

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

NOVEMBER 5, 2019

24-HOUR REPORT – June 11, 2019 Election

Report Period: May 29 – June 10, 2019

CANDIDATE INFORMATION

| | |
|---|----------------------------------|
| NAME OF CANDIDATE SPENCER R. THIBODEAU | TELEPHONE NUMBER 207-650-2147 |
| MAILING ADDRESS 184 BRACKETT STREET | OFFICE SOUGHT MAYOR |
| CITY, ZIP CODE PORTLAND, 04102 | DISTRICT NUMBER (IF ANY) |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|---|-----------------------------------|
| NAME OF TREASURER SPENCER R. THIBODEAU | TELEPHONE NUMBER 207-650-2147 |
| MAILING ADDRESS 183 BRACKETT STREET | CITY, ZIP CODE PORTLAND, 04102 |

CONTRIBUTOR INFORMATION

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

EXPENDITURE INFORMATION

| | |
|---|-----------------------------------|
| NAME OF PAYEE WCSH-TV | DATE OF EXPENDITURE 10/24/2019 |
| NUMBER AND STREET ONE PORTLAND SQUARE | EXPENDITURE AMOUNT \$7029.50 |
| CITY, STATE, ZIP CODE PORTLAND, ME 04101 | |
| PURPOSE OF EXPENDITURE TELEVISION | |

I, SPENCER R. THIBODEAU certify that the information in this report is true, correct and complete.



 Signature of Treasurer

10/25/19

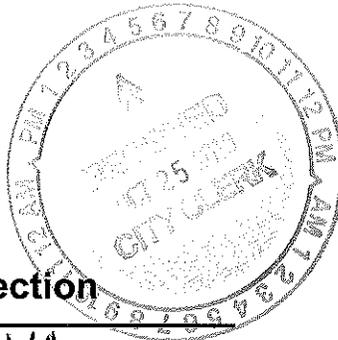
 Date



 Signature of Candidate

10/25/19

 Date



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 Election Administrator - City of Portland
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 mcaiazzo@portlandmaine.gov
 P: 207-756-8102 | F: 207-874-8612

Nov. 5th

24-HOUR REPORT – June 11, 2019 Election

Report Period: ~~May 29 - June 10, 2019~~ 10/23-11/4

CANDIDATE INFORMATION

| | |
|--------------------------------------|--|
| NAME OF CANDIDATE Ed Suslovic | TELEPHONE NUMBER 207-671-6320 |
| MAILING ADDRESS 46 Kenwood Street | OFFICE SOUGHT City Council |
| CITY, ZIP CODE Portland 04101 | DISTRICT NUMBER (IF ANY) District 3 |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|-------------------|------------------|
| NAME OF TREASURER | TELEPHONE NUMBER |
| MAILING ADDRESS | CITY, ZIP CODE |

CONTRIBUTOR INFORMATION

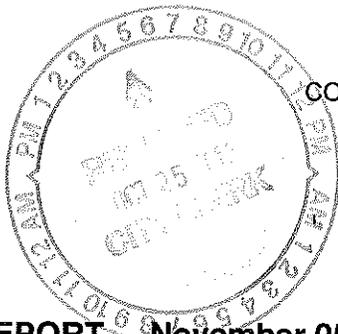
| | |
|--|---|
| NAME OF CONTRIBUTOR | OCCUPATION |
| NUMBER AND STREET | EMPLOYER |
| CITY, STATE, ZIP CODE | <i>For in-kind contributions received, describe the goods or services received:</i> |
| DATE OF CONTRIBUTION | |
| CONTRIBUTION AMOUNT: \$ | |
| IF IN-KIND, REPORT FAIR MARKET VALUE: \$ | |

EXPENDITURE INFORMATION

| | |
|--|-----------------------------------|
| NAME OF PAYEE Xpress Copy | DATE OF EXPENDITURE 10/25/2019 |
| NUMBER AND STREET 17 Westfield Street | EXPENDITURE AMOUNT \$1,472.19 |
| CITY, STATE, ZIP CODE Portland, ME 04102 | |
| PURPOSE OF EXPENDITURE Mail services and postage for bulk mailing | |

I, Ed Suslovic certify that the information in this report is true, correct and complete.

