MAR 06 2 Maine Ethics Cor	015		te House Station, ice: 45 Memorial Website:	Augusta, I Circle, Aug www.mair Phone: 2	Maine 04333
INDEPENDENT EXPENDITURE	REPORT - 2015 H	D 93 SPECIAL ELE		nno 1,2 a 1771 a⊒prio, ao marina da para	
Name of Person/Committee Making E	xpenditure(s)	e Republican	Dishict	93	PAC
Mailing Address Po	Sox 5629				· - ·····-
City, Zip Code Augusta	04330	Telephone	207-23	2-02	26
City, Zip Code $Av \in US + 2$ 04330 Telephone $2^{07} - 232 - 023(G)$ 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.					
\Box Check here if this report is an amer	idment to a previously file	d report? Date of origina	I report:		
INDEPENDENT EXPENDITURES	OVER \$250 MADE FR	OM JANUARY 23 TH	ROUGH FEBRI	JARY 24,	2015
Independent expenditures made from January 23 through February 24, 2015 that total more than \$250 per candidate must be reported within 2 calendar days of making the expenditure. Report of Independent Expenditure over \$250 per Candidate					
INDEPENDENT EXPENDITURES	OVER \$100 MADE AF	TER FEBRUARY 25,	2015		
Independent expenditures made in one calendar day of making the CI F	•			nust be re	ported with-
OTHER INDEPENDENT EXPENDITURES					
Report (select one)	☐ 11-Day Pre-Electi	on Report			
Due Date	February 27, 2015 by	5:00 p.m.			
What Gets Reported	Expenditures aggregating over \$100 per candidate but not over \$250 from January 23 through February 24				
L					

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

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WIN 'N 10

03/06/15

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

Date



Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

INDEPENDENT EXPENDITURE REPORT - HD 93 SPECIAL ELECTION

AFFIDAVIT

STATE OF	Maine
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COUNTY OF Kennebec

I, <u>Meliss</u> Willetk, 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 6 day of March 2015

Votary Public/Attorney at Law)

My commission expires: $\frac{425}{9}$

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 Kelloch	Support	\$1205 80
	· · · · · · · · · · · · · · · · · · ·		
		And Marketter and Control of C	
··· ·· ·			
	\$205. 80		
This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. $\Rightarrow \int \mathcal{A}_{\mathcal{A}} \delta$			

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 (√) 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	$\overline{\mathbf{A}}$	Amount
3/0/15	United States Postal Service 40 Western Are Auguster ME 04330	POS		\$ 205 80
		· ·		
A. Expenditures for this page ⇒			je ⇒	
B. Total for all other Schedule B-IE-2 pages (if any) ⇒			y)⇒	
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. \Rightarrow). 1. ⇒	\$20580