



Paul Riley, Elections Administrator  
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**Registration for Political Action Committees (PAC) & Ballot Question Committees (BQC)  
 For All Municipal Campaigns**

A PAC or BQC must register with the Clerk's office within 7 days of making expenditures to initiate or influence a campaign or election, including unpaid obligations, that total more than:

- \$2,500 for an organization or voluntary association which participates in a candidate election, or
- \$5,000 for organization, voluntary association, or individual which participates in a referendum election.

Registration is not complete until the following documents have been submitted:

- Completed registration for Political Action Committees & Ballot Question Committees. (This Form)
- Acknowledgment of Responsibilities. The Treasurer, Principal Officer and any Decision Maker(s) must sign and return the statements within 10 days of the date of submitting this form.
- Initial Campaign Finance Report. All contributions received, whether cash or in-kind, and all expenditures made from the beginning of the calendar year (for PACs) or the beginning of the campaign (for BQCs) must be reported. The report is due within 7 days of filing this registration, or within 14 days of exceeding the financial activity that required registration, whichever comes first.

AMENDMENT		
Is this an amendment?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
COMMITTEE INFORMATION		
Committee Name <i>Protect Portland's Future</i>		Acronym (Optional)
Mailing Address <i>P.O. Box 3501</i>		Phone
City <i>Portland</i>	State <i>ME</i>	Zip <i>04104</i>
Committee Email <i>protectptldsfuture@gmail.com</i>		Alternate Email 1 (Optional)
Alternate Email 2 (Optional)		Web Address (Optional)
TYPE OF COMMITTEE (Please see Instruction Page)		
(Select One)		
<input type="checkbox"/> The primary purpose of this Committee is to influence candidate campaigns. (PACs)		
<input checked="" type="checkbox"/> The primary purpose of this Committee is to influence referenda campaigns. (BQCs)		
For PACs Only (Select One)		
<input type="checkbox"/> Separate/Segregated Fund PAC <input type="checkbox"/> Leadership PAC <input type="checkbox"/> Caucus PAC <input type="checkbox"/> Traditional PAC		
For BQCs Only (Select One)		
<input type="checkbox"/> Individual BQC <input checked="" type="checkbox"/> Traditional BQC		

**TREASURER INFORMATION**

Last Name <i>McGuire</i>	First Name <i>Terri</i>	Current Legislator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address <i>P.O. Box 3501</i>		Phone
City <i>Portland</i>	State <i>ME</i>	Zip <i>04104</i>
Email <i>protect <del>pt</del> <sup>pt lds</sup> future @ gmail.com</i>		Fax (Optional)

**PRINCIPAL OFFICER INFORMATION**

Last Name <i>Allen</i>	First Name <i>Thomas</i>	Current Legislator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address <i>P.O. Box 3501</i>		Phone
City <i>Portland</i>	State <i>ME</i>	Zip <i>04104</i>
Email <i>protect pt lds future @ gmail.com</i>		Fax (Optional)

**AUTHORIZED AGENT INFORMATION (OPTIONAL)**

Last Name	First Name
Email	Phone
Last Name	First Name
Email	Phone

**PRIMARY FUNDRAISERS & DECISION MAKERS INFORMATION (OPTIONAL)**

Last Name	First Name
Email	
Role (Check all that apply)	Decision Maker <input type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>
Last Name	First Name
Email	
Role (Check all that apply)	Decision Maker <input type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>
Last Name	First Name
Email	
Role (Check all that apply)	Decision Maker <input type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>

### FORM OF ORGANIZATION

Role (Select One)

- Corporation                       Cooperative                       Limited Liability Co.                       Non-Profit  
 Unregistered Partnership                       Voluntary Association                       Individual                       Other \_\_\_\_\_

Date of Origin or Incorporation

### FOUNDING ORGANIZATIONS

(Skip if Form of Organization is a: Unregistered Partnership, Voluntary Association, or Individual)

Name of Business/Organization	Phone
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Address

City	State	Zip
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Name of Business/Organization	Phone
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Address

City	State	Zip
------	-------	-----

Name of Business/Organization	Phone
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Address

City	State	Zip
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### CAMPAIGN ACCOUNT INFORMATION

Name on Account  
*Protect Portland's Future*

Name of Financial Institution  
*Gorham Savings Bank*

Mailing Address  
*771 Marginal Way*

City <i>Portland</i>	State <i>ME</i>	Zip <i>04101</i>
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Certification (Select One)

- I certify that the funds deposited into the Campaign Account are segregated from the general treasury funds of a founding organization and that the funds are not commingled with the funds of any individual person.  
 I request a waiver of the requirement to maintain a separate account because the requirement is administratively burdensome.

**STATEMENT OF COMMITTEE PURPOSE**

Indicate the specific candidate(s) or referenda that the committee will be supporting or opposing. If the purpose is non-specific, indicate the categories of candidates or types of issues that the Committee will be supporting or opposing. (e.g. "This Committee supports John Smith for Governor," "This Committee opposes the People's Veto of LD XXX," "This Committee opposes candidates who want to increase taxes.")

Support

Oppose

*Portland Charter Commission ballot questions*

**CERTIFICATION**

(Select One)



I certify that this PAC/BQC is not directly or indirectly established, maintained, or controlled, by a current member of the Legislature.



I certify that I have listed the member(s) of the legislature who are directly or indirectly establishing, maintaining, or controlling this PAC/BQC as a Principal Officer, Treasurer, Decision Maker, or Fundraiser.

**SIGNATURE OF OFFICER**

FULL NAME

*THOMAS H. ALLEN*

TITLE

*PRINCIPAL OFFICER*

SIGNATURE

*Thomas H. Allen*

DATE

*8/24/22*