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2023 CAMPAIGN FINANCE REPORT

FOR ALL POLITICAL ACTION COMMITTEES AND BALLOT QUESTION COMMITTEES PARTICIPATING IN A MUNICIPAL ELECTION

Please complete ALL entries.

NAME OF COMMITTEE	Committee to Improve Rent Control			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	306 Congress Street			
CITY AND ZIP CODE	Portland, ME 04101	TELEPHONE NUMBER	207-200-1301	
E-MAIL	admin@rhamaine.org			
NAME OF TREASURER	Kim Saucier			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET	306 Congress St			
CITY AND ZIP CODE	Portland, ME 04101	TELEPHONE NUMBER	207-200-1301	
E-MAIL	admin@rhamaine.org			

	<u>Type of Report</u>	<u>Due Date</u>	<u>Dates of Report Period</u>
<input type="checkbox"/> Initial Report		Seven (7) days after Registration	Start of Campaign/Year - Date of Registration
<input type="checkbox"/> April Quarterly Report		April 10, 2023	End of Initial Report - March 31, 2023
<input checked="" type="checkbox"/> 42-Day June Pre-Election Report		May 2, 2023	End of previous Report - April 25, 2023
<input type="checkbox"/> 11-Day June Pre-Election Report		June 2, 2023	April 26 - May 30, 2023
<input type="checkbox"/> 42-Day June Post-Election Report		July 25, 2023	May 31 - July 18, 2023
<input type="checkbox"/> 42-Day November Pre-Election Report		September 26, 2023	End of previous Report - September 19, 2023
<input type="checkbox"/> October Quarterly Report		October 5, 2023	July 19 - September 30, 2023
<input type="checkbox"/> 11-Day November Pre-Election Report		October 27, 2023	September 20 - October 24, 2023
<input type="checkbox"/> 42-Day November Post-Election Report		December 19, 2023	October 25 - December 12, 2023
<input type="checkbox"/> January Quarterly Report		January 16, 2024	October 1 - December 31, 2023
<input type="checkbox"/> Amendment to: _____			
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.			
<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.			

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

 5/2/23
Treasurer's or Principal Officer's Signature Date

SCHEDULE A

CASH CONTRIBUTIONS

- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer. • If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you must list that contributor separately.
- Duplicate as needed.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
	See attached spreadsheet			
		cash contributions (this page only)	⇒	

Key Codes:

- 1 = Individuals 7 = Ballot Question Committee
 3 = Commercial Source 9 = Candidate/Candidate Committees
 4 = Non Profit Organization 10 = General Treasury Transfer
 5 = Political Action Committee 12 = Contributors giving \$50 or Less
 6 = Political Party Committee 16 = Financial Institution
 6 = Political Party Committee 16 = Financial Institution

SCHEDULE A-1
IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$50, the committee must report the contributor’s name, address, occupation, and employer. • If employment information has been requested from the contributor and the contributor has not provided it, indicate “information requested” for the occupation and employer.
- For contributions totaling \$50 or less, please enter “unitemized contributions” as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you must list that contributor separately.
- Duplicate as needed.

DATE RECEIVED	CONTRIBUTOR’S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
	(l contributions (this page ⇒ ed totals from all Schedule A-1 pa n Schedule F)		

Key Codes:

1 = Individuals 7 = Ballot Question Committee

3 = Commercial Source 9 = Candidate/Candidate Committees

4 = Non Profit Organization 10 = General Treasury Transfer

5 = Political Action Committee 12 = Contributors giving \$50 or Less

SCHEDULE B

EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate. • Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including expenditures made in the signature-gathering phase.
- Enter the name of the candidate or ballot question supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.
- Duplicate as needed.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or ballot question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

EXPENDITURE TYPES			
APP	Apparel (t-shirts, hats, embroidery, etc.)	PER	Personnel and campaign staff, consulting, and independent contractors
CON	Contribution to party committee, non-profit, other	PHO	Phones (phone banking, robocalls, and texts)
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)	POL	Polling and survey research
EVT	Campaign and fundraising events (venue/booth rental, entertainment, supplies, etc.)	POS	Postage for US Mail and mailbox fees
FOD	Food for campaign events or volunteers, catering	PRO	Professional services (graphic design, legal services, web design)
HRD	Hardware and small tools (hammer, nails, lumber, paint, etc.)	RAD	Radio ads and production costs only
LIT	Printed campaign materials (palmcards, signs, stickers, flyers etc.)	TKT	Entrance cost to event (bean suppers, fairs, party events, etc.)
MHS	Mail house and direct mail (design, printing, mailing, and postage)	TRV	Travel (mileage and lodging, etc.)
OFF	Office supplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cable ads, production, and media buyer costs only
ONL	Social medial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)
OTH	Other and fees (bank, contribution, and money order fees, etc.)		

! REMARKS REQUIRED ON ALL EXPENDITURE TYPES!