 10-25-19 10-25-19
 Signature of Treasurer Date Signature of Candidate Date



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

24-HOUR REPORT - November 05, 2019 Election

Report Period: October 24 - October 24, 2019

CANDIDATE INFORMATION

| | |
|--------------------------------------|------------------------------------|
| NAME OF CANDIDATE Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 533 Congress St | OFFICE SOUGHT Mayor |
| CITY, ZIP CODE Portland, ME 04101 | DISTRICT NUMBER (IF ANY) ME |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|--------------------------------------|--------------------------------------|
| NAME OF TREASURER Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 655 Congress St | CITY, ZIP CODE Portland, ME 04101 |

CONTRIBUTOR INFORMATION

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

EXPENDITURE INFORMATION

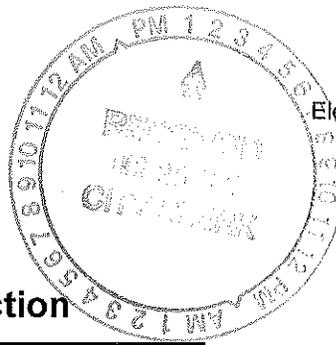
| | |
|---|-----------------------------------|
| NAME OF PAYEE Daylight Communications, Inc. | DATE OF EXPENDITURE 10/24/2019 |
| NUMBER AND STREET 96 County Rd | EXPENDITURE AMOUNT \$31,305.00 |
| CITY, STATE, ZIP CODE Ipswich, MA 01938-2525 | |
| PURPOSE OF EXPENDITURE Union-printed direct mail (MHS) | |

SIGNATURE AND DATE

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

Signature of Treasurer: _____ Date: 10/25/19

Signature of Candidate: _____ Date: 10/19/25



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

24-HOUR REPORT - ~~June 11~~ November 5, 2019 Election

Report Period: ~~May 20 - June 10, 2019~~
 October 23 - November 5

CANDIDATE INFORMATION

| | |
|--|-----------------------------------|
| NAME OF CANDIDATE Kathleen (Kate) M. Snyder | TELEPHONE NUMBER 207-838-0789 |
| MAILING ADDRESS 31 Kenwood St. | OFFICE SOUGHT Mayor (Portland) |
| CITY, ZIP CODE Portland 04102 | DISTRICT NUMBER (IF ANY) |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|--|----------------------------------|
| NAME OF TREASURER Hallie Flint Gilman | TELEPHONE NUMBER 207-272-5835 |
| MAILING ADDRESS 29 Park Street | CITY, ZIP CODE Portland 04101 |

CONTRIBUTOR INFORMATION

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

EXPENDITURE INFORMATION

| | |
|--|-----------------------------------|
| NAME OF PAYEE DSPolitical | DATE OF EXPENDITURE 10/23/2019 |
| NUMBER AND STREET 533 Congress Street | EXPENDITURE AMOUNT \$5000.00 |
| CITY, STATE, ZIP CODE Portland, ME 04101 | |
| PURPOSE OF EXPENDITURE Online Advertising | |

I, Hallie Gilman, certify that the information in this report is true, correct and complete.

HFGilman
 Signature of Treasurer

10/29/2019
 Date

Kate Snyder
 Signature of Candidate

10/29/19
 Date



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 Portland, ME 04101
 mcaiazzo@portlandmaine.gov
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Nov 5, 2019

24-HOUR REPORT – June 11, 2019 Election

Report Period: ~~May 29~~ – June 10, 2019

OCT 30 2019

CANDIDATE INFORMATION

| | |
|---|---|
| NAME OF CANDIDATE <i>Andrew Volk</i> | TELEPHONE NUMBER <i>207-370-1521</i> |
| MAILING ADDRESS <i>4 Kenwood St.</i> | OFFICE SOUGHT <i>City Council</i> |
| CITY, ZIP CODE <i>Portland 04102</i> | DISTRICT NUMBER (IF ANY) <i>3</i> |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|--|---|
| NAME OF TREASURER <i>Taylor Asawa</i> | TELEPHONE NUMBER <i>207-653-6663</i> |
| MAILING ADDRESS <i>192 Forensich Rd</i> | CITY, ZIP CODE <i>Falmouth 04105</i> |

CONTRIBUTOR INFORMATION

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

EXPENDITURE INFORMATION

| | |
|---|--|
| NAME OF PAYEE <i>Dale Paul Pridig</i> | DATE OF EXPENDITURE <i>10/29/19</i> |
| NUMBER AND STREET <i>508 Riverside Dr. Suite A</i> | EXPENDITURE AMOUNT <i>\$1081.85</i> |
| CITY, STATE, ZIP CODE <i>Portland 04103</i> | |
| PURPOSE OF EXPENDITURE <i>Signs</i> | |

I, *Andrew Volk* certify that the information in this report is true, correct and complete.

