aubun	04210	Phone Nun	(207) 312	-8101
	Email:	lydiack	napman 411 @grail.c	an .		
	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 – 05/27/202: OR If January Semiannual filed: 01/01/2025 – 05/27/2025	5	05/3	30/2025
	11-Day Pre-June Election 42-Day Post-June Election		Beginning of campaign – 05/27/2029 OR If January Semiannual filed:	5		
			Beginning of campaign – 05/27/2028 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025	5	07/2	22/2025
			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	5	07/2	30/2025
	42-Day Post-June Election		Beginning of campaign – 05/27/2028 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025		07/2	22/2025
<u> </u>	42-Day Post-June Election  July Semiannual		Beginning of campaign – 05/27/2028  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 – 10/21/2028  OR  If 2025 July Semiannual filed:		07/2 07/1 10/2	22/2025 15/2025
	42-Day Post-June Election  July Semiannual  11-Day Pre-Nov. Election		Beginning of campaign – 05/27/2028 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 – 10/21/2028 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025		07/2 07/1 10/2	30/2025 22/2025 15/2025 24/2025
	42-Day Post-June Election  July Semiannual  11-Day Pre-Nov. Election  42-Day Post-Nov. Election		Beginning of campaign – 05/27/2028 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 – 10/21/2028 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025		07/2 07/1 10/2	30/2025 22/2025 15/2025 24/2025
	42-Day Post-June Election July Semiannual  11-Day Pre-Nov. Election  42-Day Post-Nov. Election Amendment to: Other (specify):		Beginning of campaign – 05/27/2028 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 – 10/21/2028 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025		07/2 07/1 10/2	30/2025 22/2025 15/2025 24/2025

CERTIFY THAT I HAVE EXAMINE		RT AND TO THE BEST OF MY KNO	OWLEDGE IT
IS TRUE, CORRECT, AND COMPL	ETE.	110	
John Chapmin	10-23-25	Lym Cappun	10-23-25
Treasurer Signature	Date	Candidate Signature	Date
V		100 D 0DWE (47 A 4 D 0 S 452)	

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

## 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.

Contri	butor Types	
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
9-3-25	Renee Roy 23 Sunderland Dr 04210	Realtor	Roy Realty LL	2	560.00
9-4-25	Kryston Chapman 51 Eastman Ln 04210	Teaches	Award School Deportment	2	600.00
9-6-25			,	7	10.60
9-6-25				7	10.00
9-9-25	Lawel Libby 442 Park Ave 04210	PACS PACS	Fight for Freedom	4	600.00
9-11-25	stephanie St Lawrent 22 Briarcliff Knl 04210	Owner	Roopers	2	600.00
10-10-25	Mechelle Turcotte 33 Sardy Ter 04/02	Secretary	Maine Health	2	50.00

Total Cash Contributions (this page only)

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

2370.00

andidate Name:	Pageof	
8,,	Schedule A or	nly

## 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:	Lydi	a Chap	ipa	

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.

5 6 7 8	Political Party Committees Other Candidates and Com Contributors giving \$50 or le Transfer from previous cam  Employer: Starbacks  Employer: Roopers	ess npaign Type:	Amount: 33. 74  Amount: 158.00
7	Contributors giving \$50 or le Transfer from previous cam  Employer: Starloucts  Employer: Roopers	rype:  Type:  Type:  Type:  2	33.74 Amount: 158.00
•	Contributors giving \$50 or le Transfer from previous cam  Employer: Starloucts  Employer: Roopers	rype:  Type:  Type:  Type:  2	33.74 Amount: 158.00
8	Employer: Starbacks  Employer: RooperS	Type:  Type:  Type:  2	33.74 Amount: 158.00
	Starlancts  Employer: Roopers	туре: 2	33.74 Amount: 158.00
	Employer: Roopers	Type:	Amount: 158,00
	Roopers	2	158.00
	Roopers	2	158.00
	,		
	Employer:	Type:	Amount:
	Employer:	Type:	Amount:
	Employer:	Type:	Amount:
	Employer:	Туре:	Amount:
		Employer:	

Candidate Name:

Lydia Chapman

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
9-23-25	Spectrum Marketing Companies  Spectrum Marketing Companies  United States Postal Service	LIT	Palm Cards	\$460.00
10-6-25	Spectrum Marketing Companies	LIT	Signs	\$396.00
10-21-25	United States Postal Service	MHS	Stamps	\$468.00
		FE		

Total Expenditures (this page only) →

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

1324.00

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:	Pageof	
	Schedule D on	ily

## 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
			1
	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)	

Candidate Name: Lydia Chapman

Date: 10-23-25

## 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)	2370.00
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 Cash Receipts this Period (interest, etc.)	0
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	2370.00
Expe	nditures	
5.	Expenditures this Period (total of all Schedule B pages)	1324.00
6.	Loan Repayments this Period (Schedule C, column 3)	O
7.	Total Payments this Period (lines 5 + 6)	1324.00
	OTHER ACTIVITY THIS REPORTING PERIOD	
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	191.74
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	٥
10.	Total Loan Balance at Close of Period (Schedule C, column 5)	191.74
	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)	+ 2340.00
13.	Minus Total Payments this Period (line 7 above)	- 1324-00
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 1046.00

<sup>\*</sup> 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.





