



Melissa Caiazzo
 Election Administrator - City of Portland
 389 Congress Street, Room 203
 Portland, ME 04101
 mcaiazzo@portlandmaine.gov
 P: 207-756-8102 | F: 207-874-8612

CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION			
Title: Andrew Volk <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable		Party Affiliation (if any): DEM	Office Sought: City Council - D3
Name: Andrew Volk		District (if any): District 3	
Mailing Address: 4 Kenwood Street		Phone (home): 207-370-1521	
City, State, Zip Code: Portland, ME 04102		Phone (work): 207-747-5045	
E-mail: andrew_for_portland@gmail.com	Fax:	Phone (mobile): 503-869-9619	

2. TREASURER INFORMATION			
Name: Taylor Asen		Phone (home): 653-6663	
Mailing Address: 192 Foreside Rd.		Phone (work):	
City, State, Zip Code: Falmouth, ME 04103	E-mail: taylor.asen@gmail.com	Fax:	

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

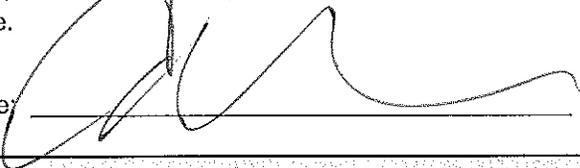
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Andrew Volk, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 7/23/19

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/ expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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 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 MRSA § 453)



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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): Democrat	Office Sought: City Council
Name: Pious Al'		District (if any): At-Large
Mailing Address: 184 Pearl St # 307		Phone (home):
City, State, Zip Code: Portland ME 04101		Phone (work):
E-mail: PiousforCouncil@gmail.com	Fax:	Phone (mobile): 2078074283
2. TREASURER INFORMATION		
Name: /		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, PIOUS Ali _____, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 4/1/2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

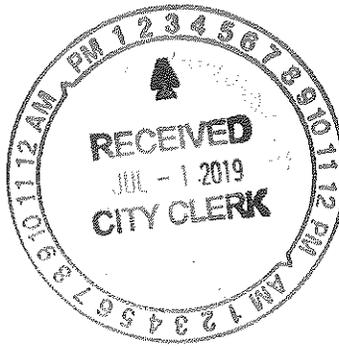
Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: CC Dist 3
Name: Edward J Sustoriz		District (if any): 3
Mailing Address: 46 Kenwood St		Phone (home): 207-772-5615
City, State, Zip Code: Portland ME 04102		Phone (work): _____
E-mail: esustoriz@gmail.com	Fax: _____	Phone (mobile): 207-671-6320
2. TREASURER INFORMATION		
Name: Candidate		Phone (home): _____
Mailing Address: _____		Phone (work): _____
City, State, Zip Code: _____	E-mail: _____	Fax: _____

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Edward J Suslovic, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: [Signature] Date: 7-1-19

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

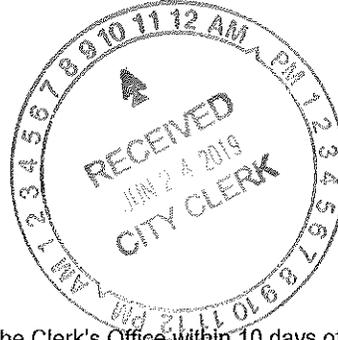
Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: City Council
Name: TAE CHONG		District (if any): 3
Mailing Address: 98 WINDING WAY		Phone (home): 207-632-9719
City, State, Zip Code: PORTLAND, ME 04102		Phone (work):
E-mail: tae.y.chong@gmail.com	Fax:	Phone (mobile): 207-632-9719
2. TREASURER INFORMATION		
Name: TAE CHONG		Phone (home): 207-632-9719
Mailing Address: 98 WINDING WAY		Phone (work): Same
City, State, Zip Code: Portland, ME 04102	E-mail: tae.y.chong@gmail.com	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