[Signature] *10/30/19* *[Signature]* *10/29/19*
 Signature of Treasurer Date Signature of Candidate Date



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 Portland, ME 04101
 mcaiazzo@portlandmaine.gov
 P: 207-756-8102 | F: 207-874-8612

Nov 5, 2019

24-HOUR REPORT – June 11, 2019 Election

Report Period: May 29 – June 10, 2019

OCT 30 2019

CANDIDATE INFORMATION

| | |
|---|---|
| NAME OF CANDIDATE <i>Andron Volk</i> | TELEPHONE NUMBER <i>207-370-1521</i> |
| MAILING ADDRESS <i>4 Kenwood St.</i> | OFFICE SOUGHT <i>City Council</i> |
| CITY, ZIP CODE <i>Portland 04102</i> | DISTRICT NUMBER (IF ANY) <i>3</i> |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|--|---|
| NAME OF TREASURER <i>Taylor Asen</i> | TELEPHONE NUMBER <i>207-653-6663</i> |
| MAILING ADDRESS <i>192 Foreside Rd.</i> | CITY, ZIP CODE <i>Falmouth 04105</i> |

CONTRIBUTOR INFORMATION

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

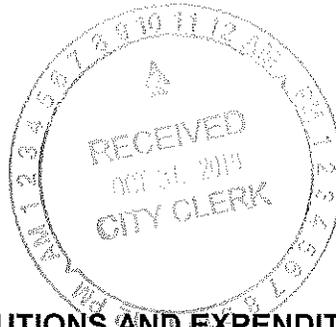
EXPENDITURE INFORMATION

| | |
|--|--|
| NAME OF PAYEE <i>Dale Paul Pinsky</i> | DATE OF EXPENDITURE <i>10/30/19</i> |
| NUMBER AND STREET <i>505 Riverside Dr Ste A</i> | EXPENDITURE AMOUNT <i>\$1527.00</i> |
| CITY, STATE, ZIP CODE <i>Portland 04103</i> | |
| PURPOSE OF EXPENDITURE <i>Pinsky</i> | |

I, *Andron Volk* certify that the information in this report is true, correct and complete.

Taylor Asen *10/30/19* *[Signature]* *10/30/19*

Signature of Treasurer Date Signature of Candidate Date



**NOVEMBER ELECTION 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES
For Municipal Political Action Committees and Ballot Question Committees**

COMMITTEE INFORMATION

| | |
|--|--------------------------------|
| Name of committee UNITE PORTLAND | Phone (207) 332-4634 |
|--|--------------------------------|

Mailing address, city, state, zip code
PO BOX 5200, PORTLAND, ME 04101

TREASURER INFORMATION

| | |
|--|--------------------------------|
| Name of treasurer ELLIOT VRANA | Phone (207) 441-1433 |
|--|--------------------------------|

Mailing address, city, state, zip code
PO BOX 8778, PORTLAND, ME 04104

FILING SCHEDULE FOR 2019 NOVEMBER ELECTION

| Election | Election Date | Reporting Period |
|--------------------------------------|------------------|-----------------------------------|
| Municipal elections held November | November 5, 2019 | October 23, 2019—November 4, 2019 |

| WHEN TO FILE | WHAT CONTRIBUTIONS SHOULD BE REPORTED | WHAT EXPENDITURES SHOULD BE REPORTED |
|--|---|---|
| Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports can be filed via the committee's electronic filing website. | Any <u>single</u> contribution of \$5,000 or more received during the reporting period. | Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported. |

