02/07/2015	16:21 2076235322	MAINEGOP	PAGE 04					
	RECEIVEI FEB 0 9 2015 Maine Ethics Commiss	Mail: 135 State House Sta Office: 45 Men Wet	ICS AND ELECTION PRACTICES ation, Augusta, Maine 04333 norial Circle, Augusta, Malne psite: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775					
INDEPENDENT EXPENDITURE REPORT - 2015 HD 93 SPECIAL ELECTION								
Mailing Address City, Zip Code _ Please check th	Augustane appropriate box for the	diture(s) <u>House Republicm</u> <u>Dis</u> <u>5629</u> <u>ME 04335</u> Telephone <u>207</u> report you are filing and complete the notarized affida- day if that is when they are due by faxing the report to to when they are due by faxing the report to to any other the fax was received.	vit and attached schedules.					
The Commissio	n must receive the signed f this report is an amendmi	ent to a previously filed report? Date of original report:	EBRUARY 24, 2015					
must be	ient expenditures made fr reported within 2 calendar ☑ Rep NT EXPENDITURES OV	om January 23 through February 24, 2015 that total mo days of making the expenditure. ort of Independent Expenditure over \$250 per Candid ER \$100 MADE AFTER FEBRUARY 25, 2015	ore than \$250 per candidate late					
	alendar day of making the	ter February 25, 2015 that total <u>more than \$100 per can</u> expenditure. ort of Independent Expenditure over \$100 per Candid						
OTHER INDEPENDENT EXPENDITURES								
Repo	ort (select on®)	11-Day Pre-Election Report						
Due	Date	February 27, 2015 by 5:00 p.m.	sbruary 27, 2015 by 5:00 p.m.					
Wha	t Gets Reported	Expenditures aggregating over \$100 per candidate but January 23 through February 24	not over \$250 from					

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

V NI

Signature of PAC or Party Treasurer, or Other Authorized Person Making Expenditure(s)

02/06/15

Date

MAINEGOP



COMMISSION ON GOVERNMENTAL ETHICS 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: 207-287-6775

INDEPENDENT EXPENDITURE REPORT - HD 93 SPECIAL ELECTION

AFFIDAVIT

Maine STATE OF

COUNTY OF Kennebec. 1. Melissa Willetk, being duly sworn, attest that I made each of the expenditurce listed in the attended report independently, and not in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate, authorized committee or agent of a candidate in a race affected by any expenditure listed in this report.

Signature of Affiant

Sworn to before me, this () day of February 2015

Votary Public/Attorney at Law)

My commission expires: $\frac{42519}{2519}$

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Independent Expenditure Report -- HD 93 Special Election

Page____of___ (Schedule B-IE-1 only)

Schedule B-IE-1 CANDIDATE(S) SUPPORTED/OPPOSED

Please list all candidates that were the subjects of independent expenditures.

If more than one candidate was the subject of the expenditure, allocate the expenditure among the candidates.

Office sought by candidate (including district # or	Candidate's name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
county)	James Kalloch	Support	2,432.98
93	James Kalloch		<u> </u>
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			,
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·			
7	Total expenditures for all candid his amount should equal the total independent expanditures listed	ates this reporting period. on Schedule B-I5-2, Line C, ⇒	\$ 2432.98

PAGE 02

Independent Expenditure Report – HD 93 Special Election

Page ____ of _____ (Schedule B-IE-2 only)

Schedule B-IE-2

PAYMENTS AND OBLIGATIONS

- Please indicate the date, payee, expenditure type, and amount of each expenditure. ø
- If you are reporting an agreement or obligation to make a <u>future payment</u>, please check ($\sqrt{}$) the box next to the expenditure type.

	Expenditure	ypes	a an		
MHS Mail K	s fields and start and the second start start and s	Serint monis sins hill	ion, costs roduction, costs gistration, bosting, m		
Date of expenditure	Payee, address, zip code		Expenditure type	<u>ا</u>	Amount
2/6/15	The Snowman Group 1 Printers Dr. Hermon,	ME 04401			\$ 2432.95
<u>, , , , , , , , , , , , , , , , , , , </u>					· · · · · · · · · · · · · · · · · · ·
		A. Expend	itures for this pa	 ge ⇒	5 2432.98
ure to the description of the de	B. Total for all ot	• •			X 1 2 X 10
TI	C. Total independent expenditur his amount should equal the total amount for all car	es for this repo Indidates listed c	rting period (A+E on Schedule B-IE	3). •1. ⇒	\$7 2432.98