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Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, JAE CHOW, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: Jae Chow Date: June 24, 2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <u>Layla Karger</u> <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): <u>Social Democrat</u>	Office Sought: <u>City Council District 3</u>
Name: <u>Layla Karger</u>	District (if any): <u>3</u>	
Mailing Address: <u>35 Belknap St</u>	Phone (home): <u>207-712-1839</u>	
City, State, Zip Code: <u>Portland ME 04103</u>	Phone (work):	
E-mail: <u>layla@incomer magazine.com</u>	Fax:	Phone (mobile):
2. TREASURER INFORMATION		
Name:	Phone (home):	
Mailing Address:	Phone (work):	
City, State, Zip Code:	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name: <u>Layla Karger</u>	Phone (home): <u>207 712 1839</u>
Mailing Address: <u>35 Belknap St</u>	Phone (work):
City, State, Zip Code: <u>Portland ME 04103</u>	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

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My commission expires (date): _____

Signature: _____ Notary Public/Attorney-at-law

Seal (optional)

Subscribed and sworn (affirmed) to before me this 19 day of June, 2019

Signature of Candidate: [Signature]
Date: 6/19/19

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy. A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. PLEASE NOTE: personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

6. EXEMPTION FROM REPORTING REQUIREMENTS

I, [Signature], certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)
Signature of Candidate: [Signature]
Date: 6/19/19

5. CERTIFICATION (Must be signed even if exemption below is claimed)

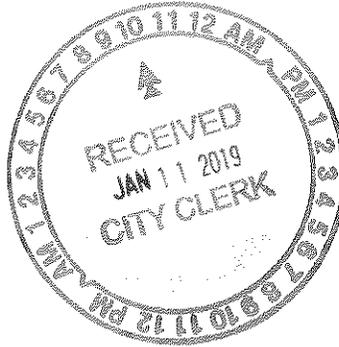
Name:	Title:	City, State, Zip Code:	E-mail:
Name:	Title:	City, State, Zip Code:	E-mail:
Name:	Title:	City, State, Zip Code:	E-mail:
Name:	Title:	City, State, Zip Code:	E-mail:

Committee Officers (use additional pages, if necessary):

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Name:		Address of Campaign Headquarters:	
Phone:	City, State, Zip Code:	City, State, Zip Code:	

4. POLITICAL COMMITTEE INFORMATION



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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): Democrat	Office Sought: Mayor
Name: SPENCER THIBODEAU		District (if any):
Mailing Address: 183 BRACKETT ST, UNIT 308		Phone (home):
City, State, Zip Code: PORTLAND, ME 04102		Phone (work):
E-mail: spencerformayor2019@gmail.com	Fax:	Phone (mobile): 207-650-2147
2. TREASURER INFORMATION		
Name: SPENCER THIBODEAU		Phone (home): 207-650-2147
Mailing Address: 183 BRACKETT ST, UNIT 308		Phone (work):
City, State, Zip Code: PORTLAND, ME 04102	E-mail: spencerformayor2019@gmail.com	Fax:
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Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: MAYOR
Name: Kathleen M. Snyder		District (if any):
Mailing Address: 31 Kenwood Street		Phone (home):
City, State, Zip Code: Portland, ME 04102		Phone (work):
E-mail: kate@kateformayor.me	Fax:	Phone (mobile): 207 838 0789
2. TREASURER INFORMATION		
Name: Halle Flunt Gilman		Phone (home): cell 207.272.5835
Mailing Address: 29 Park St.		Phone (work):
City, State, Zip Code: Portland, ME 04101	E-mail: halle.gilman@gmail.com	Fax:

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

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Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

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Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

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Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Kathleen M. Snyder, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: Kathleen M. Snyder Date: 3/26/2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

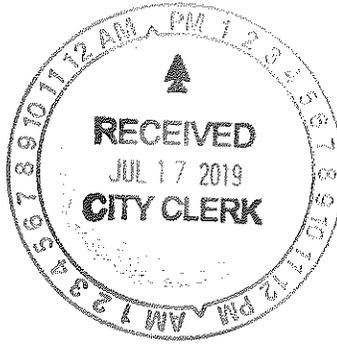
Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

REVOCAION 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 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 MRSA § 453)