Date:	Payee Name and Address:	Amount
	See attached spreadsheet	
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:	
Date:	Payee Name and Address:	Amount

Type:	Remarks (Required):				
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:				
		(combined totals from all Schedule B pages m		iditures this page only	

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PAC/BQC Name: Page 1 of 2 Schedule B only

SCHEDULE B (continued)
EXPENDITURES TO SUPPORT OR OPPOSE

Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support	Candidate Name/Ballot Question:	

<input type="checkbox"/> Oppose		
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:	
Date:	Payee Name and Address:	
Type:	Remarks (Required):	Amount
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:	
Date:	Payee Name and Address:	
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Candidate Name/Ballot Question:	
Date:	Payee Name and Address:	
Type:	Remarks (Required):	
		Total expenditures this page only ⇒ (combined totals from all Schedule B pages must be listed on Schedule F)

PAC/BQC Name: Page 1 of 1 Schedule B-1 only

SCHEDULE B - 1
OPERATING EXPENSES

- List all operational expenditures made to a single payee or creditor during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided the time period of the expenditure is identified in the remark section.
- Duplicate as needed

EXPENDITURE TYPES			
APP	Apparel (t-shirts, hats, embroidery, etc.)	PER	Personnel and campaign staff, consulting, and independent contractors
CON	Contribution to party committee, non-profit, other	PHO	Phones (phone banking, robocalls, and texts)
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)	POL	Polling and survey research
EVT	Campaign and fundraising events (venue/booth rental, entertainment, supplies, etc.)	POS	Postage for US Mail and mailbox fees
FOD	Food for campaign events or volunteers, catering	PRO	Professional services (graphic design, legal services, web design)
HRD	Hardware and small tools (hammer, nails, lumber, paint, etc.)	RAD	Radio ads and production costs only
LIT	Printed campaign materials (palmcards, signs, stickers, flyers etc.)	TKT	Entrance cost to event (bean suppers, fairs, party events, etc.)
MHS	Mail house and direct mail (design, printing, mailing, and postage)	TRV	Travel (mileage and lodging, etc.)

OFF	Office supplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cable ads, production, and media buyer costs only
ONL	Social medial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)
OTH	Other and fees (bank, contribution, and money order fees, etc.)		

! REMARKS REQUIRED FOR ALL EXPENDITURE TYPES !

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT
	See attached spreadsheet			
			penditures (this page only)	
			totals from all Schedule B-1 pages	
			on Schedule F)	

SCHEDULE B – 1 (continued)
OPERATING EXPENSES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT

			penditures (this page only)	
			totals from all Schedule B-1 pages	
			n Schedule F)	

SCHEDULE C

LOANS AND REPAYMENTS

- List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.
- Duplicate as needed.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER'S NAME AND ADDRESS	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT END OF PERIOD (1+2) – 3 – 4

		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

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PAC/BQC Name: Page 1 of 1 Schedule D only

SCHEDULE D

UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all unpaid debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section. • **If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.**
- Duplicate as needed.

2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	\$30,251.99
Expenditures Total for this Period	
5. Expenditures to Support or Oppose (Schedule B)	\$17,000.00
6. Operating Expenditures (Schedule B-1)	\$1,176.99
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	\$18,176.99

CASH SUMMARY

	Total for This Period
9. Cash Balance at Beginning of Period	\$1,817.93
10. Plus Total Receipts This Period (line 4 above)	\$30,251.99
11. Minus Total Payments This Period (line 8 above)	\$18,176.99
12. Cash Balance at End of Period	\$13,892.93

OTHER ACTIVITY

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	\$125,000.00

INCOME - SCHEDULE A

Date Rec	Name(s)	Address	City	ZIP	Occupation	Employer	Amount
4/5/23	Greater Portland Board of Realtors	2271 Congress St	Portland	04102			\$5,000.00
4/13/23	Maine Commercial Association of Realtors	19 Community Drive	Augusta	04330			\$5,000.00
4/13/23	Maine Association of Realtors	19 Community Drive	Augusta	04330			\$20,000.00
4/22/23	Tamiko Davies	62 Rosemont Ave	Portland	04103	Nurse Practioner	Maine Health	\$51.99
4/25/23	Office Rentals LLC	41 River Ridge Drive	Dayton	04005			\$200.00
							\$30,251.99

EXPENDITURES - SCHEDULE B

Date	Name	Address	City	Zip	Check #	Purpose	Amount
4/7/23	Property Management Services	112 Verrill Rd	Poland	04274		1202 Signature Gathering	\$6,000.00
4/13/23	Property Management Services	113 Verrill Rd	Poland	04275		1203 Signature Gathering	\$4,000.00
4/13/23	Property Management Services	114 Verrill Rd	Poland	04276		1203 Campaign Services	\$7,000.00
							\$17,000.00

OPERATING EXPENSES - SCHEDULE B1

Date	Name	Address	City	Zip	Check #	Purpose	Amount
4/19/23	I360	PO Box 662	Arlington	22216	-	Database management	\$1,175.00
4/22/23	Paypal Fees	2221 N. 1st Street	San Jose	95131	-	Fees	\$1.99
							\$1,176.99

UNPAID DEBTS - SCHEDULE D

Date	Name/Payee	Address	City	Zip	Purpose	Purpose	Amount
4/20/23	Access Marketing	PO Box 913026	Denver	80291	Campaign Marketing	Campaign Marketing	\$125,000.00
							\$125,000.00

SCHEDULE F

Cash Contributions (Schedule A)	\$30,251.99
Other Cash (interest)	\$0.00
Loans (Schedule C)	\$0.00
Total Receipts	\$30,251.99
Expenditures (Schedule B)	\$17,000.00
Operating Expenses (Schedule B1)	\$1,176.99
Loan Repayment (Schedule C)	\$0.00
Total Payments	\$18,176.99
Cash Balance at Beginning of Period	\$1,817.93
Plus Total Receipts	\$30,251.99
Minus Total Payments	\$18,176.99
Cash Balance at End of Period	\$13,892.93
In-Kind Contributions (Schedule A-1)	\$0.00
Total Loan Balance (schedule C)	\$0.00
Total Unpaid Debts (Schedule D)	\$125,000.00