

ORIGINAL  
(AMENDMENT)

## 2019 CAMPAIGN FINANCE REPORT — NOVEMBER 5, 2019 ELECTION

### For Municipal Candidates

Please complete all entries.

Name of Candidate:	Lawrence P. McWilliams	<input checked="" type="checkbox"/> Check if any information has changed from previous report
Street Address:	383 Austin St.	
City and Zip Code:	Westbrook 04092	Telephone Number: 207-239-7266
E-mail:	tharvestconn@gmail.com	
Office Sought:	Ward 5 Councilor	District Number (if applicable): 5
Name of Treasurer:	Same as Above	<input type="checkbox"/> Check if any information has changed from previous report
Mailing Address:	LL LL	
City and Zip Code:		Telephone Number:
E-mail:		

TYPE OF REPORT	DUE DATE	DATES OF REPORTING PERIOD
<input type="checkbox"/> January Semiannual	January 15, 2019	Beginning of campaign - December 31, 2018
<input type="checkbox"/> July Semiannual	July 15, 2019	Beginning of campaign or January 1 - June 30, 2019
<input type="checkbox"/> 11-Day Pre-Election	October 25, 2019	Beginning of campaign or July 1, 2019 - October 22, 2019
<input type="checkbox"/> 42-Day Post-Election	December 17, 2019	October 23, 2019 - December 10, 2019
<input type="checkbox"/> July Semiannual	July 17, 2020	December 11, 2019 - June 30, 2020
<input checked="" type="checkbox"/> Amendment to:	11-Day Pre-Election	
<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Check if campaign had no activity for the reporting period (no other pages are required).		

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

  
Treasurer Signature

10/28/19  
Date

  
Candidate Signature

11/28/19  
Date

Candidate's Full Name

**SCHEDULE A  
CASH CONTRIBUTIONS**

- Itemize all cash contributions from contributors who have given you more than \$50 in this report period.
- Both cash and in-kind contributions count toward the \$50 threshold.
- Report the occupation and employer for individual contributors who contributed more than \$50 in this report period. If you requested employment information but did not receive it, write "information requested."
- Cash contributions of \$50 or less may be aggregated and reported as a lump sum. Use "Contributors giving \$50 or less" as the contributor type.
- If you transferred surplus funds from a previous campaign to your current campaign, report that amount in the first report for the current election cycle.

**Total contributions from the same source (except candidate and candidate's spouse/domestic partner) may NOT exceed \$850 in any election for municipal office.**

**Contributor Types**

- |   |   |   |                                  |
|---|---|---|----------------------------------|
| 1 | Candidate and Candidate's Spouse/Domestic Partner | 5 | Political Party Committees       |
| 2 | Other Individuals                                 | 6 | Other Candidates and Committees  |
| 3 | Commercial Sources (corporations, etc.)           | 7 | Contributors giving \$50 or less |
| 4 | Political Action Committees                       | 8 | Transfer from previous campaign  |

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Type	Amount

**Total Cash Contributions (this page only) →**  
**(combined totals from all Schedule A pages must be listed on Schedule F, Line 1)**





Lawrence P. McWilliams

Candidate's Full Name

**SCHEDULE A-1  
IN-KIND CONTRIBUTIONS**

**Contributor Types**

- 1 Candidate and Candidate's Spouse/Domestic Partner
- 2 Other Individuals
- 3 Commercial Sources (corporations, etc.)
- 4 Political Action Committees
- 5 Political Party Committees
- 6 Other Candidates and Committees
- 7 Contributors giving \$50 or less
- 8 Transfer from previous campaign

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:
7/31/19	Lawrence P. McWilliams	Cannabis Caregiver	Bothe K Joint Relief LLC	#1	33.00

Description of Goods/Services:  
Voter Data File

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:

Description of Goods/Services:

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:

Description of Goods/Services:

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:

Description of Goods/Services:

Date Received:	Contributor's Name, Address, Zip:	Occupation:	Employer:	Type:	Amount:

Description of Goods/Services:

Total In-Kind Contributions (this page only) → \$1025.90  
 (combined totals from all Schedule A-1 pages must be listed on Schedule F, Line 8)

See previous report

Candidate's Full Name \_\_\_\_\_

**SCHEDULE B  
EXPENDITURES**

- Enter the date, payee, **expenditure type**, and amount for each expenditure made during the report period.
- All expenditures require a remark. Enter a description of the goods and services purchased.
- For expenditures made with the candidate's or authorized individual's personal funds and that are reimbursed within the same report period, enter them as reimbursed expenditures (Payee Name is the vendor and the person who was reimbursed is named in the Remark field). If expenditures made by others are not reimbursed by the end of the report period, they are either reported as in-kind contributions or unpaid debts and obligations.
- If you use campaign funds to pay or reimburse an immediate family member or household member for goods or services they provided or purchased for the campaign, you **must** list the family or household relationship in the remarks section.