ZIP:

City:

AUG 08 2025

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

2007 FF 99W

Email: ecarrington@auburnmaine.gov

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

#### **CANDIDATE REGISTRATION**

	Is this an amendment?	es D No	
1.	CANDIE	DATE INFORMATION	
Title (optional):  Ms. Mrs.	□ Mr. □ Mx. □ Dr. □ Honorable	Party Affiliation:	Office Sought & District #: At-Large School Committee
Name: First	MI or Middle Name	Last Di(	ch
Mailing Address:	auis Auc		
City: Auburr	ME OX	zip: + 2   0	Phone: 903-819-8918
Email:	rich Damail.co	sm.	
Just			
2.	TREASU	JRER INFORMATION	
Name: First	MI or Middle Name	Last P. Ch	Phone: 405-812-0854
Mailing Address:	Davis Ave		
City: AUDUYN	ZIP: Email:	akotalpiche	gmail. com
appoint a treasurer no incurring obligations. N	later than 10 days after becoming a ca	office in towns and cities with andidate, and before accepting treasurer, the candidate must	a population of greater than 15,000 must contributions, making expenditures or register with the Clerk's office the name and
address of the candida (21-A MRS § 1013-A)		IDED INCODMATION (antica	nai)
	DEPUTY TREASU	DREK INFORMATION (option	
(21-A MRS § 1013-A)	DEPUTY TREASU	Last	Phone:

**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)).

Email:

3.	AUTHORIZE	D AGENT INFOR	MATION (optiona	9	
Name:	Phone	);	Email:	7800 207 19	
Name:	Phone	··	Email:		
T talled	Titolic	•			
<b>DESIGNATION OF AUTHOR</b> treasurer, authorized to file rep		ease use this secti	on to designate ind	viduals, other than the trea	surer and deputy
4.	POLITICAL CO	MMITTEE INFO	RMATION (option	al)	
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 Sect e name of the committee and	ion 2 of the registra the committee office	ition. No later than 1	0 days after appointing a pe	ndidate's election olitical committee
Name:	,	Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
5.		CERTIFICATIO	)N		
I,(Print Candidate's Full Name	, certify tha	at the information i	n this registration	s true, accurate and comp	olete.
			Date_		
6.	DEDOD.	TING EXEMPTIO	N DECLIERT		
A candidate may request an accept any cash or in-kind or your or your spouse's/dom statement below and section	al candidates, and legislative exemption from the obligation contributions or make any expestic partner's personal funding 1 & 5, have the form notarial.	on to appoint a treas penditures for their o ds to pay for your o zed, and submit it to	urer and file campai campaign. You cann campaign expenses o the Clerk's office.	gn finance reports if the cane ot request a reporting exem . To request an exemption	didate does not ption if you use , complete the
	obligations associated with m		macroighed, swear	or animir triat I will not accep	t contributions,
Signature of Candidate				Date	
Subscribed and sworn (affirmed	d) to before me this day	of	, 20		
Signature of Notary/Attorney-a	at-law		My comm	ssion expires(Date)	
REVOCATION NOTICE: The notice must be in the form treasurer is appointed. The	ne foregoing statement may be of an amended registration w notice must be filed before co able to late campaign finance	which must be filed on tributions are acce	evocation, the candi with the Clerk's offic	date must appoint a treasure se no later than 10 days aft	er. A revocation er the date the

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



Red 10/24/25 G/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

			Olivia Jaye Rich				
	Street Address:	43 Davis	s Ave		information has changed from previous report		
	City and ZIP:	Auburn	04210	Phone Number: (903) 819	-8918		
	Email:		h@gmail.com				
	Office Sought:	School &	ommittee t-Laral	District Number (if applicable)	ف		
	Name of Treasurer:	Dakota	Rich		☐ Check if any information has		
	Mailing Address:	43 Day	43 Davis Ave				
	City and ZIP:	Auburn	04210	Phone Number: (405) 8/2-0	0854		
	Email:	Dakota L	Rich Egmail. C	iom			
	Report Name		Filing Period	Filing	g Deadline		
0	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	/15/2025 /30/2025		
0	11-Day Pre-June Election 42-Day Post-June Election		If filing first report: Beginning of campaign – 05/27/202 <b>OR</b> If January Semiannual filed:	25 05/			
	42-Day Post-June Election		If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025	05/	/30/2025 /22/2025		
	•		If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025	05/	/30/2025		
	42-Day Post-June Election		If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025 05/28/2025 – 07/15/2025	25 05/ 07/ 07/	/30/2025 /22/2025		
	42-Day Post-June Election July Semiannual		If filing first report: Beginning of campaign – 05/27/202 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 – 10/21/202 OR  If 2025 July Semiannual filed:	25 05 <i>i</i> 07 <i>i</i> 07 <i>i</i> 25 10 <i>i</i>	/30/2025 /22/2025 /15/2025		
<u> </u>	42-Day Post-June Election July Semiannual 11-Day Pre-Nov. Election		If filing first report: Beginning of campaign – 05/27/202 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 – 10/21/202 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	25 05 <i>i</i> 07 <i>i</i> 07 <i>i</i> 25 10 <i>i</i>	/30/2025 /22/2025 /15/2025 /24/2025		
<u> </u>	42-Day Post-June Election  July Semiannual  11-Day Pre-Nov. Election  42-Day Post-Nov. Election		If filing first report: Beginning of campaign – 05/27/202 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 – 10/21/202 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	25 05 <i>i</i> 07 <i>i</i> 07 <i>i</i> 25 10 <i>i</i>	/30/2025 /22/2025 /15/2025 /24/2025		
<u> </u>	42-Day Post-June Election July Semiannual  11-Day Pre-Nov. Election  42-Day Post-Nov. Election Amendment to: Other (specify):		If filing first report: Beginning of campaign – 05/27/202 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 – 10/21/202 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	25 05/ 07/ 07/ 25 10/	/30/2025 /22/2025 /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

Candidate Signature

Date

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

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.

