



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2018—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

MEMBERSHIP ORGANIZATION OR CORPORATION

Name: AFL-CIO (Full name of member organization or corporation)

Mailing Address: 815 16th Street N.W.

City, State, Zip Code: Washington, DC 20006 Telephone: 202-637-5000

INSTRUCTIONS:

Any membership organization or corporation that makes a communication to its members or stockholders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures." "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission website). Reports may be faxed to the Commission, provided that the original is received within 5 days after the fax.

Table with 3 columns: Report Name, Due Date, Reporting Period. Includes rows for 42-Day Pre-Primary, 11-Day Pre-Primary, 42-Day Post-Primary, 42-Day Pre-General (checked), 11-Day Pre-General, 42-Day Post-General, and a checkbox for amendments.

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE.

Handwritten signature of authorized officer

9/24/18 Date

Signature of Authorized Officer of Employee

Date

SCHEDULE B-1
CANDIDATE(S) SUPPORTED/OPPOSED

- Please list all candidates that were the subject of the communication.
- If more than one candidate was the subject of the expense, allocate the expense among the candidates.

Office sought by candidate (including district #)	Candidate's Name	Indicate whether the expense was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
Governor	JANET MILLS	Support	\$624.00
Total expenses for all candidates this reporting period. <i>This amount should equal the total expenses listed on Schedule B-2, Line C. =></i>			\$624.00

**SCHEDULE B-2
PAYMENTS AND OBLIGATIONS**

- Please indicate the date, payee, expense type and amount of each expense.
- If you are reporting an agreement or obligation to make a future payment, please check (✓) the box next to the expense type.

Expense Type			
LIT	Printing and Graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspaper, magazine)
MHS	Mail house (all services purchased)	RAD	Radio ads, production costs
PHO	Phone banks, automated telephone calls	TVN	TV or cable ads, production costs
POL	Polling and research survey	WEB	Website design, registration, hosting, maintenance

Date of Payment or Obligation	Payee, Address, Zip Code	Expense Type	✓	Amount
8/31/18	MOSAIC 4801 Viewpoint Pl. Hyattsville .MD 20781	LIT		\$ 150.00
9/10/18	MOSAIC 4801 Viewpoint Pl. Hyattsville .MD 20781	LIT		\$ 450.00
9/18/18	MOSAIC 4801 Viewpoint Pl. Hyattsville .MD. 20781	LIT		\$ 24.00
A. Expenses for this page =>				\$ 624.00
B. Total for all other Schedule B-2 pages (if any) =>				
C. Total expenses for this reporting period (A+B). <i>This amount should equal the total amount for all candidates listed on Schedule B-1. =></i>				\$ 624.00