



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2019—HD 45 SPECIAL ELECTION REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

Name: _____
 (Full name of member organization or corporation)

Mailing Address: _____

City, State, Zip Code: _____ Telephone: _____

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.

Filing Schedule for Reports of Membership Organization and Corporate Communication		
Report Name	Due Date	Reporting Period
<input type="checkbox"/> 11-Day Pre-Election	May 31, 2019	March 27 — May 28, 2019
<input type="checkbox"/> 42-Day Post-Election	July 23, 2019	May 29 — July 16, 2019
<input type="checkbox"/> If this is an amendment to a filed report, check this box and indicate which report is being amended.		

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

 Signature of Authorized Officer of Employee

 Date

**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
A. Expenses for this page ⇒				
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>				