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Other Authorized Person Making Expenditure(s)

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 - 2015 HD 93 SPECIAL ELECTION

Name of Person/Cor	nmittee Makin	g Expendit	ure(s)	House	Republica	Distict	93	PAC
Mailing Address	Po	Box	568	29	•			
Name of Person/Cor Mailing Address City, Zip Code	Lyush		04370	7	Telephone	207-232	-02	26
Please check the ap Reports must be file The Commission mu	ppropriate box d on Saturday	for the re or Sunday	port you a y if that is :	re filing and when they ar	complete the notari e due by faxing the	zed affidavit and a report to the Comn	ttached s	schedules.
☐ Check here if this	report is an ar	nendment	to a previo	ously filed rep	ort? Date of original	report:		
INDEPENDENT EX	KPENDITURI	ES OVER	\$250 MA	DE FROM	JANUARY 23 THE	ROUGH FEBRUA	RY 24,	2015
·	•		•	=	ebruary 24, 2015 the	at total <u>more than</u> s	\$250 per	candidate
must be repor	ted within 2 ca	_						
		Report	of Indeper	ndent Expen	diture over \$250 pe	er Candidate		
INDEPENDENT EX	KPENDITURI	ES OVER	\$100 MA	DE AFTER	FEBRUARY 25, 2	2015		
Independent e	-	ng the expe	enditure.		total more than \$100		st be rep	orted with-
OTHER INDEPEN	DENT EXPEN	IDITURE	S					
Report (se	elect one)		11-Day Pr	e-Election R	eport			
Due Date		Fel	bruary 27,	2015 by 5:00	p.m.			
What Gets	What Gets Reported Expenditures aggregating over \$100 per candidate but not over \$250 from January 23 through February 24							
I CERTIFY THAT TH	E INFORMATI	ON IN THI	S REPOR	T IS TRUE, (CORRECT AND CO	MPLETE.		
	[]]Jh	//				03	104/	15
Signature of PAC or Par	ty Treasurer, or					Date	-	



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AFFIDAVIT

STATE OF Maine
COUNTY OF Kennebic
I, Meliss Willatk, 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.
Signature of Affiant
Sworn to before me, this day of
(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	\$ 2442.0
	•		
This an	Total expenditures for all ca nount should equal the total independent expenditures lis	ndidates this reporting period. sted on Schedule B-IE-2. Line C.	\$ 2442.00

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.

	Expe	nditure	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. Mail and mail box fees	PRT RAD TVN WEB OTH	Print media ads only (newspapers, magazines) Radio 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
3/5/14	Harvest (onsulting 5 Howe St. August ME 04330	OTH Door Knodu		\$ 2442.0
				,
		-		
A. Expenditures for this page ⇒				
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. ⇒				\$ 2442.0