Melissa Caiazzo
 Election Administrator - City of Portland
 389 Congress Street, Room 203
 Portland, ME 04101
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CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): Green Independent	Office Sought: School Board
Name: Anna J. Trevorrow		District (if any): At-large
Mailing Address: 5 Mayo St.		Phone (home):
City, State, Zip Code: Portland, ME 04101		Phone (work):
E-mail: trevorrow4tomorrow@gmail.com	Fax:	Phone (mobile): (207) 699-4141
2. TREASURER INFORMATION		
Name: Nicholas Mavodones		Phone (home): (207) 774-0257
Mailing Address: 79 Chenery St.		Phone (work):
City, State, Zip Code: Portland, ME 04103	E-mail: portland4nick@gmail.com	Fax:
<p>DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A)</p>		
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:
<p>DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))</p>		

4. POLITICAL COMMITTEE INFORMATION

Name: <u>Re-elect Anna Trevorrow</u>		Phone: <u>(207) 699-4141</u>
Address of Campaign Headquarters: <u>5 Mayo St.</u>		City, State, Zip Code: <u>Portland, ME 04101</u>

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name: <u>Anna Trevorrow</u>	Title: <u>President</u>	Phone: <u>(207) 699-4141</u>
Mailing Address: <u>5 Mayo St</u>	City, State, Zip Code: <u>Portland ME 04101</u>	E-mail: <u>trevorrow4tomorrow@gmail.com</u>
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION (Must be signed even if exemption below is claimed)

I, Anna J. Trevorrow, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: Anna Trevorrow Date: 7.16.19

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/ expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

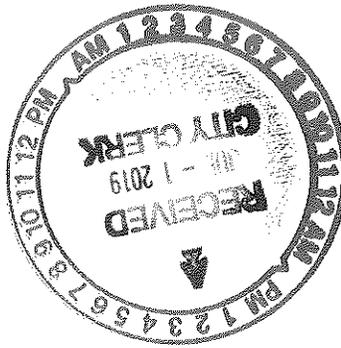
Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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 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 MRSA § 453)



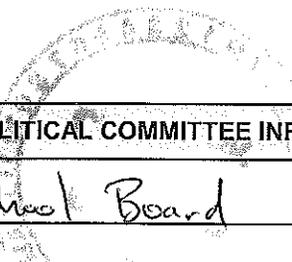
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CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: School Board
Name: Adam Burk		District (if any): 3
Mailing Address: 34 Presnell Street		Phone (home):
City, State, Zip Code: Portland, Maine 04102		Phone (work):
E-mail: adam.burk.me@gmail.com	Fax:	Phone (mobile): 207.233.1920
2. TREASURER INFORMATION		
Name: Adam Burk		Phone (home): 207.233.1920
Mailing Address: 34 Presnell Street		Phone (work):
City, State, Zip Code: Portland, Maine 04102	E-mail: adam.burk.me@gmail.com	Fax:
DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A)		
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:
DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))		



4. POLITICAL COMMITTEE INFORMATION	
Name: <u>Adam Bush for School Board</u>	Phone: <u>207.233.1920</u>
Address of Campaign Headquarters: <u>34 Russell Street</u>	City, State, Zip Code: <u>Portland, Maine 04102</u>

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Adam Bush, (Print Candidate's Full Name), certify that the information in this registration is true, accurate and complete.

Signature of Candidate:  Date: 7.1.19

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

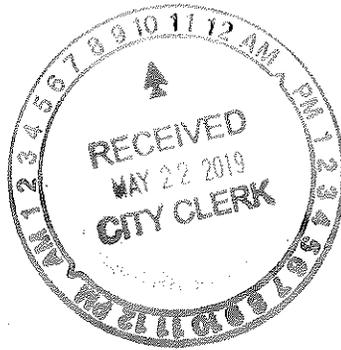
Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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 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.