# 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
8/11/25	Jaye Rich 43 Davis Ave Auhim 04210	Teacher	Lewiston Public Schools	1	<sup>\$</sup> 15.83
9/14/25	43 Davis Ave Auhjurn 04210 Benjamin + Barbara Lounsburn 505 W Auburn 201 04210	Retira	d -	2	\$100
8/25/25	Sue Martin 1800 panis ave 04210	Retire		2	100
9/29/25	Layerich 43 Davis Ave 04210	Teacher	Lewiston Public Schools	1	\$250
	Contributors giving \$50 or less lump Sum	_		7	\$530
	*				
		Total Cash C	ontributions (this page	only) <del>→</del>	995.83

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

andidate Name:	Page of
	Schedule B only

# SCHEDULE B EXPENDITURES

		EXPEN	DITU	JRE T	YPE	S		
APP	Apparel (	(t-shirts, hats, embroidery, etc.)		ОТН	Other	Other and fees (bank, contribution, and money order fees, etc.)		
CON	Contribut	tion to party committee, non-profit, other		PER	Perso	nnel and campaign staff, consulting, a	and independent contractors	
EQP	Equipme	nt of \$50 or more (computer, tablet, phone, furniture, etc.)		PHO	Phone	es (phone banking, robocalls, and text	ts)	
EVT	Campaig supplies,	n and fundraising events (venue/booth rental, entertainment, etc.)		POL	Polling	g and survey research		
FOD	7.7	campaign events or volunteers, catering		POS	Posta	ge for US Mail and mailbox fees		
HRD	Hardware	e and small tools (hammer, nails, lumber, paint, etc.)		PRO	Profes	ssional 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	se and direct mail (design, printing, mailing, and postage)		TKT	Entrar	nce cost to event (bean suppers, fairs,	, party events, etc.)	
NEW	Newspap	per and print media ads only	- 4	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	costs only	
ONL	Social me	edial and online advertising only		WEB	Websi	te and internet costs (website domain	and registration, etc.)	
					r .			
Dat	te	Name of Payee		Туре		Remark	Amount	
7-23	,-25	Staples	L	it		vote Rich Postcords	\$73.90	
9-30-	-25	Signs on the Chead	L	.i+		Yard Signs	\$ 674.48	
10-6-2	25	USPS	L	计		Stamps	\$ 78	
10-22	-25	Staples	Li	+		vote Rich cards	\$ 139.18	
							C	

Total Expenditures (this page only)

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

965.56

Candidate Name:	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:	
		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:	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.

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: Olivia Jaye Rich

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	
Recei	pts	
1.	Cash Contributions this Period (total of all Schedule A pages)	995.83
2.	Loans this Period (Schedule C, column 2)	<i>O</i> .
2.a.	Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)*	- (
3.	Other Cash Receipts this Period (interest, etc.)	0
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	995.83
Expe	nditures	
5.	Expenditures this Period (total of all Schedule B pages)	965.56
6.	Loan Repayments this Period (Schedule C, column 3)	0
7.	Total Payments this Period (lines 5 + 6)	965.56
	OTHER ACTIVITY THIS REPORTING PERIOD	
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	0
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	0
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)	0
12.	Plus Total Receipts this Period (line 4 above)	+995.83
13.	Minus Total Payments this Period (line 7 above)	+ 995.83
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 30.27

<sup>\*</sup> 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 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**

		an amendment		es 🔀 No	by e-mail to the Clerk's office	
1.			CANDIC	PATE INFORMATION		
Title (optional): ☐ Ms. ☐ Mrs	s. 🗆 Mr. 🗆	Mx. 🗆 Dr. 🗆	Honorable	Party Affiliation: Republican	Office Sought & District #: School Comn	ni He e
Name: First	an Cv	MI or Mi	idle Name	Last	lk	
Mailing Address:	17	1400Z	M	ain St		
city:	hurn	ME	04	ZIP: 210	Phone: Z07-212-3	,669
Email:	pull	K@an	jail	Com		
	<u> </u>					
2.			TREASU	RER INFORMATION		27
Name: First	t	MI or Middle Name		Last	Phone:	
Mailing Address:						
City:	ZIP:		Email:			
appoint a treasurer incurring obligation:	no later than f s. No later than didate and trea	10 days after beco n 10 days after ap	oming a ca	ndidate, and before accepting treasurer, the candidate mus	a population of greater than 15,00 g contributions, making expenditur t register with the Clerk's office the sign records and for filing reports.	res or
2A.		DEPUTY	TREASU	RER 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.	AUTHORIZE	D AGENT INFOR	MATION (optional	
Name:	Phone	:	Email:	1
Name:	Phone	Phone:		
DESIGNATION OF AUTHORIZE treasurer, authorized to file report		ease use this sect	ion to designate indi	viduals, other than the treasurer and depu
4.	POLITICAL CO	MMITTEE INFO	RMATION (option	al)
Name:				Phone:
Address of Campaign Headquarters			City:	ZIP:
The committee treasurer is the treasurer is the treasurer the na	easurer appointed in Sect ame of the committee and	ion 2 of the registra the committee office	ation. No later than 1	ommittee to promote the candidate's electio 0 days after appointing a political committe -A MRS § 1013-A (1) (B))
Committee Officers (use addition	onal pages, if necessary	Title:		Phone:
wane.		Tiac.		Thore.
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.		CERTIFICATIO	ON	
I, Print Candidate's Full Name) Signature of Candidate	Cortify that	t the information	in this registration i	s true, accurate and complete.
6.	REPOR	TING EXEMPTIO	N REQUEST	
Only county and municipal ca	andidates, and legislativ	e candidates in ar	uncontested prima	ary election, may request an exemption.
A candidate may request an ex accept any cash or in-kind cont	emption from the obligatio ributions or make any exp c partner's personal func	n to appoint a treas penditures for their ds to pay for your	surer and file campaig campaign. You canno 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 ELIGIBILITY make expenditures or incur obli			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-la (Seal is optional)	w		My commi	ssion expires(Date)
notice must be in the form of a	in amended registration was ce must be filed before co	hich must be filed ontributions 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)



