

OCT 30 2015

# 24-HOUR REPORT

## For Municipal Candidates

Report Period: October 21 – November 2, 2015

### CANDIDATE INFORMATION

NAME OF CANDIDATE <b>Michael Brennan</b>	TELEPHONE NUMBER <b>939-6462</b>
MAILING ADDRESS <b>49 Wellington Rd.</b>	OFFICE SOUGHT <b>Mayor, Portland</b>
CITY, ZIP CODE <b>Portland 04103</b>	DISTRICT NUMBER (IF ANY)
NAME OF AUTHORIZED COMMITTEE, IF ANY	

### TREASURER INFORMATION

NAME OF TREASURER <b>Nancy Berrang</b>	TELEPHONE NUMBER <b>772-3286</b>
MAILING ADDRESS <b>135 Glenwood Ave</b>	CITY, ZIP CODE <b>Portland 04103</b>

### CONTRIBUTOR INFORMATION

NAME OF CONTRIBUTOR	OCCUPATION
NUMBER AND STREET	EMPLOYER
CITY, STATE, ZIP CODE	<i>For in-kind contributions received, describe the goods or services received:</i>
DATE OF CONTRIBUTION	
CONTRIBUTION AMOUNT: \$	
IF IN-KIND, REPORT FAIR MARKET VALUE: \$	

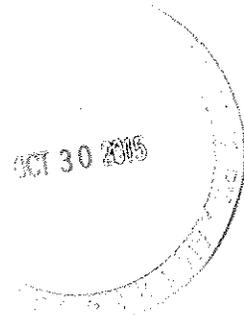
### EXPENDITURE INFORMATION

NAME OF PAYEE <b>Black Fly Media</b>	DATE OF EXPENDITURE <b>10/30/15</b>
NUMBER AND STREET <b>5 Wedgewood St.</b>	EXPENDITURE AMOUNT <b>\$2,000-</b>
CITY, STATE, ZIP CODE <b>Scarborough, ME 04074</b>	
PURPOSE OF EXPENDITURE <b>tv ad production</b>	

I, Nancy Berrang certify that the information in this report is true, correct and complete.

Nancy Berrang 10/30/15  
Signature of Treasurer Date

Michael Brennan 10/30/15  
Signature of Candidate Date



# 24-HOUR REPORT

For Municipal Candidates

Report Period: October 21 – November 2, 2015

### CANDIDATE INFORMATION

NAME OF CANDIDATE <b>Michael Brennan</b>	TELEPHONE NUMBER <b>939-6462</b>
MAILING ADDRESS <b>49 Wellington Rd.</b>	OFFICE SOUGHT <b>Mayor, Portland</b>
CITY, ZIP CODE <b>Portland 04103</b>	DISTRICT NUMBER (IF ANY)
NAME OF AUTHORIZED COMMITTEE, IF ANY	

### TREASURER INFORMATION

NAME OF TREASURER <b>Nancy Berrang</b>	TELEPHONE NUMBER <b>772-3286</b>
MAILING ADDRESS <b>135 Glenwood Ave.</b>	CITY, ZIP CODE <b>Portland 04103</b>

### CONTRIBUTOR INFORMATION

NAME OF CONTRIBUTOR	OCCUPATION
NUMBER AND STREET	EMPLOYER
CITY, STATE, ZIP CODE	<i>For in-kind contributions received, describe the goods or services received:</i>
DATE OF CONTRIBUTION	
CONTRIBUTION AMOUNT: \$	
IF IN-KIND, REPORT FAIR MARKET VALUE: \$	

### EXPENDITURE INFORMATION

NAME OF PAYEE <b>GG Direct</b>	DATE OF EXPENDITURE <b>10/30/15</b>
NUMBER AND STREET <b>357 Riverside Industrial Parkway</b>	EXPENDITURE AMOUNT <b>\$1050.</b>
CITY, STATE, ZIP CODE <b>Portland ME 04103</b>	
PURPOSE OF EXPENDITURE <b>direct mail</b>	

I, Nancy Berrang certify that the information in this report is true, correct and complete.