**Only enter expenditures that have actually been paid. Enter unpaid debts and obligations on Schedule D.**

**Expenditure Types**

CNS	Campaign Consultants	POL	Polling and survey research
CON	Contribution to other candidate, party, committee	POS	Postage for U.S. mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones, etc.)	PRO	Other professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail House (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)
OFF	Office supplies, utilities, phone/internet services, rent, etc.	TVN	TV or cable ads, production costs
OTH	Other (bank fees, entrance fees, small tools, wood, etc.)	WEB	Web advertising
PHO	Phone banks, automated telephone calls		

Date	Name of Payee	Type	Remark	Amount
<b>Total Expenditures (this page only) →</b>				
<b>(combined totals from all Schedule B pages must be listed on Schedule F, Line 5)</b>				

\_\_\_\_\_  
Candidate's Full Name

**SCHEDULE B  
EXPENDITURES**

**Expenditure Types**

CNS	Campaign Consultants	POL	Polling and survey research
CON	Contribution to other candidate, party, committee	POS	Postage for U.S. mail and mail box fees
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PHO	Phone banks, automated telephone calls		

Date	Name of Payee	Type	Remark	Amount
<b>Total Expenditures (this page only) →</b>				
<b>(combined totals from all Schedule B pages must be listed on Schedule F, Line 5)</b>				

\_\_\_\_\_  
Candidate's Full Name

**SCHEDULE C  
LOANS and LOAN 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.
- Loans cannot exceed \$850 in any election for municipal candidates, except loans made by the candidate, the candidate's spouse or domestic partner, or a financial institution in the State of Maine

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
<b>Lender's Name and Address</b>	<b>Loan Balance at Beginning of Period</b>	<b>ACTIVITY THIS PERIOD</b> (report amount and date)			<b>LOAN BALANCE AT END OF PERIOD</b> (1+2) - 3 - 4
		<b>Amount Loaned this Period</b>	<b>Amount Repaid this Period</b>	<b>Amount Forgiven this Period</b>	
		Date:  Amount:	Date:  Amount:	Date:  Amount:	
		Date:  Amount:	Date:  Amount:	Date:  Amount:	
		Date:  Amount:	Date:  Amount:	Date:  Amount:	
		Date:  Amount:	Date:  Amount:	Date:  Amount:	
		Date:  Amount:	Date:  Amount:	Date:  Amount:	
		Date:  Amount:	Date:  Amount:	Date:  Amount:	
<b>Totals for each column →</b>		Enter on Schedule F, Line 2	Enter on Schedule F, Line 6	Enter on Schedule F, Line 2.a	Enter on Schedule F, Line 10



Mc WILLIAMS

Candidate's Full Name

Date Submitted

SCHEDULE F  
SUMMARY SCHEDULE

This page is required for all candidates except those checking the no activity box on the cover page of the report.

The cash balance on line 14 must match the campaign's reconciled bank account balance as of the last day of the report period.

CASH ACTIVITY	
<b>Receipts</b>	
1. Cash Contributions this Period (total of all Schedule A pages)	
2. Loans this Period (Schedule C, column 2)	
2.a. Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)*	-
3. Other Cash Receipts this Period (interest, etc.)	
4. Total Receipts this Period [(lines 1 + 2 + 3) - line 2.a.]	
<b>Expenditures</b>	
5. Expenditures this Period (total of all Schedule B pages)	
6. Loan Repayments this Period (Schedule C, column 3)	
7. Total Payments this Period (lines 5 + 6)	
<b>OTHER ACTIVITY THIS REPORTING PERIOD</b>	
8. In-kind Contributions this Period (total of all Schedule A-1 pages)	\$1025.90
9. Total Unpaid Debts at Close of Period (total of all Schedule D pages)	0
10. Total Loan Balance at Close of Period (Schedule C, column 5)	0
<b>CASH SUMMARY FOR PERIOD</b>	
11. Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	0
12. <b>Plus</b> Total Receipts this Period (line 4 above)	+ 0
13. <b>Minus</b> Total Payments this Period (line 7 above)	- 0
14. Cash Balance at End of Period (must match reconciled bank account balance)	= 0

\* If you forgave a loan or part of a loan during the report period, you need to enter the forgiven amount on line 2.a. and subtract it from the sum of lines 1, 2 & 3. This adjustment is needed so that the forgiven amount is not double-counted as a receipt.