10/22/25 Redd EK

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

information of the state of the	if any nation has red from us report
City and ZIP: Auburn, ME 04210 Phone Number: 207-402-1285	
Email: nmpulk@gmail.com	
Office Sought: School Board At-Large	
Name of Treasurer: Nancy Pulk Check inform	if any nation has
	ed from us report
City and ZIP:	
Email:	
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     11-Day Pre-June Election   O5/30/2025     If January Semiannual filed:     01/01/2025 − 05/27/2025	
☐ 42-Day Post-June Election 05/28/2025 - 07/15/2025 07/22/2025	
07/15/2025	
July Semiannual 01/01/2025 - 06/30/2025 07/13/2025	
Beginning of campaign – 10/21/2025  OR  11-Day Pre-Nov. Election  If 2025 July Semiannual filed:  07/01/2025 – 10/21/2025	
□ 42-Day Post-Nov. Election 10/22/2025 - 12/09/2025 12/16/2025	
12/15/2025	
□ 42-Day Post-Nov. Election 10/22/2025 – 12/09/2025 12/16/2025	

		RT AND TO THE BEST OF MY KNOW	VLEDGE IT
S TRUE, CORRECT, AND COMPL	ETE.	XT ODDO.	
Jour bell	10/22/25	Jany &M	10/22/25
Treasurer Signature	Date	Candidate Signature	Date

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

Candidate Name: Nancy Pulk

### 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	· ·	5	Political Party Committees
2	Other Individuals	6	6	Other Candidates and Committees
3	Commercial Source	7	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
9/3/25	Renee Roy Roy Realty 155 Center St Alebuin	Reator	Realty	3	500.00
917/25	Georgette Mogin 200 Stelson Rd 435	Retired	Alu	2	100.00
9/7/25	Muriel Land Rd = 323 AUDUM ME 04210	Retired	NIA	2	100.00
9/7/25	Nancy Pulk 497 Simain Sto	Controller	DRH Mgmit	1	700.00
9/8/25	Carey Zembas Po Box 337 ME 0480	Entrapreneur	Collaboration	2	100.00
9/8/25	NRH OF CM POBOX YIZ OYAIA	Property Mars	NRHOF	3	500.00
9/8/25	Sandra Pulla 29 Pinewood Ed 04578	3		7	25.00
919125	Fight for Freedom			4	600.00
9/15/25	Advanced Microsystem 647 main STM E04240	Professively	Advanced Microsystem	3	150.00
9/15/25	Thomas overlette PO BOX2237 LEUNISTON MEDYLYD	Business Owner	Budget Document Technologie	3	125.00
	(combined totals from all Sch		ontributions (this page be listed on Schedule F		2900

Candidate Name:	Vancy	Pulk	
Candidate Name:	vane y	100114	

Page 2 of 2 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
9/16/25	Kim Pelkey 184 Websturst Lewiston, ME OUDYO Gabriel Marchese 46 Idlewood DIE OUDD Cumberland, ME OUDD	Financial Advisor	Modern Woodman of America	2	100.00
9/24/25	Gabriel Marchese 46 Idlewood DAE 04031	Insulana Agent	Cross Insulance	2	100.00
	Camber 1840,				

Total Cash Contributions (this page only)→

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

20000

Candidate Name: Nancy Pulk

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.

**Contributor Types** 

- 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.

1 Candidate	and Candidate's Spouse/Domestic Partner		5	Political Party Committees		
2 Other Indiv	riduals		6	Other Candidates and Comr	nittees	
3 Commercia	al Source		7	Contributors giving \$50 or le	ss	
4 Political Ac	tion Committees		8	Transfer from previous camp	paign	
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
1.1.	Ereldreav Buryard	Printer		Enerdisen	7	100.00
415125	AUDULA ME Plaza	111/161		Printing	0	100,
Printer		ature				
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
10/17/25	Nagar Pulk-self	Controller		NRH March		26.61
Description of Go	onde/Senines	ourchased		, , ,		
Mailing	labels + ofc sply f	our chased	7	riom Ama	7001	,
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
Description of Go	oods/Services:					
	O til t de bloom Address Time	Occupation:	_	Employer:	Type:	Amount:
Date Received:	Contributor's Name, Address, Zip:	Occupation.		Employer.	.,,,,	,
Description of Go	nods/Services:					
Description of oc	3343700171000					
Date Received:	Contributor's Name, Address, Zip:	Occupation:		Employer:	Type:	Amount:
Description of Go	pods/Services:					
			_		T	
				tributions (this page onl		12/61
	(combined totals from all Scho	edule A-1 pages must	be	listed on Schedule F, Lir	ne 8)	190.01