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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: School Board
Name: SAMUEL H. ROSENTHAL		District (if any): 3
Mailing Address: 32 Celebration Ct.		Phone (home): 207-899-3415
City, State, Zip Code: Portland, MAINE 04102		Phone (work):
E-mail: srosenthal@maine.rr.com	Fax:	Phone (mobile): 978-758-0114
2. TREASURER INFORMATION		
Name: Christopher Sirpis		Phone (home): 207-712-0545
Mailing Address: 28 Celebration Ct.		Phone (work):
City, State, Zip Code: Portland, MAINE 04102	E-mail: csirp@aol.com	Fax:
<p>DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A)</p>		
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:
<p>DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))</p>		

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, SAMUEL H. ROSENTHAL, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: Samuel H. Rosenthal Date: May 22, 2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

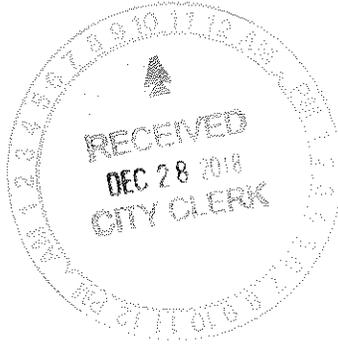
Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

REVOCAION 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 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.

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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): NONE	Office Sought: City Council-at large
Name: Kenneth A. Capron		District (if any): At Large
Mailing Address: 1375 Forest Avenue D-11		Phone (home): 207 797-7891
City, State, Zip Code: Portland, ME 04103		Phone (work): _____
E-mail: kcapron1@maine.rr.com	Fax: 207-797-7891	Phone (mobile): _____
2. TREASURER INFORMATION		
Name: same		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name: N/A	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

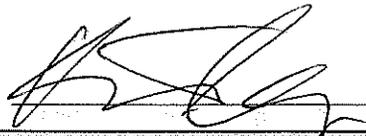
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Kenneth A. Capron, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 12/22/2018

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/ expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

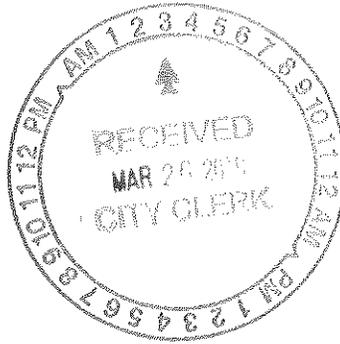
Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

REVOCAION 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 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.



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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: City Council 3
Name: Brian Batson		District (if any):
Mailing Address: 336 Capisic St.		Phone (home):
City, State, Zip Code: Portland, ME 04102		Phone (work):
E-mail: Batsonb1@gmail.com	Fax:	Phone (mobile): 207-664-9635
2. TREASURER INFORMATION		
Name: Lyle Stephenson		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code: Brunswick, ME	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Brian Ellis Batson, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 3/26/19

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

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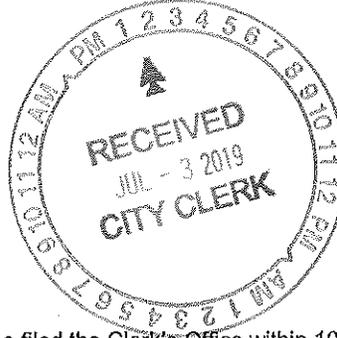
Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): DEMOCRAT	Office Sought: MAYOR
Name: THADDEUS MATTHEW ST. JOHN		District (if any):
Mailing Address: 20 SHERIDAN ST.		Phone (home): 323-369-3101
City, State, Zip Code: PORTLAND, MAINE, 04101		Phone (work):
E-mail: thaddeus.stjohn@gmail.com	Fax:	Phone (mobile): 323-369-3101
2. TREASURER INFORMATION		
Name: GENEVIEVE RICHARDSON		Phone (home): 207 310 1943
Mailing Address: 51 LOWN AVE		Phone (work):
City, State, Zip Code: S. Portland, ME 04106	E-mail: jltalbot@gmail.com	Fax:
<p>DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A)</p>		
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:
<p>DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))</p>		

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, THADDEUS ST. JOHN, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 07/03/2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/ expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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 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.



