INDEPENDENT EX	Main	ECEN MAR 0.9 e Ethics Co TURE RE	2015 mmission		Mail: 135 State Offic	e House Station, ce: 45 Memorial Website:	ID ELECTION PRACTICES Augusta, Maine 04333 Circle, Augusta, Maine www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775
Name of Person/Comn	nittee Ma	aking Expen	diture(s)	House	Republica	Dishict	93
Mailing Address	Po	Rox	5629				
City, Zip Code	Awgu.	sty	043	00	Telephone	232-1	0226
City, Zip Code $Awgus h$ 04370 Telephone $232-0226$ 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 re	port is a	n amendme	nt to a prev	lously filed rep	oort? Date of original	report:	
INDEPENDENT EXF	PENDIT	URES OVE	ER \$250 N	IADE FROM	JANUARY 23 THI	ROUGH FEBRI	JARY 24, 2015
Independent exposed in the second	•	2 calendar d	ays of mak	ing the expend			n \$250 per candidate
INDEPENDENT EXF	PENDIT	URES OVE	ER \$100 N	IADE ÁFTER	RFEBRUARY 25, :	2015	
Independent exp in one calendar		aking the ex	kpenditure.		total <u>more than \$10</u> nditure over \$100 po		nust be reported with-
		П керо	nt of indep	endent Exper		er Canuluate	
OTHER INDEPENDE	INT EXI	PENDITUR	ES				
Report (sele	ct one)	[	] 11-Day F	Pre-Election R	leport		
Due Date		F	February 27	7, 2015 by 5:00	) p.m.		
		s aggregating over \$100 per candidate but not over \$250 from through February 24					
		l_					

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

1 MIN

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

03/09/15

Date

## 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	\$ 100.00	
-				
Th	Total expenditures for all candidates this reporting period. $\exists 100.$ This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C.			

#### 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					
MHS Mail I PHO Phon POL Pollin	S Mail house (all services purchased) RAD Radio ads, production costs   D Phone banks, automated telephone calls TVN TV or cable ads, production costs   Polling and research survey WEB Website design, registration, hosting, maintenance, etc.				
Date of expenditure	Payee, address, zip code	Expenditure type	√ Amount		
3/9/15	Campnism Marketing Statyics 125 N. Oakland St. Arlighen VA 22003	P1+0	\$ 100.00		
	A. Expenditures for this page ⇒				
	B. Total for all other Schedule B-IE-2 pages (if any) $\Rightarrow$				
TI	C. Total independent expenditures for this reportion and the total amount for all candidates listed o				



#### 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

STATE OF	Maine
	,

COUNTY OF Kennebec. I, Melizz Willette, 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 \_\_\_\_\_ day of \_\_\_\_\_ March\_\_\_\_\_ 2015

Notary Public/Attorney at Law)

My commission expires: 4/25