Candidate Name: Nancy Pulk

Page of 2 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:				
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:			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	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:	Туре:	Amount:
Description of Go	pods/Services:	1			
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	pods/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: Nanay Pulk

### 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.

		EXPEN	OITURE	TY	PES			
APP	Apparel (t	-shirts, hats, embroidery, etc.)	ОТІ	4	Other a	nd fees (bank, contribution, and mon	ey order fees, etc.)	
CON	Contribution	on to party committee, non-profit, other	PEF	₹	Personnel and campaign staff, consulting, and independent contractors			
EQP	Equipmen	nt of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	o	Phones	(phone banking, robocalls, and texts	)	
EVT	Campaigr supplies,	n and fundraising events (venue/booth rental, entertainment,	PO	L	Polling	and survey research		
FOD	1	ampaign events or volunteers, catering	POS	s	Postag	e for US Mail and mailbox fees		
HRD	Hardware	and small tools (hammer, nails, lumber, paint, etc.)	PRO	0	Profess	ional services (graphic design, legal	services, web design)	
LIT	Printed ca	impaign materials (palmcards, signs, stickers, flyers etc.)	RAI	D	Radio a	ads and production costs only		
MHS	Mail house	e and direct mail (design, printing, mailing, and postage)	TK	Т	Entrand	ce cost to event (bean suppers, fairs,	party events, etc.)	
NEW	Newspap	er and print media ads only	TR	v	Travel (	(mileage and lodging, etc.)		
OFF	Office sup	pplies, rent, utilities, internet service, phone minutes/data	TVI	N	TV/Cat	ole ads, production, and media buyer	costs only	
ONL	Social me	dial and online advertising only	WE	в	Websit	e and internet costs (website domain	and registration, etc.)	
Da	ate	Name of Payee	Ту	pe		Remark	Amount	
9/20	<b>l</b> a5	spectrum Markeling	L17			Palmcards	610.00	
10/6	125	Spectrum Marketing	L1-	T		Signs	646.25	
, -	las	Maine Revenue Services	LIT			Use Tax on Spectrum	69.09	
9/21	1	11	OTH	<del> </del>		bank fee	2.00	
	Make	Evergreen Printing	LI	T		mailing cons	422.00	
	0/25	usps	Po!	S		postagestante	1235.60	
	رابر ا	(combined totals from all Schedule B p				tures (this page only)  d on Schedule F, Line 5)	2984.94	

Candidate Name: Nancy Pulk

Page <u>A</u> of <u>A</u> Schedule B only

# SCHEDULE B EXPENDITURES

	EXPENDIT	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)	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: Nancy Pulk

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	А	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:	oate:	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:	Vancy Pul	k
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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 Debt	ts and Obligations (this page only) 👈	

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

Date: 10 22 25

Candidate Name: Nancy Pulk

### SCHEDULE F SUMMARY SCHEDULE

This page is required for all candidates except those checking the no activity box on the cover page of the report.

• The cash balance on line 14 must match the campaign's reconciled bank account balance as of the last day of the report period.

	CASH ACTIVITY	
Recei	pts	
1.	Cash Contributions this Period (total of all Schedule A pages)	3100.00
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.)	n
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	3100.∞
Expe	nditures	
5.	Expenditures this Period (total of all Schedule B pages)	2984.94
6.	Loan Repayments this Period (Schedule C, column 3)	
7.	Total Payments this Period (lines 5 + 6)	2984.94
	OTHER ACTIVITY THIS REPORTING PERIOD	
8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	126.61
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)	0
12.	Plus Total Receipts this Period (line 4 above)	+ 3100.00
13.	Minus Total Payments this Period (line 7 above)	- 2984.94 = 115.06
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 115.06

<sup>\*</sup> 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.

et e



### 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**

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

		iled within 10 days in writing o	or by e-mail to the Clerk's office
1. STEAR HE WAS	CAI	NDIDATE INFORMATION	
Title (optional):	fr. 🗆 Mx. 🗆 Dr. 🗆 Honora	Party Affiliation:	Office Sought & District #:
Name: First Pamela	MI or Middle Nan		ribert
Pamela Mailing Address: 94 Fills City: About	d Ave		
City: Avbum		ZIP: 04210	Phone: 207 6320331
Email:  pamelé	y. f. albert C	egmail.com	n
1			
2.	TRE	ASURER INFORMATION	
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			
City:	ZIP: Ema	il:	
appoint a treasurer no late	er than 10 days after becoming ater than 10 days after appoint	i a candidate, and before accer ing a treasurer, the candidate n	vith a population of greater than 15,000 must oting contributions, making expenditures or nust register with the Clerk's office the name and mpaign records and for filing reports.
2A.	DEPUTY TRE	ASURER INFORMATION (o	ptional)
Name: First	MI or Middle Name	Last	Phone:
Mailing Address:			3
City:	ZIP: Emai		treasurer, who must be reported to the Clerk's offic