Melissa Caiazzo
 Election Administrator - City of Portland
 389 Congress Street, Room 203
 Portland, ME 04101
 mcaiazzo@portlandmaine.gov
 P: 207-756-8102 | F: 207-874-8612

CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): NONE	Office Sought: MAYOR
Name: TRAVIS H. CURRAN		District (if any):
Mailing Address: 63 EMERSON STREET #1		Phone (home): 207-602-0726
City, State, Zip Code: PORTLAND, MAINE 04101		Phone (work): " " "
E-mail: traviscurrenformayor@gmail.com	Fax:	Phone (mobile): " " "
2. TREASURER INFORMATION		
Name: TRAVIS H. CURRAN		Phone (home): 602-0726
Mailing Address: 63 EMERSON ST #1		Phone (work): "
City, State, Zip Code: PORTLAND, ME 04101	E-mail: traviscurrenformayor@gmail.com	Fax: none

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

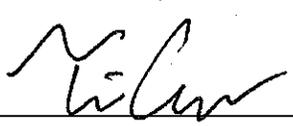
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, TRAVIS H. CURRAN, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 8/26/19

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

REVOCAION 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 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.



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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought:
Name: Michele Winchester		District (if any):
Mailing Address: 25 Jewel Road		Phone (home): 207-747-4559
City, State, Zip Code: Peaks Island, ME 04108		Phone (work):
E-mail: michelelandry@maine.rr.com	Fax:	Phone (mobile): 207-807-7415
2. TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, _____, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: _____ Date: _____

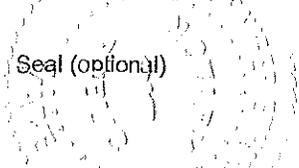
6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: Wendie Winchester Date: 8/26/19
Michelle Winchester

Subscribed and sworn (affirmed) to before me this 26th day of August, 20 19



JENNIFER ETHIER
NOTARY PUBLIC
State of Maine
My Commission Expires
November 27, 2025

Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): Nov 27, 2025

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 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.



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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: School Board
Name: Roberto Rodriguez		District (if any): At-Large
Mailing Address: 17 Sanborn St		Phone (home):
City, State, Zip Code: Portland, ME 04103		Phone (work):
E-mail: RobertRodriguez07@gmail	Fax:	Phone (mobile): 207-450-9729
2. TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:	E-mail:	

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

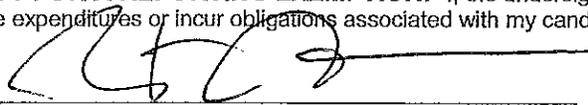
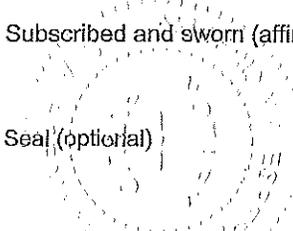
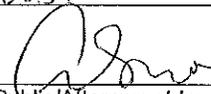
4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION (Must be signed even if exemption below is claimed)	
<p>I, _____, certify that the information in this registration is true, accurate and complete. <small>(Print Candidate's Full Name)</small></p> <p>Signature of Candidate: _____ Date: _____</p>	

6. EXEMPTION FROM REPORTING REQUIREMENTS	
<p>A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. PLEASE NOTE: personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.</p> <p>NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.</p> <p>Signature of Candidate: <u></u> Date: <u>8/20/19</u></p> <p>Subscribed and sworn (affirmed) to before me this <u>26</u> day of <u>AUGUST</u>, 20<u>19</u></p> <p>Seal (optional)  Signature: <u></u> Notary Public/Attorney-at-law Amberlynn Esperanza Notary Public, State of Maine My commission expires (date): <u>My Commission Expires January 24, 2023</u></p> <p>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 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.</p>	

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



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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought:
Name: Andrew Graham		District (if any):
Mailing Address: 43 Macy St.		Phone (home):
City, State, Zip Code: Portland ME 04102		Phone (work):
E-mail: agraham43@mac	Fax:	Phone (mobile): 2076505535
2. TREASURER INFORMATION		
Name: Andrew Graham		Phone (home): 2076505535
Mailing Address: 43 Macy St		Phone (work):
City, State, Zip Code: Portland ME 04102	E-mail: agraham43@mac.com	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

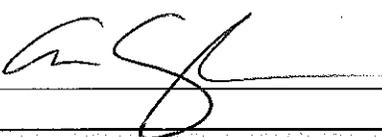
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, _____, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 9/23/19

