

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

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

**REGISTRATION: BALLOT QUESTION COMMITTEE**

**For Municipal Campaigns**

For Persons and Organizations Other than PACs Involved in Ballot Question Elections: Any person not defined as a political action committee who receives contributions or makes expenditures, other than by contribution to a political action committee or ballot question committee, aggregating in excess of \$5,000 for the purpose of initiating or influencing a ballot question shall register with the City Clerk as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5,000. (21-A M.R.S.A. §1056-B)

An Initial Campaign Finance Report must be filed within 7 days of filing this Registration. Ballot Question Committees must report all contributions and expenditures, whether cash or in-kind, made from the beginning of the campaign. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising expenses.

Is this an amendment?  Yes  No

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED.**

**BALLOT QUESTION COMMITTEE INFORMATION**

COMMITTEE NAME	ACRONYM
Smaller shelters for Portland	SS4P
MAILING ADDRESS	PHONE
86 Congress St. Apt 6	207-841-3464
CITY, STATE, ZIP CODE	FAX
Portland, ME 04101	
EMAIL	
<del>justin.p.beth@gmail.com</del> smaller.shelters.bqe@gmail.com	
ALTERNATE EMAIL 1	
ALTERNATE EMAIL 2	
WEB ADDRESS	

**TREASURER INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME
Damon	R	Yakovleff
MAILING ADDRESS	PHONE	
72 Bolton St	860-428-2058	
CITY, STATE, ZIP CODE	ALTERNATE PHONE	
Portland, ME 04102		
EMAIL	FAX	
damon.yakovleff@gmail.com		
ROLE (check all that apply)		

Legislator  Candidate

**PRINCIPAL OFFICER INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME
Justin	P	Beth
MAILING ADDRESS		PHONE
86 Congress St. Apt. 6		207-841-3464
CITY, STATE, ZIP CODE		ALTERNATE PHONE
Portland, ME 04102		
EMAIL	FAX	
justin.p.beth@gmail.com		
ROLE (check all that apply) <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		

**DESIGNATED FILING AGENT(S) (OPTIONAL)**

FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL	PHONE	
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL	PHONE	

**PRIMARY FUNDRAISERS & DECISION MAKERS**

Identify the primary fundraisers and decision makers for the committee and whether they are also a Legislator or candidate.

FIRST NAME	MIDDLE NAME	LAST NAME
Sally		Bowden-Schaible
EMAIL		
1sallybs@gmail.com		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input checked="" type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		
FIRST NAME	MIDDLE NAME	LAST NAME
Carolyn		Silvius
EMAIL		
12carasil@gmail.com		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input checked="" type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		
FIRST NAME	MIDDLE NAME	LAST NAME
EMAIL		
ROLE (check all that apply) <input type="checkbox"/> Fundraiser <input type="checkbox"/> Decision Maker <input type="checkbox"/> Legislator <input type="checkbox"/> Candidate		

STATEMENT OF SUPPORT OR OPPOSITION

Indicate the ballot question(s), referendum, or initiated petition(s) the committee supports or opposes.

CITIZEN INITIATIVE AMENDMENT  
TO THE PORTLAND CITY CODE CHAPTER 14  
FOR EMERGENCY SHELTERS FOR 50 OR FEWER ONLY

- Support
- Oppose
  
- Support
- Oppose

FORM OF ORGANIZATION

Name the form or structure of organization (i.e., cooperative, corporation, voluntary association, partnership, etc.)

FORM OF ORGANIZATION

DATE OF ORIGIN OR INCORPORATION

Voluntary Association

8/17/21

FOUNDING ORGANIZATIONS/INDIVIDUALS

Was this committee formed by one or more for-profit or non-profit corporations, organizations, or individuals? (Use additional sheets as necessary.)

IF YES, NAME OF CORPORATION, ORGANIZATION OR INDIVIDUAL

Yes

See individuals above

ADDRESS

No

CITY, STATE, ZIP CODE

PHONE

SIGNATURE OF PRINCIPAL OFFICER, TREASURER, OR OTHER AUTHORIZED INDIVIDUAL

NAME OF SIGNER

TITLE

Justin P. Bepko

Principal

SIGNATURE

DATE



8/27/21

IMPORTANT NOTICE:

An initial campaign finance report must be filed with the City Clerk within 7 days of registration

Committee Account Information:

Name of Person on Account:

Damon Yakouleft - Treasurer

Name and Address of Bank:

Norway Savings Bank

1200 Congress St  
Portland, ME 04102



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
Mail: 135 State House Station, Augusta, Maine 04333  
Office: 45 Memorial Circle, 2<sup>nd</sup> floor, Augusta, Maine

Website: www.maine.gov/ethics  
Phone: 207-287-4179  
Fax: 207-287-6775

## ACKNOWLEDGMENT OF RESPONSIBILITIES — DECISION-MAKER

I, Carolyn A. Silvius, acknowledge that I am a  
(Print Name)

decision-maker of Small Shelters, a political action committee  
(Name of Committee)

registered with the Commission's office. I acknowledge that, as a decision-maker of the committee:

(1) I am deemed to have participated in any pending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee.