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

Rev. 2025

Name:	Phone:		Email:	
Name:	Phone:		Email:	
DESIGNATION OF AUTHORIZED AGENT (opti- treasurer, authorized to file reports on your behalf.	onal): Please	use this section	n to designate individ	duals, other than the treasurer and deputy
4. POLITI	CAL COMM	IITTEE INFOR	MATION (optional	
Name:				Phone:
Address of Campaign Headquarters:			City:	ZIP:
DESIGNATION OF POLITICAL COMMITTEE (op The committee treasurer is the treasurer appointed the candidate must register the name of the comm	d in Section 2 ittee and the c	of the registration	on. No later than 10	days after appointing a political committee
Committee Officers (use additional pages, if ne Name:	cessary):	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	CI	ERTIFICATION	AS IS BUTTON	
l co				true, accurate and complete.
(Print Candidate's Full Name)	ertify that the	, imormadon in	uns registration is	true, accurate and complete.
Signature of Candidate			Date	
6.	REPORTING	S EXEMPTION	REQUEST	
Only county and municipal candidates, and le				v 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 personal statement below and sections 1 & 5, have the for	obligation to e any expendi onal funds to rm notarized,	appoint a treasur itures for their ca pay for your ca and submit it to t	er and file campaign mpaign. You cannot mpaign expenses. he Clerk's office.	finance reports if the candidate does not request a reporting exemption if you use To request an exemption, complete the
STATEMENT OF ELIGIBILITY FOR A REPOR make expenditures or incur obligations associate			dersigned, swear or	affirm that I will not accept contributions,
Signature of Candidate	W	A		Date 8/21/25
Subscribed and sworn (affirmed) to before me this	day of	Avent	_, 20_2 \$	EMILY F CARRINGTON Notary Public
Signature of Notary/Attorney-at-law (Seal is optional)	J C	, J	My commiss	NA 2017 1
REVOCATION NOTICE: The foregoing stateme notice must be in the form of an amended regis treasurer is appointed. The notice must be filed to the same penalties applicable to late campaig	stration which before contrib	must be filed with the	ith the Clerk's office	no later than 10 days after the date the

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



### 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 i	registration information must t	oe filed within 10 days in writir  ☐ Yes ☐ No	ng or by e-mail to the Cle	erk's office		
1.	1. CANDIDATE INFORMATION					
Title (optional):	Mr.   Mx.   Dr.   Ho	Party Affiliation:		tht & District #: Ward 5		
Name: First	MI or Middle	Name	Poisson			
Mailing Address:	snold Sheet					
City: anburn		ZIP: 0 4210	Phone: 57	6-7891		
Email:	5 SUN @ a 01.	Com				
				207-004-00-00-00-00		
2.		REASURER INFORMATION				
Name: First	MI or Middle Name	Last	Phone:			
Mailing Address:						
City:	ZIP: E	Email:				
appoint a treasurer no incurring obligations.	later than 10 days after becom No later than 10 days after appe	unicipal office in towns and citiening a candidate, and before accointing a treasurer, the candidater is responsible for maintaining	cepting contributions, ma te must register with the C	king expenditures or Clerk's office the name and		
2A.	DEPUTY 1	REASURER INFORMATION	(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.	AUTHORIZED AC	GENT INFORM	ATION (optional)	
Name:	Phone:		Email:	
Name:	Phone:		Email:	
DESIGNATION OF AUTHOR treasurer, authorized to file re		use this section	to designate indiv	viduals, other than the treasurer and deputy
4.	POLITICAL COMM	ITTEE INFORM	IATION (options	
Name:				Phone:
Address of Campaign Headqua	rters:		City:	ZIP:
The committee treasurer is th the candidate must register th	AL COMMITTEE (optional): A can be treasurer appointed in Section 2 be name of the committee and the committee and the committee.	of the registration	n. 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.	CI	ERTIFICATION		
l,(Print Candidate's Full Name	, certify that the	e information in t	this registration i	s true, accurate and complete.
Signature of Candidate _			Date _	
6.	REPORTING	G EXEMPTION	REQUEST	
Only county and municipa	al candidates, and legislative ca	ndidates in an u	ncontested prima	ry election, may request an exemption.
accept any cash or in-kind your or your spouse's/dom	contributions or make any expendi	itures for their car pay for your ca	mpaign. You canno mpaign expenses	on finance reports if the candidate does not be trequest a reporting exemption if you use. To request an exemption, complete the
	LITY FOR A REPORTING EXEMP obligations associated with my cal		dersigned, swear o	or affirm that I will not accept contributions,
Signature of Candidate	aniel F Porson	. Ba.		Date 8/30/2025
Subscribed and sworn (affirme	d) to before me this 21 day of	August	_, <sub>20_</sub> 25	.0.
Signature of Notary/Attorney- (Seal is optio <del>nal)</del>		bison	My commi	ssion expires Whatch at abar
REVOCATION NOTICE: TI	he foregoing statement may be rev	oked. Prior to rev	ocation, the candid	date must appoint a treasurer. A revocation

**REVOCATION NOTICE:** The foregoing statement may be revoked. Prior to revocation, the candidate must appoint a treasurer. A revocation notice must be in the form of an amended registration which must be filed with the Clerk's office 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**

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

Notice: Cha				or by e-mail to the Clerk's office
1.	Is this a	n amendment?	Yes	
		OAND	Party Affiliation:	Office Sought & District #:
Title (optional)  ☐ Ms.	: Mrs. Mr.	Mx. □ Dr. □ Honorable	T dity 7 millioni	School Committee Was
Name:	First	MI or Middle Name		ast
4	atricia	M.	Gau	ther
Mailing Addres	A	e Rd		
City:			ZIP:	Phone:
A	ruburn		ME	Ø201-240-1914
Email:				
P	dgantie	er 1971 0 0	iolicom	
2.		TREAS	SURER INFORMATION	
Name: First		MI or Middle Name	Last	Phone:
Mailing Addres	ss:			
City:	ZIP:	Email:		
appoint a tre	asurer no later than 1 gations. No later than e candidate and trea	0 days after becoming a c	candidate, and before acce a treasurer, the candidate	s with a population of greater than 15,000 must epting contributions, making expenditures or must register with the Clerk's office the name and manager records and for filing reports.
2A.		DEPUTY TREAS	SURER INFORMATION (	(optional)
Name: First		MI or Middle Name	Last	Phone:
Mailing Addres	SS:		130	
	- 4			
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

