STATE OF MAINE

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, ME 04333

Office: 242 State Street, Augusta, Maine

Tel: (207) 287-4179

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Electronic Filing: http://www.mainecampaignfinance.com/public/homecasp() 3 1 2007



2007 NOVEMBER SPECIAL ELECTIONS

24-HOUR REPORT OF LATE CONTRIBUTIONS AND EXPENDITURES

CANDIDATE INFORM	IATION
Name of candidate RALPH W SARTY, JR	Telephone number 4522171
Mailing address PO BOX 520	Office sought Representative HOUSE DIST 99
City, zip code DENMARK 0402Z	District number 99
Name of authorized committee, if any	
TREASURER INFORM	IATION
Name of treasurer Choklyn Mac Farling	Telephone number 4522180
Mailing address PO BOX 480	City, zip code DEISMARK 04022
CONTRIBUTOR INFOR	RMATION
Complete name of contributor	Date of contribution
Address (number and street) of contributor	
City, state, zip code	Amount of contribution \$
Occupation	If in-kind, list fair market value \$
Principal place of business	and describe in space provided below.
IN-KIND CONTRIBUTION/E	XPENDITURE
Describe goods, services, discounts or facilities received.	
EXPENDITURE INFOR	RMATION
Name of payee CARDINAL PRINTING	Date of expenditure 10/24/07
Address PO BOX 15	
City, state, zip code DENMARY, ME. 04022	35
Purpose of expenditure ENVELOPE'S & MAILERS	Amount of expenditure \$ 1,260
SET UP NEWSPAPER ADS	· ·
I, Jacklyn Macfar ane certify that the information	in this report is true, correct and complete.
Jacklyn Mac Farlane 10/24/07	Talk Harly by 10/24/
Signature of treasurer Date	Signature of candidate Date

(Revised 04/07)

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Signature of Landidate

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2007 NOVEMBER SPECIAL ELECTIONS

COLLATE CONTRIBUTIONS AND EXPENDITURES

CANDIDATE INFOR	MATION
Name of candidate RALPH W. SARTY JR	Telephone number 4522171
Mailing address Po Box 520	Office sought Representative House
City, zip code Den MARK 04022	District number 99
Name of authorized committee, if any	
TREASURER INFOR	MATION
Name of treasurer LACKLYN MACFALANE	Telephone number 4522180
Mailing address PO Box 480	City, zip cod DENMARK 04022
CONTRIBUTOR INFO	RMATION
Complete name of contributor	Date of contribution
Address (number and street) of contributor	· ·
City, state, zip code	Amount of contribution \$
Occupation	If in-kind, list fair market value \$
Principal place of business	and describe in space provided below.
IN-KIND CONTRIBUTION/	EXPENDITURE
Describe goods, services, discounts or facilities received.	
EXPENDITURE INFO	RMATION
Name of payee US POSTAL SERVICE - DELYMAR	Date of expenditure 10/24/07
Address RT 117	
City, state, zip code DENMARK	Amount of expenditure \$ 1,27100
Purpose of expenditure	
3,100 STAMPS	

v) Mac Farlano 10/24/07