



Melissa Caiazzo
 Election Administrator - City of Portland
 389 Congress Street, Room 203
 Portland, ME 04101
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 P: 207-756-8102 | F: 207-874-8612

JUN 02 2021

June 8, 2021

24-HOUR REPORT – June 11, 2019 Election

Report Period: May 29 – June 10, 2019
 26 8 2021

CANDIDATE INFORMATION

NAME OF CANDIDATE Zack Barowitz	TELEPHONE NUMBER 207-838-6120
MAILING ADDRESS 22 Huntress St.	OFFICE SOUGHT Charter Commission
CITY, ZIP CODE Portland, 04102	DISTRICT NUMBER (IF ANY) 3
NAME OF AUTHORIZED COMMITTEE, IF ANY	

TREASURER INFORMATION

NAME OF TREASURER Damon Yakovleff	TELEPHONE NUMBER 860-428-2058
MAILING ADDRESS 72 Bolton St.	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 Creative Imaging Group, Inc.	DATE OF EXPENDITURE 6/1/21
NUMBER AND STREET P.O. Box 6540	EXPENDITURE AMOUNT 2821.11
CITY, STATE, ZIP CODE Scarborough ME, 04070	
PURPOSE OF EXPENDITURE Mailer	

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

Damon Yakovleff
 Signature of Treasurer

6/1/21
 Date

[Signature]
 Signature of Candidate

6/2/2021
 Date



Melissa Cowie, City Clerk
 City of Portland
 389 Congress Street, Portland ME, 04101

JUN 01 2021

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

2021 24-Hour Report June 8 Election

Report Period: May 26, 2021 - June 7, 2021

CANDIDATE INFORMATION

NAME OF CANDIDATE <i>Merques A. Houston</i>	TELEPHONE NUMBER <i>207-312-3874</i>
MAILING ADDRESS <i>1021 Ocean Ave Apt. 7</i>	OFFICE SOUGHT <i>Charter Commission</i>
CITY, ZIP CODE <i>Portland, ME 04103</i>	DISTRICT NUMBER (IF ANY) <i>4</i>
NAME OF AUTHORIZED COMMITTEE, IF ANY	

TREASURER INFORMATION

NAME OF TREASURER <i>Merques Houston</i>	TELEPHONE NUMBER <i>207-312-3874</i>
MAILING ADDRESS <i>1021 Ocean Ave, Apt. 7</i>	CITY, ZIP CODE <i>Portland, ME 04103</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>Creative Imaging Group</i>	DATE OF EXPENDITURE <i>5/28/21</i>
NUMBER AND STREET <i>P.O. Box 6540, Scarborough, ME</i>	EXPENDITURE AMOUNT <i>\$1351.69</i>
CITY, STATE, ZIP CODE <i>Scarborough, ME 04070</i>	
PURPOSE OF EXPENDITURE <i>Marketing</i>	

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

[Signature] Signature of Treasurer 6/1/21 Date *[Signature]* Signature of Candidate 6/1/21 Date