

COMMISSION ON GOVERNMENTAL ÉTHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

> Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-8775

2015 HD 23 SPECIAL ELECTION CAMPAIGN FINANCE REPORT

FOR PARTICIPATING POLITICAL ACTION COMMITTEES AND STATE AND LOCAL POLITICAL PARTY COMMITTEES Please complete ALL entries.

NAME OF COMMITTEE	Rebuild Maine		
STREET	P.O. Box 3		CHECK IF CHANGED FROM
CITY AND ZIP CODE	Auburn, ME 04212	TELEPHONE 207.622-4418	PREVIOUS REPORT
E-MAIL	tsimpson@maineea.org		
NAME OF TREASURER	Tammy L. Simpson		
MAILING ADDRESS STREET	35 Community Drive		CHECK IF CHANGED FROM
CITY AND ZIP CODE		TELEPHONE 207.62.4418	PREVIOUS
E-MAIL	tsimpsone maineea.org		
Type of Report	<u>Due Date</u>	Dates of Report Period	
D 11-Day Pre-Elect	tion October 23, 2015	August 27, 2015 October 20, 2015	
42-Day Post-Ger	neral December 15, 2015	October 21, 2015 — December 8, 201	15
Amendment to:			
	ort: Use only if the committee had no contril obligations during the reporting period. Ch		

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

Treasurer's Signature

(eb)

PAC/PTY Name

Page _____ of _____ Schedule A only

SCHEDULE A - CASH CONTRIBUTIONS

- For contributors who gave more than \$50 to PACs or more than \$200 to political party committees, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less to PACs or \$200 or less to policial party committees, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 or \$200, as applicable in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (IISO key code)	AMOUNT
	· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		
AA.		·······		

(combined totals from all Schedule A pages must be listed on Schedule F)

Key Codes:

1 = Individuals

3 = Commercial Source

4 = Non Profit Organization

5 = Political Action Committee

6 = Political Party	Committee	9C6	W	'e(Sautha

Duplicate as needed.

Maine Ethics Commission

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7 = Ballot Question Committee

9 - Candidate/Candidate Committees

- 10 = General Treasury Transfer
- 12 = Contributors giving \$50/\$200 or Less
- 16 = Financial Institution

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ΡΑĊ/ΡΤΥ Ν	lame	Rebuild Moine SCHEDULE A-1		Page of Schedule A-1 Only

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$50 to PACs or more than \$200 to political party committees, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$50 or less to PACs or \$200 or less to political party committees, please enter "uniternized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 or \$200, as applicable, in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fai market value)
		·			
			· · · · · · · · · · · · · · · · · · ·		- -
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Total in-kind contributions (this page only) \Rightarrow (combined totals from all Schedule A-1 pages must be listed on Schedule F)

Key Codes:

1 = Individuals

3 = Commercial Source

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4 = Non Profit Organization

5 = Political Aqtion-Committee

6 = Political Party Confinities COIVOO

Maine Ethics Commission

NOV 1 0 2015

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PAC/P	TY Name	Ebuild Maine		Page of Schedule B Only
		1	SCHEDULE B	
		EXPENDITURE	S TO SUPPORT OR OPPOSE	
		litures, including cash contribut , ballot question committee, or r	ions from this committee, made to support or opparty committee.	
•	Enter the name	of the candidate, ballot quest enditure was made in support or	ion, or committee supported or opposed by the	expenditure and indicate
lf a sing by the a identifie	and the second sec	s made to support or oppose ir candidate or committee, no	multiple candidates or committees, the expen- t as a single expenditure, and each candidat	nditure must be itemized le or committee must be

- political
- ndicate

1EXPENDINURE INVEST Contribution to candidate, party or committee CON POL Polling and survey research ¢N9 Campaign consultants POS Postage for U.S. Mail and mail box fees EQP Equipment (office machines, furniture, cell phones) PRO Professional services FND Fundroising events PRT Print media ads only (newspapers, magazines, etc.) FOD Food for campaign events, volunteers RAD Radio ads, production costs LIT Printing and graphics (flyers, signs, palmeards, t-shirts, etc.) \$AL Campaign workers' salaries and personnel costs MHS Mail house (all services purchased) TRV Travel (fuel, mileage, lodging, etc.) Office ront, utilities, phone and internet services, supplies **OFF** TVN TV or cable #d9, production costs **ÓTH** Other WEB Website design, registration, hosting, maintenance, etc.) PHO Phone banks, automated telephone collo iikkmitizezedireu/eu/Allexidunullurətypus i DATE PAYEE'S NAME AND ADDRESS Maune Reople's Alliance REMARKS (REQUIRED) TYPE AMOUNT Field Canvass w/loterature Ath 10 13 15 Horthowd, ME. 04101 Payment to support In or to oppose C: \$5,000.00 DISON *l*lhΛ Payment to support □ or to oppose □: Payment to support D or to oppose D: Payment to support D or to oppose D: Raceived NOV 1.0 (2015) Total expenditures this page only \Rightarrow (2015) NOV 1.0 (2015) NOV 1 #5,000.00_ Puplicate as needed Commission 08/15 11/09/2015 18:32 207-629-9438

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ebuld PAC/PTY Name

Page. of Schedule B-1 Only

SCHEDULE B - 1 OPERATING EXPENSES

List all operational expenditures made to a single payee or creditor that were made during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided that the time period of the expenditure be identified in the remark section.

