

Ret'd 10/12/18



Emily Scully, CCM
City Clerk/Registrar of Voters
City of South Portland
25 Cottage Road
South Portland, ME 04106
ecarrington@southportland.org
P: (207) 767-7627 | F: (207) 767-7620

REGISTRATION: POLITICAL ACTION COMMITTEE

A political action committee must register with the municipality within 7 days of making expenditures to initiate or influence a campaign or election, including unpaid obligations, that total more than:

- \$1,500 for an organization whose major purpose is to influence candidate or ballot question elections, or
- \$5,000 for organizations which participate in candidate elections but whose major purpose is something other than influencing candidate elections.

Registration is not complete until the following additional documents have been submitted:

- Initial Campaign Finance Report. All contributions received, whether cash or in-kind, and all expenditures made from the beginning of the calendar year must be reported. Be sure to include any expenditures associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising.
- Acknowledgement of Responsibilities. The Treasurer, Principal Officer and any Decision Maker(s) must sign and return the statement within 10 days of the date of this registration.

Is this an amendment? Yes No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

COMMITTEE INFORMATION		
COMMITTEE NAME	South Portland Citizens for Property Rights	
ACRONYM		
MAILING ADDRESS	6 Willard St.	
CITY, STATE, ZIP CODE	South Portland, ME	04106
PHONE	207-232-7667	
EMAIL	Sailsman1@msn.com	
ALTERNATE EMAIL 1		
ALTERNATE EMAIL 2		
WEB ADDRESS		

TREASURER INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
Margaret	Elizabeth	Birlem
MAILING ADDRESS	506 Peck Street	
CITY, STATE, ZIP CODE	South Portland, ME	04106
PHONE	207-400-7494	
ALTERNATE PHONE		
EMAIL	mbirlem@gmail.com	
FAX		
ROLE (check all that apply)	Treasurer	

PRINCIPAL OFFICER INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
PHONE		
ALTERNATE PHONE		
EMAIL		
FAX		
ROLE (check all that apply)		

DESIGNATED FILING AGENT(S) (OPTIONAL)

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

EMAIL _____ PHONE _____

N/A

PRIMARY FUNDRAISERS & DECISION MAKERS

Identify the primary fundraisers and decision makers for the committee and whether they are also a Legislator or candidate. (Use additional sheets as necessary.)

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

EMAIL _____

ROLE (check all that apply) Fundraiser Decision Maker Legislator Candidate

FIRST NAME MARGARET MIDDLE NAME ELIZABETH LAST NAME BIRLEM

EMAIL mbirlem@gmail.com

ROLE (check all that apply) Fundraiser Decision Maker Legislator Candidate

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 10/11/18

FOUNDING ORGANIZATIONS

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

If YES, NAME OF CORPORATION OR ORGANIZATION _____

Yes ADDRESS _____

No CITY, STATE, ZIP CODE _____

PHONE _____

COMMITTEE ACCOUNT INFORMATION

NAME ON ACCOUNT MARGARET BIRLEM

NAME OF FINANCIAL INSTITUTION BANGOR SAVINGS MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE) 180 WATERMAN DR. S. PORTLAND ME 04106

STATEMENT OF SUPPORT OR OPPOSITION

Indicate the specific candidate(s) or category of candidate(s), ballot question(s), referenda, initiated petition(s), people's vetoes, or other campaign(s) the committee supports or opposes. If the committee is formed to influence the election of a single candidate, the name of the candidate must be listed. (Use additional sheets as necessary.)

OPPOSITION TO THE REFERENDUM QUESTION REGARDING REFERRED ORDINANCES

Support Oppose

Support Oppose

SIGNATURE OF PRINCIPAL OFFICER OR TREASURER

The Principal Officer, Treasurer and any Decision Maker(s) must submit a signed Acknowledgement of Responsibilities.

NAME OF SIGNER MARGARET BIRLEM TITLE TREASURER

SIGNATURE [Signature] DATE 10/11/18

IMPORTANT NOTICE:
An initial campaign finance report must be filed with the municipality at the time of registration.



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ACKNOWLEDGMENT OF RESPONSIBILITIES — TREASURER

I, MARGARET BILLEN, acknowledge that I am the treasurer of
(Printed Name)
SOUTH PORTLAND CITIZENS FOR PROPERTY RIGHTS political action committee registered with
(Name of Committee)
the City of Portland (the "Municipality"). 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 Municipality;
 - 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 principal officer or a decision maker and filing an updated registration with the Municipality by March 1st 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 Municipality has received notice of my resignation or involuntary removal from the committee.
- (4) I am responsible for notifying the Municipality and the committee's treasurer in writing if I resign from the position of treasurer and that my resignation will not be effective until the Municipality receives such notice.
- (5) The committee is responsible for notifying the Municipality 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: 

Date: 10/11/18

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



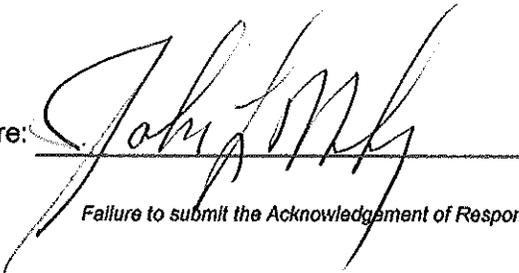
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ACKNOWLEDGMENT OF RESPONSIBILITIES — DECISION MAKER

I, John Murphy, acknowledge that I am a decision maker of
(Printed Name)
South Portland Citizens for Property Rights a political action committee registered with the
(Name of Committee)
City of Portland (the "Municipality"). 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 Municipality has received notice of my resignation or involuntary removal from the committee.
- (2) I am responsible for notifying the Municipality and the committee in writing if I resign from the position of decision-maker and that my resignation will not be effective until the Municipality receives such notice.

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

Signature:  Date: 10/11/18

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