IMPORTANT REMINDERS

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE

| | | |
|---|----------|---|
| Contributor Name SPRING STREET WEST CORP. | | Date of contribution 10/29/2019 |
| Address c/o MITTEL ASEN, LLC 85 EXCHANGE STREET | | Amount of contribution \$5,000 |
| City, state, zip code PORTLAND, ME 04101 | | |
| Occupation | Employer | |
| Contributor Name | | Date of contribution |
| Address | | Amount of contribution |
| City, state, zip code | | |
| Occupation | Employer | |

EXPENDITURES OF \$1,000 OR MORE

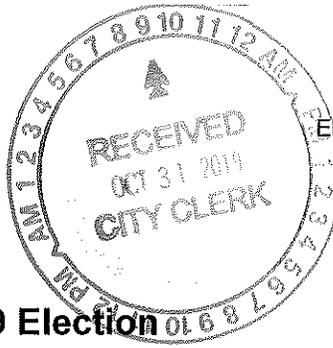
| | | |
|--|--|---------------------------|
| Payee/Creditor | | Date of expenditure |
| Address | | Amount of expenditure |
| City, state, zip code | | |
| Purpose of expenditure | | |
| Expenditure made on behalf of (name of candidate or ballot question) | | In support or opposition? |
| Payee/Creditor | | Date of expenditure |
| Address | | Amount of expenditure |
| City, state, zip code | | |
| Purpose of expenditure | | |
| Expenditure made on behalf of (name of candidate or ballot question) | | In support or opposition? |

I, **ELLIOT VRANA**, certify that the information in this report is true, correct and complete.

Signature of Treasurer



Date **10/30/2019**



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

24-HOUR REPORT – September 5, 2019 Election

Report Period: October 23 – November 4, 2019

CANDIDATE INFORMATION

| | |
|--|-----------------------------------|
| NAME OF CANDIDATE Kathleen (Kate) M. Snyder | TELEPHONE NUMBER 207-838-0789 |
| MAILING ADDRESS 31 Kenwood St. | OFFICE SOUGHT Mayor (Portland) |
| CITY, ZIP CODE Portland 04102 | DISTRICT NUMBER (IF ANY) |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|--|----------------------------------|
| NAME OF TREASURER Hallie Flint Gilman | TELEPHONE NUMBER 207-272-5835 |
| MAILING ADDRESS 29 Park Street | CITY, ZIP CODE Portland 04101 |

CONTRIBUTOR INFORMATION

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

EXPENDITURE INFORMATION

| | |
|-------------------------------|-----------------------------------|
| NAME OF PAYEE See attached | DATE OF EXPENDITURE 10/30/2019 |
| NUMBER AND STREET | EXPENDITURE AMOUNT |
| CITY, STATE, ZIP CODE | |
| PURPOSE OF EXPENDITURE | |

I, Hallie Gilman certify that the information in this report is true, correct and complete.

HFGilman

Signature of Treasurer

10/30/2019

Date

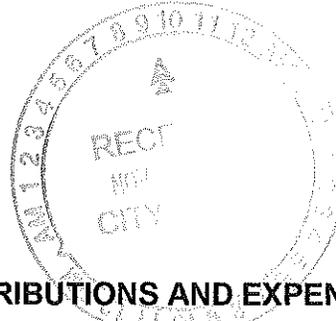
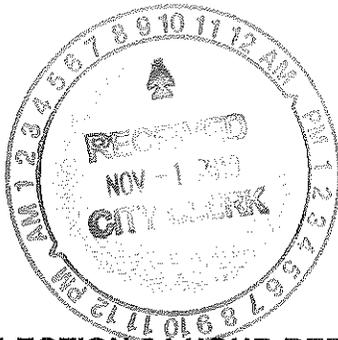
Kath M Snyder

Signature of Candidate

10/30/19

Date

| Date | Payee | Number and Street | City, State, Zip | Expenditure Type | Description of Goods/Services) | Expenditure Amount |
|-------------|-------------------|--------------------------|-------------------------|-------------------------|---------------------------------------|---------------------------|
| 10/30/2019 | Sylvan Strategies | 615 congress, suite 403 | Portland, ME 04101 | CNS | Campaign Consulting | \$3,000.00 |
| 10/30/2019 | XPress Copy | 17 Westfield Street | Portland, ME 04102 | MHS | Mailers | \$8,541.45 |
| 10/30/2019 | WGME | 81 Northport Drive | Portland, ME 04103 | TVN | TV Ads | \$3,015.00 |
| 10/30/2019 | WCSH | One Congress Square | Portland, ME 04101 | TVN | TV Ads | \$2,005.00 |



