



Kelly Gooldrup, City Clerk
 City of Augusta
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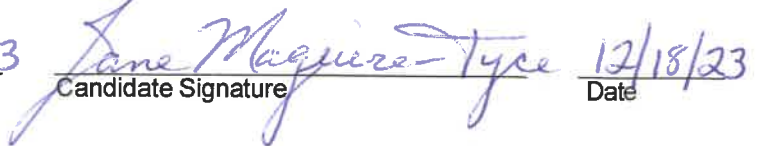
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2023 Campaign Finance Report

For Municipal Candidates

Name of Candidate:	Jane Maguire-Tyce		<input type="checkbox"/> Check if any information has changed from previous report
Street Address:	37 Claire St.		
City and ZIP:	Augusta 04330	Phone Number:	207-215-0575
Email:	jane.maguire.tyce@hotmail.com		
Office Sought:	School Board	District Number (if applicable):	Ward 3
Name of Treasurer:	Jane Maguire-Tyce		<input type="checkbox"/> Check if any information has changed from previous report
Mailing Address:	37 Claire St		
City and ZIP:	Augusta 04330	Phone Number:	207-215-0575
Email:	jane.maguire.tyce@hotmail.com		
TYPE OF REPORT	DUE DATE	DATES OF REPORTING PERIOD	
<input type="checkbox"/> 11-Day Pre-June Election	June 2, 2023	Beginning of campaign – May 30, 2023	
<input type="checkbox"/> 42-Day Post-June Election	July 25, 2023	May 31 – July 18, 2023	
<input type="checkbox"/> July Semiannual	July 17, 2023	January 1 – June 30, 2023	
<input type="checkbox"/> 11-Day Pre-November Election	October 27, 2023	If filing first report: Beginning of campaign – October 24 Or If 2023 July Semiannual filed: July 1 – October 24	
<input checked="" type="checkbox"/> 42-Day Post-November Election	December 19, 2023	October 25 – December 12, 2023	
<input type="checkbox"/> January Semiannual	January 16, 2024	July 1 – December 31, 2023	
<input type="checkbox"/> Amendment to:			
<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 12/18/23 Date
 
 Candidate Signature 12/18/23 Date

UNSWORN FALSIFICATION IS A CLASS D CRIME (17-A M.R.S. § 453).

Candidate Name: Jane Maguire-Tyce

**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.
- Duplicate as needed

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

EXPENDITURE TYPES

APP	Apparel (t-shirts, hats, embroidery, etc.)	OTH	Other and fees (bank, contribution, and money order fees, etc.)
CON	Contribution to party committee, non-profit, other	PER	Personnel and campaign staff, consulting, and independent contractors
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)	PHO	Phones (phone banking, robocalls, and texts)
EVT	Campaign and fundraising events (venue/booth rental, entertainment, supplies, etc.)	POL	Polling and survey research
FOD	Food for campaign events or volunteers, catering	POS	Postage for US Mail and mailbox fees
HRD	Hardware and small tools (hammer, nails, lumber, paint, etc.)	PRO	Professional services (graphic design, legal services, web design)
LIT	Printed campaign materials (palmcards, signs, stickers, flyers etc.)	RAD	Radio ads and production costs only
MHS	Mail house and direct mail (design, printing, mailing, and postage)	TKT	Entrance cost to event (bean suppers, fairs, party events, etc.)
NEW	Newspaper and print media ads only	TRV	Travel (mileage and lodging, etc.)
OFF	Office supplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cable ads, production, and media buyer costs only
ONL	Social medial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)

Date	Name of Payee	Type	Remark	Amount
12/13/23	Walmart	OFF	inkjet	36.01

Total Expenditures (this page only) →
(combined totals from all Schedule B pages must be listed on Schedule F, Line 5) 36.01

Candidate Name: Jane Maguire - Tyce

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

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:					
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:					
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) →
(combined totals from all Schedule A-1 pages must be listed on Schedule F, Line 8)

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Candidate Name:

Jane Maguire - Tyce

Date:

12/18/23

**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

Receipts

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.]	- 0 -

Expenditures

5.	Expenditures this Period (total of all Schedule B pages)	36.01
6.	Loan Repayments this Period (Schedule C, column 3)	
7.	Total Payments this Period (lines 5 + 6)	36.01

OTHER ACTIVITY THIS REPORTING PERIOD

8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	
10.	Total Loan Balance at Close of Period (Schedule C, column 5)	- 0 -

CASH SUMMARY FOR PERIOD

11.	Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	246.95
12.	Plus Total Receipts this Period (line 4 above)	+ - 0 -
13.	Minus Total Payments this Period (line 7 above)	- 36.01
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= 210.94

* 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.

**SCHEDULE D
UNPAID DEBTS and OBLIGATIONS**

- You have incurred a debt or obligation if you have placed an order for a good or service without making a payment; made a promise or agreement to pay for a good or service; signed a contract for a good or service; and received delivery of a good or service for which you have not paid.
- If the campaign has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- Report actual payments to vendors on Schedule B.
- Duplicate as needed.

Date	Creditor's Name and Address	Purpose	Amount
Total Unpaid Debts and Obligations (this page only) → (combined totals from all Schedule B pages must be listed on Schedule F, Line 9)			