(2) I am responsible for notifying the Commission and the committee in writing if I resign from the position of decision-maker and that my resignation will not be effective until the Commission receives such notice.

I have read this acknowledgment and understand my responsibilities as a decision-maker.

Signature: Carolyn A. Silvius Date: 7/1/21

Failure to submit the Acknowledgment of Responsibilities may result in a fine of \$100.

Decision Maker's Email Address: 12.CaraSil@gmail.com



### ACKNOWLEDGMENT OF RESPONSIBILITIES — PRINCIPAL OFFICER

I, Justin Beth, acknowledge that I am the principal officer  
(Print Name)  
of Smaller Shelters for Portland, a political action committee registered with  
(Name of Committee)  
the Commission's office. I acknowledge that, as the principal officer of the committee:

(1) I am jointly responsible with the treasurer for ensuring that the committee complies with the requirements of Maine Election Law (21-A M.R.S.A., chapter 13) applicable to the committee. These requirements include but are not limited to:

- filing complete and accurate reports as required by the Commission;
- ensuring that the treasurer of the committee keeps all required records of contributions, expenditures and bank statements for the committee's campaign account; and
- updating the committee's registration information within 10 days of any change, including the resignation or removal of the treasurer or a decision-maker and filing an updated registration with the Commission by March 1<sup>st</sup> of every year in which there is a general election.

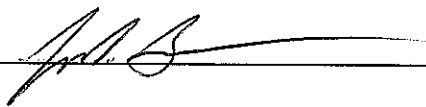
(2) I am jointly and severally liable with the treasurer and the committee for any penalties assessed against the committee for violations of Maine Election Law (21-A M.R.S.A., chapters 13 and 14).

(3) I am deemed to have participated in any spending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee.

(4) I am responsible for notifying the Commission and the committee's treasurer in writing if I resign from the position of principal officer and that my resignation will not be effective until the Commission receives such notice.

(5) The committee is responsible for notifying the Commission if the treasurer or a decision-maker is involuntarily removed from the committee.

I have read this acknowledgment and understand my responsibilities and liabilities as principal officer.

Signature:  Date: 9/2/2021

Failure to submit the Acknowledgment of Responsibilities may result in a fine of \$100.

Principal Officer's mailing address: 86 Congress Sts Apt 6, Portland, ME 04101  
(Street, City/Town, State and Zip Code)

Telephone Number: (207)841-3464 Email Address: justin.p.beth@gmail.com



## ACKNOWLEDGMENT OF RESPONSIBILITIES — TREASURER

I, Damon Yakovleff, acknowledge that I am the treasurer  
(Printed Name)  
of Smaller Shelters for Portland, a Ballot Question ~~political action~~ committee  
(Name of Committee)

registered with the Commission's office. I acknowledge that, as the treasurer of the committee:

(1) I am jointly responsible with the principal officer for ensuring that the committee complies with the requirements of Maine Election Law (21-A M.R.S.A., chapter 13) applicable to the committee. These requirements include but are not limited to:

- filing complete and accurate reports as required by the Commission;
- keeping all required records of contributions, expenditures and bank statements for the committee's campaign account; and
- updating the committee's registration information within 10 days of any change, including the resignation or removal of the principal officer or a decision-maker and filing an updated registration with the Commission by March 1<sup>st</sup> of every year in which there is a general election.

(2) I am jointly and severally liable with the principal officer and the committee for any penalties assessed against the committee for violations of Maine Election Law (21-A M.R.S.A., chapters 13 and 14).

(3) I am deemed to have participated in any spending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee.

(4) I am responsible for notifying the Commission and the committee's principal officer in writing if I resign from the position of treasurer and that my resignation will not be effective until the Commission receives such notice.

(5) The committee is responsible for notifying the Commission if the principal officer or a decision-maker is involuntarily removed from the committee.

I have read this acknowledgment and understand my responsibilities and liabilities as treasurer.

Signature: Damon Yakovleff Date: 9/1/21

Failure to submit the Acknowledgment of Responsibilities may result in a fine of \$100.

Treasurer's mailing address: 72 Bolton St Portland, ME 04102  
(Street, City/Town, State and Zip Code)

Telephone Number: 8604282058 Email Address: damon.yakovleff@gmail.com



**ACKNOWLEDGMENT OF RESPONSIBILITIES — DECISION-MAKER**

I, Sally Bowden-Schaible, acknowledge that I am a  
(Print Name)

decision-maker of Smaller Shelters for Portland, a political action committee  
(Name of Committee)

registered with the Commission's office. I acknowledge that, as a decision-maker of the committee:

(1) I am deemed to have participated in any spending decisions of the committee until the Commission has received notice of my resignation or involuntary removal from the committee.

(2) I am responsible for notifying the Commission and the committee in writing if I resign from the position of decision-maker and that my resignation will not be effective until the Commission receives such notice.

I have read this acknowledgment and understand my responsibilities as a decision-maker.

Signature: *Sally Bowden-Schaible*

Date: 09-02-2021

Failure to submit the Acknowledgment of Responsibilities may result in a fine of \$100.

Decision Maker's Email Address: 1sallybs@gmail.com