



12/9/25
Robin Patterson, City Clerk
City of Biddeford
205 Main Street, Biddeford ME, 04005

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2025 Campaign Finance Report For Municipal Candidates

Name of Candidate:	Liam P. LaFountain		<input type="checkbox"/> Check if any information has changed from previous report
Street Address:	242 Elm Street		
City and ZIP:	Biddeford 04005	Phone Number:	(207) 423-8091
Email:	lafountain4biddeford@gmail.com		
Office Sought:	Mayor of Biddeford	District Number (if applicable):	
Name of Treasurer:	James A. Emerson		<input type="checkbox"/> Check if any information has changed from previous report
Mailing Address:	127 Old Pool Road		
City and ZIP:	Biddeford 04005	Phone Number:	(207) 209-7254
Email:	jaz_emerson@maine.rr.com		

Report Name	Filing Period	Filing Deadline
<input type="checkbox"/> January Semiannual	07/01/2024 – 12/31/2024	01/15/2025
<input type="checkbox"/> 11-Day Pre-June Election	If filing first report: Beginning of campaign – 05/27/2025 OR If January Semiannual filed: 01/01/2025 – 05/27/2025	05/30/2025
<input type="checkbox"/> 42-Day Post-June Election	05/28/2025 – 07/15/2025	07/22/2025

<input type="checkbox"/> July Semiannual	01/01/2025 – 06/30/2025	07/15/2025
<input type="checkbox"/> 11-Day Pre-Nov. Election	If filing first report: Beginning of campaign – 10/21/2025 OR If 2025 July Semiannual filed: 07/01/2025 – 10/21/2025	10/24/2025
<input checked="" type="checkbox"/> 42-Day Post-Nov. Election	10/22/2025 – 12/09/2025	12/16/2025
<input type="checkbox"/> Amendment to:		
<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Check if campaign had not 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

12/9/2025
Date

Candidate Signature

12/9/2025
Date

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

**SCHEDULE A
CASH CONTRIBUTIONS**

- Itemize all cash contributions from contributors who have given you more than \$50 in this report period.
- Both cash and in-kind contributions count toward the \$50 threshold.
- Report the occupation and employer for individual contributors who contributed more than \$50 in this report period. If you requested employment information but did not receive it, write "information requested."
- Cash contributions of \$50 or less may be aggregated and reported as a lump sum. Use "Contributors giving \$50 or less" as the contributor type.
- If you transferred surplus funds from a previous campaign to your current campaign, report that amount in the first report for the current election cycle.
- Duplicate as needed.

Total contributions from the same source (except candidate and candidate's spouse/domestic partner) may NOT exceed \$600 in any election for municipal office.

Contributor Types

- | | |
|---|------------------------------------|
| 1 Candidate and Candidate's Spouse/Domestic Partner | 5 Political Party Committees |
| 2 Other Individuals | 6 Other Candidates and Committees |
| 3 Commercial Source | 7 Contributors giving \$50 or less |
| 4 Political Action Committees | 8 Transfer from previous campaign |

Date Received	Contributor's Name, Address, Zip	Occupation	Employer	Type	Amount
11/1/2025	1 Contributor @ \$50 and under	N/A	N/A	7	\$26.35
10/22/2025	Helene Kennedy 52 Schooner Way, Wells, ME 04090	Vice President of HR	MaineHealth	2	\$260.73
10/23/2023	OOB Tax, Inc. 30 Saco Ave, Old Orchard Beach, ME 04064	N/A	N/A	3	\$600.00
Total Cash Contributions (this page only) → (combined totals from all Schedule A pages must be listed on Schedule F, Line 1)					\$887.08

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


Date Received: 11/06/2025	Contributor's Name, Address, Zip: Eisha Kahn 242 Elm Street, Biddeford, ME 04005	Occupation: Program Manager	Employer: MaineHealth	Type: 1	Amount: \$41.34
Description of Goods/Services: Postage					
Date Received: 11/04/2025	Contributor's Name, Address, Zip: Lloyd LaFountain 12 Sylvan Way, Manchester, ME 04351	Occupation: Superintendent of the Bureau of Financial Institutions	Employer: State of Maine	Type: 2	Amount: \$388.00
Description of Goods/Services: Food for Election night gathering					
Date Received: 11/04/2025	Contributor's Name, Address, Zip: Karen Laverriere 9 McKenney Drive, Biddeford, ME 04005	Occupation:	Employer:	Type: 2	Amount: \$30.00
Description of Goods/Services: Food for Election night gathering					
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)					\$459.34

**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
11/04/2025	IN-KIND CONTRIBUTION by Lloyd LaFountain	FOD	Food expense at Election night gathering	\$388.00
11/04/2025	IN-KIND CONTRIBUTION by Karen Laverriere	FOD	Food expense at Election night 	\$30.00
11/03/2025	Staples	LIT	Printing of canvassing materials	\$152.95
11/06/2025	IN-KIND CONTRIBUTION by Eisha Kahn	POS	Postage for thank you cards	\$41.34
11/12/2025	Amazon Market Place	LIT	Thank you cards and envelopes Rack Cards	\$31.64
11/12/2025	Facebook	WEB	Recurring Facebook Billings 10/22/2025 to 11/12/2025	\$621.50
Total Expenditures (this page only) ➔ (combined totals from all Schedule B pages must be listed on Schedule F, Line 5)				\$1,265.43

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Date	Name of Payee	Type	Remark	Amount
11/05/2025	Anedot	OTH	Fees for contributions through processed through Anedot - 10/28/2025to 11/05/2025	\$12.08
11/03/2025	Liam LaFountain	WEB	Reimbursement for campaign web site and domain.	\$196.50
11/03/2025	Liam LaFountain	Web	Reimbursement for campaign email accounts.	\$8.40
11/19/2025	Eisha Khan	LIT	Reimbursement for sign materials	\$94.10

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

\$311.08

**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)	\$1,346.42
2.	Loans this Period (Schedule C, column 2)	\$0.00
2.a.	Adjustment for Forgiven Loan Amount this Period (Schedule C, column 4)*	- \$0.00
3.	Other Cash Receipts this Period (interest, etc.)	\$0.00
4.	Total Receipts this Period [(lines 1 + 2 + 3) – line 2.a.]	\$1,346.42

Expenditures

5.	Expenditures this Period (total of all Schedule B pages)	\$1,576.51
6.	Loan Repayments this Period (Schedule C, column 3)	\$0.00
7.	Total Payments this Period (lines 5 + 6)	\$1,576.51

OTHER ACTIVITY THIS REPORTING PERIOD

8.	In-kind Contributions this Period (total of all Schedule A-1 pages)	\$459.34
9.	Total Unpaid Debts at Close of Period (total of all Schedule D pages)	\$0.00
10.	Total Loan Balance at Close of Period (Schedule C, column 5)	\$0.00

CASH SUMMARY FOR PERIOD

11.	Cash Balance at Beginning of Period (Schedule F, line 14 from last report)	\$682.46
12.	Plus Total Receipts this Period (line 4 above)	+ \$1,346.42
13.	Minus Total Payments this Period (line 7 above)	- \$1,576.51
14.	Cash Balance at End of Period (must match reconciled bank account balance)	= \$452.37

* 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.