Nancy Berrang 10/30/15  
Signature of Treasurer Date

Michael Brennan 10/20/15  
Signature of Candidate Date

# 24-HOUR REPORT

For Municipal Candidates

Report Period: October 21 – November 2, 2015



## CANDIDATE INFORMATION

NAME OF CANDIDATE <b>Michael Brennan</b>	TELEPHONE NUMBER <b>939-6462</b>
MAILING ADDRESS <b>49 Wellington Rd.</b>	OFFICE SOUGHT <b>Mayor, City of Portland</b>
CITY, ZIP CODE <b>Portland ME 04103</b>	DISTRICT NUMBER (IF ANY)
NAME OF AUTHORIZED COMMITTEE, IF ANY	

## TREASURER INFORMATION

NAME OF TREASURER <b>Nancy Berrang</b>	TELEPHONE NUMBER <b>772-3286</b>
MAILING ADDRESS <b>135 Glenwood Ave</b>	CITY, ZIP CODE <b>Portland ME 04103</b>

## CONTRIBUTOR INFORMATION

NAME OF CONTRIBUTOR	OCCUPATION
NUMBER AND STREET	EMPLOYER
CITY, STATE, ZIP CODE	<i>For in-kind contributions received, describe the goods or services received:</i>
DATE OF CONTRIBUTION	
CONTRIBUTION AMOUNT: \$	
IF IN-KIND, REPORT FAIR MARKET VALUE: \$	

## EXPENDITURE INFORMATION

NAME OF PAYEE <b>WGME TV</b>	DATE OF EXPENDITURE <b>10/28/15</b>
NUMBER AND STREET <b>81 Northport Dr.</b>	EXPENDITURE AMOUNT <b>\$2,635.</b>
CITY, STATE, ZIP CODE <b>Portland ME 04103</b>	
PURPOSE OF EXPENDITURE <b>television ads</b>	

I, Nancy Berrang certify that the information in this report is true, correct and complete.

Nancy Berrang 11/29/15  
Signature of Treasurer Date

Michael Brennan 11/29/15  
Signature of Candidate Date

# 24-HOUR REPORT

For Municipal Candidates

Report Period: October 21 – November 2, 2015



## CANDIDATE INFORMATION

NAME OF CANDIDATE <b>Michael Brennan</b>	TELEPHONE NUMBER <b>939-6462</b>
MAILING ADDRESS <b>49 Wellington Rd.</b>	OFFICE SOUGHT <b>Mayor, City of Portland</b>
CITY, ZIP CODE <b>Portland 04103</b>	DISTRICT NUMBER (IF ANY)
NAME OF AUTHORIZED COMMITTEE, IF ANY	

## TREASURER INFORMATION

NAME OF TREASURER <b>Nancy Berrang</b>	TELEPHONE NUMBER <b>772-3286</b>
MAILING ADDRESS <b>135 Glenwood Ave</b>	CITY, ZIP CODE <b>Portland 04103</b>

## CONTRIBUTOR INFORMATION

NAME OF CONTRIBUTOR	OCCUPATION
NUMBER AND STREET	EMPLOYER
CITY, STATE, ZIP CODE	<i>For in-kind contributions received, describe the goods or services received:</i>
DATE OF CONTRIBUTION	
CONTRIBUTION AMOUNT: \$	
IF IN-KIND, REPORT FAIR MARKET VALUE: \$	

## EXPENDITURE INFORMATION

NAME OF PAYEE <b>WCSH-TV</b>	DATE OF EXPENDITURE <b>10/28/15</b>
NUMBER AND STREET <b>One Congress Square</b>	EXPENDITURE AMOUNT <b>\$1,595.</b>
CITY, STATE, ZIP CODE <b>Portland ME 04101</b>	
PURPOSE OF EXPENDITURE <b>television ads</b>	

I, Nancy Berrang certify that the information in this report is true, correct and complete.

Nancy Berrang 10/28/15  
Signature of Treasurer Date

Michael Brennan 10/29/15  
Signature of Candidate Date