**NOVEMBER ELECTION 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES
For Municipal Political Action Committees and Ballot Question Committees**

COMMITTEE INFORMATION

| | |
|--|--------------------------------|
| Name of committee UNITE PORTLAND | Phone (207) 332-4634 |
| Mailing address, city, state, zip code PO BOX 5200, PORTLAND, ME 04101 | |

TREASURER INFORMATION

| | |
|--|--------------------------------|
| Name of treasurer ELLIOT VRANA | Phone (207) 441-1433 |
| Mailing address, city, state, zip code PO BOX 8778, PORTLAND, ME 04104 | |

FILING SCHEDULE FOR 2019 NOVEMBER ELECTION

| Election | Election Date | Reporting Period |
|--------------------------------------|------------------|-----------------------------------|
| Municipal elections held November | November 5, 2019 | October 23, 2019—November 4, 2019 |

| WHEN TO FILE | WHAT CONTRIBUTIONS SHOULD BE REPORTED | WHAT EXPENDITURES SHOULD BE REPORTED |
|--|---|---|
| Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports can be filed via the committee's electronic filing website. | Any <u>single</u> contribution of \$5,000 or more received during the reporting period. | Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported. |

IMPORTANT REMINDERS

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE

| | | |
|---|----------|---|
| Contributor Name LOT 5 LIBERTY, LLC | | Date of contribution 10/31/2019 |
| Address PO BOX 910 | | Amount of contribution \$5,000 |
| City, state, zip code WESTBROOK, ME 04098 | | |
| Occupation | Employer | |
| Contributor Name | | Date of contribution |
| Address | | Amount of contribution |
| City, state, zip code | | |
| Occupation | Employer | |

EXPENDITURES OF \$1,000 OR MORE

| | | |
|--|--|---------------------------|
| Payee/Creditor | | Date of expenditure |
| Address | | Amount of expenditure |
| City, state, zip code | | |
| Purpose of expenditure | | |
| Expenditure made on behalf of (name of candidate or ballot question) | | In support or opposition? |
| Payee/Creditor | | Date of expenditure |
| Address | | Amount of expenditure |
| City, state, zip code | | |
| Purpose of expenditure | | |
| Expenditure made on behalf of (name of candidate or ballot question) | | In support or opposition? |

I, **ELLIOT VRANA**, certify that the information in this report is true, correct and complete.

Signature of Treasurer



Date

11/01/2019



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

Nov 5, 2019

24-HOUR REPORT – June 11, 2019 Election

Report Period: May 29 – June 10, 2019

CANDIDATE INFORMATION

| | |
|--|---|
| NAME OF CANDIDATE <i>Andrew Valle</i> | TELEPHONE NUMBER <i>207-370-1521</i> |
| MAILING ADDRESS <i>4 Kenwood St.</i> | OFFICE SOUGHT <i>City Council</i> |
| CITY, ZIP CODE <i>Portland 04102</i> | DISTRICT NUMBER (IF ANY) <i>3</i> |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|---|---|
| NAME OF TREASURER <i>Taylor A. Ben</i> | TELEPHONE NUMBER <i>207-653-6663</i> |
| MAILING ADDRESS <i>192 Forest Rd.</i> | CITY, ZIP CODE <i>Falmouth 04105</i> |

CONTRIBUTOR INFORMATION

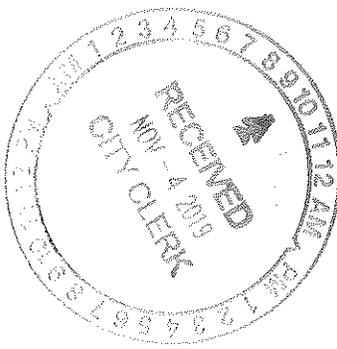
| | |
|--|--|
| NAME OF CONTRIBUTOR | OCCUPATION |
| NUMBER AND STREET | EMPLOYER |
| CITY, STATE, ZIP CODE | For in-kind contributions received, describe the goods or services received: |
| DATE OF CONTRIBUTION | |
| CONTRIBUTION AMOUNT: \$ | |
| IF IN-KIND, REPORT FAIR MARKET VALUE: \$ | |