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: 3 rd DISTRICT City Council
Name: ANDREW GRAHAM		District (if any): 3 rd
Mailing Address: 43 Macy St.		Phone (home): MOBILE 207 650 5535
City, State, Zip Code: Portland ME 04102		Phone (work):
E-mail: agraham43@mac.com	Fax:	Phone (mobile):
2. TREASURER INFORMATION		
Name: James Cradock		Phone (home): MOBILE 207 938 8678
Mailing Address: 217 Wolcott St.		Phone (work):
City, State, Zip Code: Portland ME 04102	E-mail: jmc yella@choose.com	Fax:

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3. DEPUTY TREASURER INFORMATION	
Name: Anne Bresenberg	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Andrew Graham, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 8/26/19

6. EXEMPTION FROM REPORTING REQUIREMENTS

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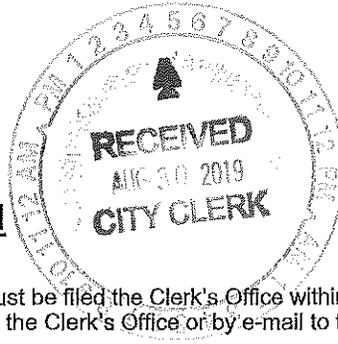
Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: At-large city Council
Name: Plous An		District (if any): AT-Low
Mailing Address: 184 Pearl St		Phone (home):
City, State, Zip Code: Portland ME 04101		Phone (work):
E-mail:	Fax:	Phone (mobile):

2. TREASURER INFORMATION		
Name: Emily Figdor		Phone (home): 207 408 0295
Mailing Address: 31 Cushman St		Phone (work):
City, State, Zip Code: Portland ME 04101	E-mail: emily.figdor@gmail.com	Fax:

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Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

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Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, _____, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: _____ Date: _____

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20_____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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 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.

NOV 05 2018

For municipal contact information.
May use label.

CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Honorable	Party Affiliation (if any): <i>Democrat</i>	Office Sought: <i>Mayor, Portland</i>
Name: <i>Ethan King Strimling</i>		District (if any):
Mailing Address: <i>655 Congress St</i>		Phone (home):
City, State, Zip Code: <i>Portland, ME 04107</i>		Phone (work): <i>207-874-8941</i>
E-mail: <i>estrimling@maine-ra.com</i>	Fax:	Phone (mobile): <i>207-415-3423</i>
2. TREASURER INFORMATION		
Name: <i>Ethan King Strimling</i>		Phone (home): <i>207-415-3423</i>
Mailing Address: <i>655 Congress St.</i>		Phone (work): <i>207-874-8941</i>
City, State, Zip Code: <i>Portland, ME 04107</i>	E-mail: <i>estrimling@maine-ra.com</i>	Fax:
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:

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

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

NOV 05 2018

11/2015

NOV 05 2018

4. POLITICAL COMMITTEE INFORMATION	
Name: <i>Striving for Meyer</i>	Phone:
Address of Campaign Headquarters: <i>533 Congress Street</i>	City, State, Zip Code: <i>Portland, ME 04107</i>

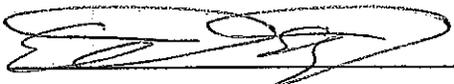
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, *Ethan King Striving*, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: *11/5/18*

6. EXEMPTION FROM REPORTING REQUIREMENTS

A reporting exemption relieves the candidate of the obligation to appoint a treasurer and file campaign finance reports. To obtain an exemption, the candidate must notify the Clerk in a sworn and notarized statement (below) that he/she will not accept contributions (including in-kind), make expenditures or incur financial obligations associated with the candidate's candidacy. **PLEASE NOTE:** personal funds of the candidate used for campaign purposes are considered campaign contributions/expenditures under Maine law. Hence, a candidate who uses such funds to support his/her candidacy is not eligible for a reporting exemption.

NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

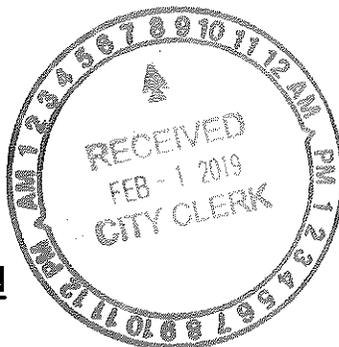
Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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 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 MRSA § 453)



Melissa Caiazzo
 Election Administrator - City of Portland
 389 Congress Street, Room 203
 Portland, ME 04101
 mcaiazzo@portlandmaine.gov
 P: 207-756-8102 | F: 207-874-8612

CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): N/A	Office Sought: Mayor
Name: BELINDA RAY		District (if any):
Mailing Address: 65 EAST OXFORD ST		Phone (home): 207.071.4000
City, State, Zip Code: PORTLAND, ME 04101		Phone (work): same
E-mail: belinda@portland@gmail.com	Fax: N/A	Phone (mobile): same
2. TREASURER INFORMATION		
Name: BELINDA RAY		Phone (home): ↑
Mailing Address: see above		Phone (work):
City, State, Zip Code:	E-mail:	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name: IAN SMITH	Phone (home): 207.956.3093
Mailing Address: 65 EAST OXFORD ST	Phone (work): same
City, State, Zip Code: PORTLAND, ME 04101	E-mail: ian@maine.vr.com

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name: N/A	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, BELINDA RAY, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: *Belinda Ray* Date: 28 Jan 2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

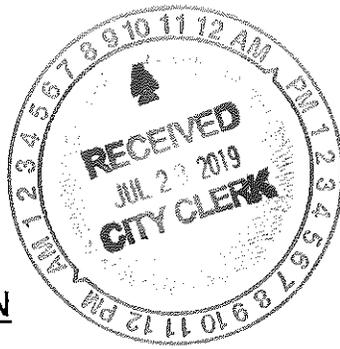
Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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 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.



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 mcaiazzo@portlandmaine.gov
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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any):	Office Sought: <i>MAYOR</i>
Name: <i>JOSEPH LAWRENCE BERNATCHE</i>		District (if any):
Mailing Address: <i>P.O. Box 10771</i> (NO MAIL TO PHYSICAL ADDRESS: 1500 FOREST AVENUE PORTLAND, ME 04103)		Phone (home):
City, State, Zip Code: <i>Portland, ME 04104</i>		Phone (work):
E-mail: <i>jb.me@myfairpoint.net</i>	Fax:	Phone (mobile): <i>(207) 797-5256</i>
2. TREASURER INFORMATION		
Name: <i>JOSEPH LAWRENCE BERNATCHE</i>		Phone (home): <i>cell:</i> <i>(207) 797-5256</i>
Mailing Address: <i>P.O. Box 10771</i>		Phone (work):
City, State, Zip Code: <i>Portland, ME 04104</i>	E-mail: <i>jb.me@myfairpoint.net</i>	Fax:

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

3. DEPUTY TREASURER INFORMATION	
Name:	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. NONE: PRO SE - POLITICAL COMMITTEE INFORMATION <i>Representing Self.</i>	
Name:	Phone:
Address of Campaign Headquarters:	City, State, Zip Code:

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary): *NONE / NA*

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, JOSEPH LAWRENCE BERNATCHE, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)
 Signature of Candidate: *Joseph L. Bernatche* Date: *July 12, 2019*

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____ Notary Public/Attorney-at-law

My commission expires (date): _____

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 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.



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CANDIDATE REGISTRATION

Notice: Changes to registration information must be filed the Clerk's Office within 10 days of the change. Changes may be filed on this form by checking "Yes" below, by writing to the Clerk's Office or by e-mail to the Clerk's Office.

Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): Democrat	Office Sought: City Council
Name: Tae Chang		District (if any): 3
Mailing Address: 98 Winders Way		Phone (home): 207-632-9719
City, State, Zip Code: Portland, ME 04107		Phone (work):
E-mail: taechangforcitycouncil@gmail.com	Fax:	Phone (mobile): 207-632-9719
2. TREASURER INFORMATION		
Name: Kelly Stodley Gayle		Phone (home): 207-536-4749
Mailing Address: 165 Craigie St. #		Phone (work):
City, State, Zip Code: Portland, ME 04102	E-mail: kelly_gayle@maine.edu	Fax:
DESIGNATION OF TREASURER: A candidate for municipal office in towns and cities with a population of 15,000 or more must appoint a treasurer no later than 10 days after becoming a candidate, and before accepting contributions, making expenditures or incurring obligations. No later than 10 days after appointing a treasurer, the candidate must register with the Clerk the name and address of the candidate and treasurer. The treasurer is responsible for maintaining campaign records and for filing reports. (21-A MRSA §§ 1013-A)		
3. DEPUTY TREASURER INFORMATION		
Name:		Phone (home):
Mailing Address:		Phone (work):
City, State, Zip Code:		E-mail:
DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))		

