



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

Portland Cares - Vote C

ACRONYM

MAILING ADDRESS

P.O. Box 4897

PHONE

831-5838

CITY, STATE, ZIP CODE

Portland, ME 04112

FAX

EMAIL

dsigfridson@gmail.com

ALTERNATE EMAIL 1

ALTERNATE EMAIL 2

WEB ADDRESS

### TREASURER INFORMATION

FIRST NAME

Melissa

MIDDLE NAME

LAST NAME

Nissen

MAILING ADDRESS

P.O. Box 4897

PHONE

791-1281

CITY, STATE, ZIP CODE

Portland, ME 04112

ALTERNATE PHONE

EMAIL

nissen@capcompliance.com

FAX

ROLE (check all that apply)

Legislator

Candidate

**PRINCIPAL OFFICER INFORMATION**

FIRST NAME Drew	MIDDLE NAME	LAST NAME Sigfridson
MAILING ADDRESS One Canal Plaza, 5th floor		PHONE 831-5838
CITY, STATE, ZIP CODE Portland, ME 04101		ALTERNATE PHONE
EMAIL dsigfridson@gmail.com		FAX
ROLE (check all that apply) <input checked="" 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 Drew	MIDDLE NAME	LAST NAME Sigfridson
EMAIL dsigfridson@gmail.com		
ROLE (check all that apply) <input checked="" 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		
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.

Question C

- Support
- Oppose

Questions A and B

- Support
- Oppose

**FORM OF ORGANIZATION**

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

FORM OF ORGANIZATION

Voluntary Association

DATE OF ORIGIN OR INCORPORATION

October 13, 2021

**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

Kevin Bunker

ADDRESS

631 Stevens Avenue, Suite 203

CITY, STATE, ZIP CODE

Portland, ME 04103

PHONE

No

**SIGNATURE OF PRINCIPAL OFFICER, TREASURER, OR OTHER AUTHORIZED INDIVIDUAL**

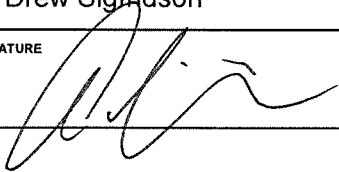
NAME OF SIGNER

Drew Sigfridson

TITLE

Principal Officer

SIGNATURE



DATE

October 14, 2021

**IMPORTANT NOTICE:**

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