



RECEIVED
March 28, 2016
Maine Ethics Commission

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 – 2016 SD 32 SPECIAL ELECTION

Name of Person/Committee Making Expenditure(s): MAINE REPUBLICAN PARTY

Mailing Address: 9 HIGGINS STREET

City, State, Zip Code: AUGUSTA, ME 04330 Telephone: (207) 622-6247

Please check the appropriate box for the report you are filing and complete the notarized affidavit and attached schedules. Reports must be filed on Saturday or Sunday if that is when they are due by faxing the report to the Commission (287-6775). The Commission must receive the signed original report within 5 days after the fax was received.

Check here if this report is an amendment to a previously filed report. Date of original report: _____

Independent Expenditures of more than \$250 per candidate must reported according to the schedule below.

Report	Expenditure Made	Report Due Date
<input type="checkbox"/> 2-Day Report	Between February 1 and March 15, 2016	Within 2 calendar days of making the expenditure
<input checked="" type="checkbox"/> 1-Day Report	Between March 16 and March 29, 2016	Within 1 calendar day of making the expenditure

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

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

03/28/2016

Date



INDEPENDENT EXPENDITURE REPORT – 2016 SD 32 SPECIAL ELECTION

AFFIDAVIT

STATE OF MAINE

COUNTY OF CUMBERLAND

I, BENJAMIN LOMBARD, being duly sworn, attest that I made each of the expenditures listed in the attached 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 28TH day of MARCH 2016



(Notary Public/Attorney at Law)

**Kari A. Barrett
Notary Public**

My commission expires: My Commission Expires December 18, 2019

**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 county)	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
SD 32	STEVE MARTIN	SUPPORT	\$500
Total expenditures for all candidates this reporting period. <i>This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. ⇒</i>			\$500

**Schedule B-IE-2
PAYMENTS AND OBLIGATIONS**

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

Expenditure Types

LIT	Printing and graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspapers, magazines)
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, etc.
POS	Postage for U.S. Mail and mail box fees	OTH	Other (include description)

Date of Expenditure	Payee, Address, Zip Code	Expenditure Type	✓	Amount
3/28/16	UPT STRATEGIES PO BOX 31403 CHARLESTON, SC 29417	OTH - GOTV		\$500
A. Expenditures for this page ⇒				\$500
B. Total for all other Schedule B-IE-2 pages (if any) ⇒				
C. Total independent expenditures for this reporting period (A+B). This amount should equal the total amount for all candidates listed on Schedule B-IE-1. ⇒				\$500