

FEB - 2 2023

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		Acronym (Optional)
Committee to Improve Rent Control		
Mailing Address		Phone
306 Congress St		207-200-1301
City	State	Zip
Portland	ME	04101
Committee Email		Alternate Email 1 (Optional)
admin@rhamaine.org		
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 Wallimann		First Name Jessica	Current Legislator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address 306 Congress Street		Phone 200-1301	
City Portland	State Maine	Zip 04101	
Email admin@rhamaine.org		Fax (Optional)	

PRINCIPAL OFFICER INFORMATION

Last Name Vitalius		First Name Brit	Current Legislator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address 306 Congress Street		Phone 200-1301	
City Portland	State Maine	Zip 04101	
Email admin@rhamaine.org		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 BQC

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

Address

City

State

Zip

Name of Business/Organization

Phone

Address

City

State

Zip

Name of Business/Organization

Phone

Address

City

State

Zip

CAMPAIGN ACCOUNT INFORMATION

Name on Account

Committee to Improve Rent Control

Name of Financial Institution

Bangor Savings Bank

Mailing Address

180 Middle Street

City

Portland

State

ME

Zip

04101

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 reference 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.")

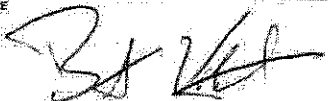
- Support This committee supports a ballot initiative to improve rent control.
- Oppose

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

<small>FULL NAME</small> Brit Vitalius	<small>TITLE</small> Director
<small>SIGNATURE</small> 	<small>DATE</small> 1/30/2023

FEB - / 2023

Email: priley@portlandmaine.gov
Phone: (207) 756-8102
Fax: (207) 874-8612

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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 checked="" type="checkbox"/> No <input type="checkbox"/>		
COMMITTEE INFORMATION		
Committee Name		Acronym (Optional)
Committee to Improve Rent Control		
Mailing Address		Phone
306 Congress St		207-200-1301
City	State	Zip
Portland	ME	04101
Committee Email		Alternate Email 1 (Optional)
admin@rhmaine.org		
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 type="checkbox"/> Traditional BQC		

FORM OF ORGANIZATION

Type (Select One):

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

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:
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Name of Business/Organization:	Phone:
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Address:

City:	State:	Zip:
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CAMPAIGN ACCOUNT INFORMATION

Name on Account:
Committee to Improve Rent Control

Name of Financial Institution:
Bangor Savings Bank

Mailing Address:
180 Middle Street

City: Portland	State: ME	Zip: 04101
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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.
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Support

Oppose


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

<p>Print Name:</p> <p>Brit Vitalius</p>	<p>Title:</p> <p>Director</p>
<p>Signature:</p> 	<p>Date:</p> <p>2/7/2023</p>

TREASURER INFORMATION

Last Name Walker		First Name Kelly	Current Legislator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address 306 Congress St		Phone 207-200-1301	
City Portland	State ME	Zip 04101	
Email admin@rhamaine.org		Fax (Optional)	

PRINCIPAL OFFICER INFORMATION

Last Name Vitalius		First Name Brit	Current Legislator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mailing Address 306 Congress St		Phone 207-200-1301	
City Portland	State ME	Zip 04101	
Email admin@rhamaine.org		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 Payne		First Name Ned
Email admin@rhamaine.org		
Role (Check all that apply) Decision Maker <input checked="" type="checkbox"/> Fundraiser <input type="checkbox"/> Legislator <input type="checkbox"/>		

Last Name Saucier		First Name Kim
Email admin@rhamaine.org		
Role (Check all that apply) Decision Maker <input checked="" 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"/>		