

Other Authorized Person Making Expenditure(s)

MAR 04 2015

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

Maine Ethics Commission

INDEPENDENT EXPENDITURE REPORT – 2015 HD 93 SPECIAL ELECTION				
Name of Person/Committee Making Expe	5629			
City, Zip Code Augusta	04330	Telephone	907 - 233 - 0236	
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 amendm	ent to a previously filed re	port? Date of original	report:	
INDEPENDENT EXPENDITURES OV	/ER \$250 MADE FRON	I JANUARY 23 THE	ROUGH FEBRUARY 24, 2015	
Independent expenditures made f	rom January 23 through F	ebruary 24, 2015 tha	at total <u>more than \$250 per candidate</u>	
must be reported within 2 calendar	days of making the exper	nditure.		
☐ Rep	ort of Independent Expe	nditure over \$250 pe	r Candidate	
INDEPENDENT EXPENDITURES OVER \$100 MADE AFTER FEBRUARY 25; 2015				
Independent expenditures made after February 25, 2015 that total more than \$100 per candidate must be reported within one calendar day of making the expenditure. Report of Independent Expenditure over \$100 per Candidate				
OTHER INDEPENDENT EXPENDITURES				
Report (select one)	☐ 11-Day Pre-Election	Report		
Due Date	February 27, 2015 by 5:0	00 p.m.		
What Gets Reported	Expenditures aggregating January 23 through Febr		date but not over \$250 from	
I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.				
Melin Willet	4	·	03/04/15	
Signature of PAC or Party Treasurer, or			Date	



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INDEPENDENT EXPENDITURE REPORT - HD 93 SPECIAL ELECTION

AFFIDAVIT

STATE OF Maine
COUNTY OF Kennesec
i, Meliss Wille # being duly sworn, attest that I made each of the expendi-
tures 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.
Military Williams Signature of Affiant
Sworn to before me, this day of 2015
(Notary Public/Attorney at Law) My commission expires: 4/25/19

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
93	James Kalloch	Support	\$ 385.00
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Th	\$ 385 w		

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 <u>future payment</u>, please check ($\sqrt{}$) the box next to the expenditure type.

	Exper	diture	Types
LIT MHS PHO POL POS	Printing and graphics (flyers, signs, palmcards, etc.) Mail house (all services purchased) Phone banks, automated telephone calls Polling and research survey Postage for U.S. Mall and mail box fees	PRT RAD TVN WEB OTH	Print media ads only (newspapers, magazines) Radlo ads, production costs TV or cable ads, production costs Website design, registration, hosting, maintenance, etc. Other (include description)

Date of expenditure	Payee, address, zip code	Expenditure type	1	Amount
3/4/15	Spectrum Marketing Companies 93 Eddykld Suite 101 Manchester, NH 03102	LIT		\$ 385W
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Thi). 1. ⇒	\$ 38500		