4. POLITICAL COMMITTEE INFORMATION	
Name: <u>Joe Chang for city council</u>	Phone: <u>207 632-9719</u>
Address of Campaign Headquarters: <u>98 Winding Way</u>	City, State, Zip Code: <u>Portland ME 04102</u>

DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Joe Chang, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate: Joe Chang Date: 7/30/19

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

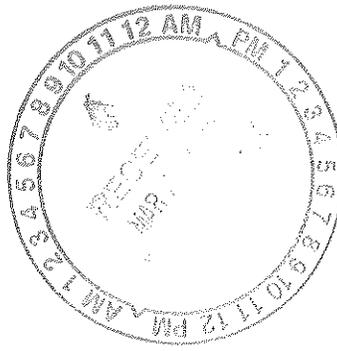
Signature: _____
Notary Public/Attorney-at-law

Seal (optional)

My commission expires (date): _____

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CANDIDATE REGISTRATION

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Is this an amendment? Yes No

1. CANDIDATE INFORMATION		
Title: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Honorable	Party Affiliation (if any): Democrat	Office Sought: Mayor
Name: Justin Costa		District (if any): n/a
Mailing Address: 147 Pleasant Ave. #1		Phone (home): 207 522-2004
City, State, Zip Code: Portland, ME 04103		Phone (work): n/a
E-mail: justin@justincosta.org	Fax:	Phone (mobile): 207 522-2004
2. TREASURER INFORMATION		
Name: Justin Costa		Phone (home): 207 522-2004
Mailing Address: 147 Pleasant Ave. #1		Phone (work): n/a
City, State, Zip Code: Portland, ME 04103	E-mail: justin@justincosta.org	Fax:

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3. DEPUTY TREASURER INFORMATION	
Name: n/a	Phone (home):
Mailing Address:	Phone (work):
City, State, Zip Code:	E-mail:

DESIGNATION OF DEPUTY TREASURER (optional): The candidate may appoint a deputy treasurer, who must be reported to the Clerk 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 MRSA § 1013-A (1)(A)(1))

4. POLITICAL COMMITTEE INFORMATION	
Name: Costa for Mayor	Phone: 207 522-2004
Address of Campaign Headquarters: 147 Pleasant Ave. #1	City, State, Zip Code: Portland, ME 04103

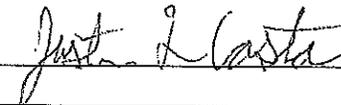
DESIGNATION OF POLITICAL COMMITTEE (optional): A candidate may authorize one political committee to promote the candidate's election. The committee treasurer is the treasurer appointed in Section 2 of the registration. No later than 10 days after appointing a political committee, the candidate must register the name of the committee and the committee officers, if appointed. (21-A MRSA § 1013-A (1) (B))

Committee Officers (use additional pages, if necessary):

Name: n/a	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:
Name:	Title:	Phone:
Mailing Address:	City, State, Zip Code:	E-mail:

5. CERTIFICATION
(Must be signed even if exemption below is claimed)

I, Justin Costa, certify that the information in this registration is true, accurate and complete.
(Print Candidate's Full Name)

Signature of Candidate:  Date: 3/20/2019

6. EXEMPTION FROM REPORTING REQUIREMENTS

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NOTICE OF ELIGIBILITY FOR A REPORTING EXEMPTION: I, the undersigned, swear or affirm that I will not accept contributions, make expenditures or incur obligations associated with my candidacy.

Signature of Candidate: _____ Date: _____

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____

Seal (optional) Signature: _____
Notary Public/Attorney-at-law

My commission expires (date): _____

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