				14 ES	
	Contribution to candidate, party or committee			Polling and survey research	
	algn consultants		POS	Postage for U.S. Mail and mail box fees	•
EQP Equipm	nent (office machines, furniture, cell phones)		PRO	Professional services	
FND Fundra	ising events		PRT	Print media ads only (newspapers, magaz	nes. etc.)
FOD Food fo	or campaign events, volunteers		RAD	Radio ads, production costs	
LIT Printing	and graphics (flyers, signs, palmcards, t-shirts	. e(ċ.)	SAL	Campaign workers' salaries and personnel	coala
MHS Mail ho	use (all services purchased)	·	TRV	Travel (fuel, mileage, lodging, etc.)	
OFF Office r	ent, utilities, phone and internet services, suppli	ies	TVN	TV or cable ads, production costs	
OTH Other		·	WEB	Website design, registration, hosting, main	
PHO Phone I	banke, automated telephone calls				
		•]	
DATE	PAYEE NAME & ADDRESS	7	TYPE	REMARKS (REQUIRED)	ΑΜΟŲΝΤ

Received (combined totals from all Schedule B-1 pages must be listed on Schedule F) NOV 1 0 2015 Duplicate as needed.

Maine Ethics Commission

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Rebuild PAC/PTY Name line

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Page ____ of ____ Schedule C Only

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SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven must also be entered as a contribution on Schedule A.

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COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LOAN BALANCE	(*	ACTIVITY THIS PERI report amount and d	_l OD ate)	· · · · · · · · · · · · · · · · · · ·
AT BEGINNING OF PERIOD		AMOUNT REPAID	(Enter on	LOAN BALANCE AT END OF PERIOD (1+2) = 3 - 4
	DATE	DATE	DATE	
	AMOŲNT	AMOUNT	AMOUNT	
	DATE	DATE	DATE	
	AMOUNT	AMOUNT	AMOUNT	
·····	DATE	DATE	DATE	
	AMOUNT	AMOUNT	Amount	
	DATE	DATE	DATE	
A	MOUNT	AMQUNT	AMOUNT	
	DATE	DATE	DATE	
A	моинт	MOUNT A	MOUNT	
	ATE	DATE E	DATE	
A	ADUNT		MOUNT	
	Enter on Schedule F, Line 3	Entor on Schedule F, Line 7		Enter on Schedule F, Line 14
	·· ₂··································	<u>,</u>	,	
				08/15
	LOAN BALANCE AT BEGINNING OF PERIOD	LOAN BALANCE AT BEGINNING OF PERIOD DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT DATE AMOUNT	ACTIVITY THIS PERI (report amount and d AT BEGINNING OF PERIOD AMOUNT LOANED THIS PERIOD AMOUNT REPAID THIS PERIOD DATE DATE DATE AMOUNT AMOUNT AMOUNT	ACTIVITY THIS PERIOD (report amount and date) AMOUNT FORGIVEN THIS PERIOD AMOUNT LOANED AMOUNT LOANED THIS PERIOD AMOUNT REPAID THIS PERIOD AMOUNT FORGIVEN THIS PERIOD DATE DATE DATE DATE DATE DATE AMOUNT AMOUNT AMOUNT DATE DATE DATE AMOUNT AMOUNT AMOUNT DATE DATE DATE AMOUNT AMOUNT AMOUNT DATE DATE<

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PAC/PTY N	ame	Rebuild Maine		Page of Schedule D] Only
		1	SCHEDULE D		·
		UNPAID I	DEBTS AND OBLIGATIONS		
ise or a	greement to	is incurred if a committee pla pay for a good or service; s ittee has not peid.	aces an order for a good or service without making a payn igns a contract for a good or service; or receives delivery	tent; makes a pi of a good or sei	rom- rviće

- This schedule is a list of all unpaid debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee 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.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
		······································	

Total unpaid debts and obligations (this page only) \implies (combined totals from all Schedule D pages must be listed on Schedule F)

Received

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PAC/PTY Name Robuld Maine

SCHEDULE F SUMMARY SCHEDULE

CASH ACTIVITY

Receipts	Total for this Period		
1. Cash Contributions (Schedule A)	-0		
2. Other Cash Receipts (interest, etc.)	-0-		
3. Loans (Schedule C)	-0-		
4. Total Receipts (lines 1 + 2 + 3)	-0-		
Expenditures	Total for this Period		
5, Expenditures to Support or Oppose (Schedule B)	\$\$5,000.00		
6. Operating Expenditures (Schedule B-1)	A		
7. Loan Repayment (Schedule C)	-0-		
8. Total Payments (lines 5 + 6 + 7)	\$5,000.00		

CASH SUMMARY

	Total for This Period
9. Cash Balance at Beginning of Period	# 59,571,01
10. Plus Total Receipts This Period (line 4 above)	Ð
11. Minus Total Payments This Period (line 8 above)	\$5,000,00
12. Cash Balance at End of Period	\$ 54,571,01

OTHER ACTIVITY

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	- <i>A</i> -
14. Total Loan Balance at End of Period (Schedule C)	-0-
15. Fatal Unpaid Debts at End of Period (Schedule D)	-0-
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