EXPENDITURE INFORMATION

| | |
|--|--|
| NAME OF PAYEE <i>Dale Paul Pinky</i> | DATE OF EXPENDITURE <i>6/1/19</i> |
| NUMBER AND STREET <i>508 Riverside St Suite A</i> | EXPENDITURE AMOUNT <i>\$1424.25</i> |
| CITY, STATE, ZIP CODE <i>Portland 04103</i> | |
| PURPOSE OF EXPENDITURE <i>Printing</i> | |

I, *Andrew Valle* certify that the information in this report is true, correct and complete.

| Name | Address | Amount | Date | Expenditure Purpose |
|------------------------------|--|----------------------------|-------------------------|--------------------------------------|
| Chann Creative Mach3Media | 25 Rackleff Street, Portland, Maine 04102 126 Frances Street, Portland, Maine 04102 | \$ 2,500.00 \$ 7,784.07 | 11/1/2019 10/31/2019 | Campaign Consulting Campaign Mail |
| TOTAL: | | \$10,284.07 | | |



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics
Phone: 207-287-4179
Fax: 207-287-6775

24-HOUR REPORT - November 05, 2019 Election

Report Period: November 1 - November 01, 2019

| CANDIDATE INFORMATION | |
|---|---|
| NAME OF CANDIDATE Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 533 Congress St | OFFICE SOUGHT Mayor |
| CITY, ZIP CODE Portland, ME 04101 | DISTRICT NUMBER (IF ANY) ME |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |
| TREASURER INFORMATION | |
| NAME OF TREASURER Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 655 Congress St | CITY, ZIP CODE Portland, ME 04101 |
| CONTRIBUTOR INFORMATION | |
| COMPLETE NAME OF CONTRIBUTOR | OCCUPATION |
| NUMBER AND STREET | EMPLOYER |
| CITY, STATE, ZIP CODE | <i>For in-kind contributions received, describe the goods or services received:</i> |
| DATE OF CONTRIBUTION | |
| CONTRIBUTION AMOUNT: | |
| IF IN-KIND, REPORT FAIR MARKET VALUE: | |
| EXPENDITURE INFORMATION | |
| NAME OF PAYEE Baldacci Communications | DATE OF EXPENDITURE 11/01/2019 |
| NUMBER AND STREET 533 Congress St | EXPENDITURE AMOUNT \$4,000.00 |
| CITY, STATE, ZIP CODE Portland, ME 04101-3306 | |
| PURPOSE OF EXPENDITURE Campaign Management (CNS) | |

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

**24-HOUR REPORT - November 05, 2019
Election**

Report Period: November 1 - November 01, 2019

| CANDIDATE INFORMATION | |
|--|---|
| NAME OF CANDIDATE Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 533 Congress St | OFFICE SOUGHT Mayor |
| CITY, ZIP CODE Portland, ME 04101 | DISTRICT NUMBER (IF ANY) ME |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |
| TREASURER INFORMATION | |
| NAME OF TREASURER Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 655 Congress St | CITY, ZIP CODE Portland, ME 04101 |
| CONTRIBUTOR INFORMATION | |
| COMPLETE NAME OF CONTRIBUTOR | OCCUPATION |
| NUMBER AND STREET | EMPLOYER |
| CITY, STATE, ZIP CODE | <i>For in-kind contributions received, describe the goods or services received:</i> |
| DATE OF CONTRIBUTION | |
| CONTRIBUTION AMOUNT: | |
| IF IN-KIND, REPORT FAIR MARKET VALUE: | |
| EXPENDITURE INFORMATION | |
| NAME OF PAYEE Benjamin Coolidge Gagnon | DATE OF EXPENDITURE 11/01/2019 |
| NUMBER AND STREET 40 Main St Ste 13-140 | EXPENDITURE AMOUNT \$3,500.00 |
| CITY, STATE, ZIP CODE Biddeford, ME 04005-5179 | |
| PURPOSE OF EXPENDITURE Fundraising & Compliance (CNS) | |