3.	AUTHORIZED A	AGENT INFOR	RMATION (optional		
Name:	Phone:		Email:		
Name:	Phone:		Email:		-
ESIGNATION OF AUTHOR easurer, authorized to file re	RIZED AGENT (optional): Pleas ports on your behalf.	se use this sect	ion to designate indi	viduals, other than the tre	easurer and depu
4.	POLITICAL COM	MITTEE INFO	RMATION (option	al)	
Name:				Phone:	
Address of Campaign Headqua	rters:		City:	ZIP:	
he committee treasurer is th	AL COMMITTEE (optional): A case treasurer appointed in Section e name of the committee and the	2 of the registra	ation. No later than 1	0 days after appointing a	
	ditional pages, if necessary):	1			
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
Name:		Title:		Phone:	
Mailing Address:		City:	ZIP:	Email:	
5.		CERTIFICATION	ON		
	Patricia M. Ga		in this registration i	2	nplete.
6.	REPORTIN	NG EXEMPTIO	N REQUEST	SE HEAL	
Only county and municipa	al candidates, and legislative o	andidates in ar	ı uncontested prima	ry election, may request	an exemption.
accept any cash or in-kind your or your spouse's/dom	n exemption from the obligation to contributions or make any exper- nestic partner's personal funds ons 1 & 5, have the form notarized	ditures for their to pay for your	campaign. You canno campaign expenses	ot request a reporting exer	nption if you use
	LITY FOR A REPORTING EXEM obligations associated with my of		undersigned, swear o	or affirm that I will not acce	ept contributions,
Signature of Candidate	atricia M. E	autier	)	Date 7/14/20	25
	d) to before me this 14 day of	Tuy	, 20_25.		F CARRINGTO
Signature of Notary/Attorney- (Seal is optional)	at-law	1	My commi	(Date)	otary Public Maine on Expires January 11
notice must be in the form treasurer is appointed. The	ne foregoing statement may be re of an amended registration whice notice must be filed before cont cable to late campaign finance re	ch must be filed ributions are acc	with the Clerk's office	date must appolitions: e no later than 10 days a	fter the date the

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 mules this an amendment			or by e-mail to the Clerk's office
1.		CANDIE	DATE INFORMATION	
Title (optional):		Honorable	Party Affiliation:	Office Sought & District #:
□ IVIS. 🚁 IVII 3.				School Compter Word
Name: First	-	fiddle Name	La	
COBST	ALCE JEA	UNE	ME	RUMA
Mailing Address:	· 5222			
City:	COURTH STREE	7	ZIP:	Phone:
AUG	SURL MAIN	E	04210	207 740-40-63
Email:				
	none			
2.		TREASI	URER INFORMATION	
Name: First	Mi or Middle Nam	e	Last	Phone:
Mailing Address:				
City:	ZIP:	Email:		
•				
appoint a treasurer	no later than 10 days after be s. No later than 10 days after a didate and treasurer. The treas	coming a ca	andidate, and before acce a treasurer, the candidate i	with a population of greater than 15,000 must pting contributions, making expenditures or must register with the Clerk's office the name and impaign records and for filing reports.
2A.	DEPUT	Y TREASI	URER INFORMATION (	ptional)
Name: First	MI or Middle Nam	e	Last	Phone:
Mailing Address:	ESEMBLON MASS			
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 A	GENT INFOR	MATION (optional)	<b>(我到在</b> "中国人,我们是否是是
Name:	Phone:	Phone:		
Name:	Phone:	Phone:		
DESIGNATION OF AUTHORIZ treasurer, authorized to file repor	ED AGENT (optional): Please rts on your behalf.	use this section	on to designate indiv	viduals, other than the treasurer and deputy
4.	POLITICAL COMM	MITTEE INFOR	RMATION (options	al)
Name:				Phone:
Address of Campaign Headquarter	rs:		City:	ZIP:
	treasurer appointed in Section 2 name of the committee and the o	2 of the registra	tion. No later than 10	ommittee to promote the candidate's election 0 days after appointing a political committee A MRS § 1013-A (1) (B))
Name:	ional pages, il necessary).	Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
Name:		Title:		Phone:
Mailing Address:		City:	ZIP:	Email:
5.	C	ERTIFICATIO	N	
l,(Print Candidate's Full Name)	, certify that the	information i	n this registration is	s true, accurate and complete.
Signature of Candidate			Date _	
6.	REPORTING	G EXEMPTION	N REQUEST	
				munication may request an examption
A candidate may request an e accept any cash or in-kind cor your or your spouse's/domes	xemption from the obligation to ntributions or make any expendi	appoint a treas itures for their o pay for your o	urer and file campaig campaign. You canno campaign expenses.	ry election, may request an exemption. In finance reports if the candidate does not be request a reporting exemption if you use. To request an exemption, complete the
	Y FOR A REPORTING EXEMP oligations associated with my ca		ndersigned, swear o	r affirm that I will not accept contributions,
Signature of Candidate	constance J. No	erries.		Date 8-21-35
Subscribed and sworn (affirmed) t	()	Agest	, 20 <b></b> My commis	EMILY F CARRINGTON Notary Public Maine Sign expires Maine My Commission Expires January 11, 2030
notice must be in the form of treasurer is appointed. The no	an amended registration which	must be filed to	with the Clerk's offic	late must appoint a treasurer. A revocation e no later than 10 days after the date the s made. A late revocation notice is subject