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

**24-HOUR REPORT - November 05, 2019
Election**

Report Period: November 1 - November 01, 2019

CANDIDATE INFORMATION

| | |
|--------------------------------------|------------------------------------|
| NAME OF CANDIDATE Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 533 Congress St | OFFICE SOUGHT Mayor |
| CITY, ZIP CODE Portland, ME 04101 | DISTRICT NUMBER (IF ANY) ME |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | |

TREASURER INFORMATION

| | |
|--------------------------------------|--------------------------------------|
| NAME OF TREASURER Ethan Strimling | TELEPHONE NUMBER (207) 415-3423 |
| MAILING ADDRESS 655 Congress St | CITY, ZIP CODE Portland, ME 04101 |

CONTRIBUTOR INFORMATION

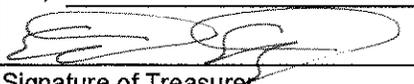
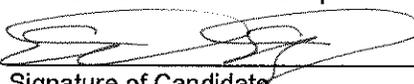
| | |
|---------------------------------------|---|
| COMPLETE NAME OF CONTRIBUTOR | OCCUPATION |
| NUMBER AND STREET | EMPLOYER |
| CITY, STATE, ZIP CODE | <i>For in-kind contributions received, describe the goods or services received:</i> |
| DATE OF CONTRIBUTION | |
| CONTRIBUTION AMOUNT: | |
| IF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

EXPENDITURE INFORMATION

| | |
|--|-----------------------------------|
| NAME OF PAYEE Marques Houston | DATE OF EXPENDITURE 11/01/2019 |
| NUMBER AND STREET 1021 Ocean Ave Apt 7 | EXPENDITURE AMOUNT \$2,500.00 |
| CITY, STATE, ZIP CODE Portland, ME 04103-4706 | |
| PURPOSE OF EXPENDITURE Field Operations (CNS) | |

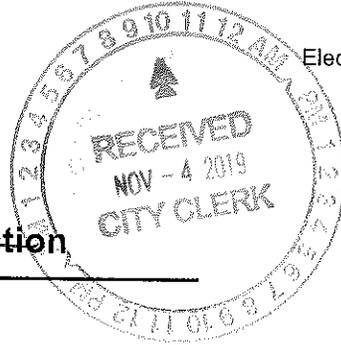
SIGNATURE AND DATE

I, Ethan Strimling certify that the information in this report is true, correct and complete.

 11/2/19  11/2/19
Signature of Treasurer Date Signature of Candidate Date



NOVEMBER 5, 2019
~~NOVEMBER 4, 2019~~



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

24-HOUR REPORT – ~~June 11, 2019~~ Election

Report Period: May 29 – June 10, 2019

CANDIDATE INFORMATION

| | |
|---|----------------------------------|
| NAME OF CANDIDATE Spencer R. Thibodeau | TELEPHONE NUMBER 207-650-2147 |
| MAILING ADDRESS 183 Brackett Street, Unit 308 | OFFICE SOUGHT Mayor |
| CITY, ZIP CODE Portland, 04102 | DISTRICT NUMBER (IF ANY) |
| NAME OF AUTHORIZED COMMITTEE, IF ANY Spencer for Mayor | |

TREASURER INFORMATION

| | |
|--|-----------------------------------|
| NAME OF TREASURER Spencer R. Thibodeau | TELEPHONE NUMBER 207-650-2147 |
| MAILING ADDRESS 183 Brackett Street, Unit 308 | CITY, ZIP CODE Portland, 04103 |

CONTRIBUTOR INFORMATION

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

EXPENDITURE INFORMATION

| | |
|--|----------------------------------|
| NAME OF PAYEE Mach3Media | DATE OF EXPENDITURE 11/4/2019 |
| NUMBER AND STREET 126 Francis Street | EXPENDITURE AMOUNT 11,517.53 |
| CITY, STATE, ZIP CODE Portland, Maine 04102 | |
| PURPOSE OF EXPENDITURE Mail | |

I, Spencer R. Thibodeau certify that the information in this report is true, correct and complete.

Signature of Treasurer

11/4/19
Date

Signature of Candidate

11/4/19
Date