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	REGISTRATION			
Notice: Changes	to registration information must Is this an amendment?		in 10 days in writing or	by e-mail to the Clerk's office
1,		CANDIDAT	E INFORMATION	
Title (optional):  Ms. Mrs.		Honorable Pa	arty Affiliation:	Office Sought & District #: School Com, Ward 1
Name: First	Mt or Midd	ile Name	Last M <sup>C</sup>	ouigan
Mailing Address:	Turner St.	à		3
City: Aubu	~n	ZIP:	04210	Phone: (207) 740 - 6258
Email: KmC	ignigan@au	burns	schl.edu	
2.		TREASURE	R INFORMATION	
Name: First	MI or Middle Name		Last	Phone:
Mailing Address:				
City:	ZIP:	Email:		
appoint a treasurer i incurring obligations	no later than 10 days after becon s. No later than 10 days after app lidate and treasurer. The treasure	ming a candid pointing a treas	ate, and before acceptir surer, the candidate mu	h a population of greater than 15,000 musting contributions, making expenditures or st register with the Clerk's office the name anaign records and for filing reports.
2A.	DEPUTY	TREASURE	R 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.	AUTHO	RIZED AGE	NT INFOR	AATION (optional	
Name:		Phone:		Email:	
Name:	Phone:		Email:		
DESIGNATION OF AUTHORIZE treasurer, authorized to file reports		al): Please us	e this sectio	n to designate indi	viduals, other than the treasurer and depu
4.	POLITICA	AL COMMITT	EE INFOR	MATION (option	al)
Name:					Phone:
Address of Campaign Headquarters:				City:	ZIP:
DESIGNATION OF POLITICAL C The committee treasurer is the tre the candidate must register the na Committee Officers (use addition	asurer appointed in me of the committe	n Section 2 of e and the com	the registrat	ion. No later than 1	ommittee to promote the candidate's electio 0 days after appointing a political committe -A MRS § 1013-A (1) (B))
Name:	nai pages, ii iicoc		itle:		Phone:
Mailing Address:		C	ity:	ZIP:	Email:
Name:		Т	itle:		Phone:
Mailing Address:		C	ity:	ZIP:	Email:
5.		CERT	ΠΕΙCATIO	<b>V</b>	
(Print Candidate's Full Name)	, certi	fy that the inf	ormation in	this registration is	s true, accurate and complete.
Signature of Candidate				Date _	
6.	RE	PORTING EX	XEMPTION	REQUEST	
A candidate may request an exe accept any cash or in-kind contr your or your spouse's/domestic statement below and sections 1	mption from the ob ibutions or make as partner's persona & 5, have the form	ligation to appoint of a point of	oint a treasu s for their ca / for your ca   submit it to	rer and file campaig impaign. You canno ampaign expenses. the Clerk's office.	ry election, may request an exemption. In finance reports if the candidate does not be request a reporting exemption if you use. To request an exemption, complete the
make expenditures or incur oblig				dersigned, swear o	r affirm that I will not accept contributions,
Signature of Candidate	in Ma	3750	in		Date 8/26/25
Subscribed and sworn (affirmed) to be					
Signature of Notary/Attorney-at-law (Seal is optional)				My commis	ssion expires(Date)
notice must be in the form of ar	n amended registra e must be filed bef	ition which mu fore contributio	st be filed w ns are acce	ith the Clerk's offic	date must appoint a treasurer. A revocation e no later than 10 days after the date the s made. A late revocation notice is subject

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feed 10/21/25 gp

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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:	Kori	Check if any Information has				
	Street Address:		Turner St.		changed from previous report		
	City and ZIP:	Aut	ourn 04210	Phone Number: (207) 740-62	58		
	Email:	Kmegu	igan@auburnsc	shl.edu			
	Office Sought:	School	Committee Rep	District Number (if applicable):			
	Name of Treasurer:	Jame	James McGuigan				
	Mailing Address:	444 Turner St. change					
	City and ZIP:	Phone Number:					
	Email: jamcquigan@gmail.com						
Report Name			Filing Period	Filing	Filing Deadline		
			07/01/2024 - 12/31/2024	01/	01/15/2025		
			If filing first report: Beginning of campaign – 05/27/202 OR If January Semiannual filed: 01/01/2025 – 05/27/2025	25 05/	05/30/2025		
0	42-Day Post-June Election	`			22/2025		
	42-Day Fusitione Election						
	July Semiannual		01/01/2025 - 06/30/2025	07/	15/2025		
D	1 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	25	10/24/2025		
	42-Day Post-Nov. Election	1	10/22/2025 – 12/09/2025		16/2025		
_	Amendment to:						
	Other (specify):						
Check if campaign had not activity for the reporting period. (No other pages are required)							

□ Amendment to:
□ Other (specify):
□ Check if campaign had not activity for the reporting 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 20 25
□ 10 20 25
□ Date □ Candidate Signature □ Date □ Dat

-	=	