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L		Mail: 135 St Received OCT 0 1 2015				
INDEPENDENT EXPEND	TURE RE	PORT – 2015	HD 19 SPECIAL EL	ECTIC		
Name of Person/Committee Making Expenditure(s) <u>Maine Democratic</u> P-ity Mailing Address 320 Water Street						
City Zin Code August	MF_	04330	Telephone Telephone	20'	7-590-0759	
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.						
INDEPENDENTEXPENDIT	URESIOVE	R 6250				
Report Type (select one)	Expenditures Aggregating over \$250 made from Sep- tember 4, 2015 through October 14, 2015		Any Expenditure Over \$250 Per Candidate Made from October 15, 2015 through October 20, 2015		Any Expenditure Over \$250 Per Candidate Made from Octo- ber 21, 2015 through Novem- ber 3, 2015	
	ß					
Due Date	Within 2 calendar days of making the expenditure		Within 2 calendar days of mak- ing the expenditure		Within 1 calendar day of making the expenditure	
What Gets Re- ported	Expenditures aggregating over \$250 per candidate from September 4, 2015 through October 14, 2015		Any expenditure over \$250 per candidate		Any expenditure over \$250 per candidate	
CTHER INDEPENDEN (1)E)	(RENDITU	RES 1711				
Report (select оле)		☐ 60-Day Pre-Election Report		I 11-Day Pre-Election Report		
Due Date		September 4, 2015		October 23, 2015		
What Gets Reported		Expenditures aggregating over \$100 per candidate from August 11 through Sep- tember 3, 2015		Expenditures aggregating over \$100 per candidate but not over \$250 from September 4 through October 14, 2015		

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

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Signature of PAC or Party Treasurer, or Other Authorized Person Making Expenditure(s) 10/1/15

Date

Rev. 08/2015

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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

NDEPENDENT EXPEND	DITURE REPORT - 20	15 HD 19 SPE	CIAL ELECTIC	Received	
				OCT 0 1 2015	All provide a state
		Affidavit		Maine Ethics Commi	ssion
STATE OF	Maine	<u> </u>			
COUNTY OF	Cumberlant				
Sen	Smith	, beina duiv sworn	, attest th at i ma	de each of the expendi-	
·]	ttached-report-independent				the second second second
the request or sugg	estion of, any candidate, au	thorized committee	or agent of a can	ididate in a race affected	
by any expenditure		Ç	gnature of Affiar	Ch	****
Sworn to before mo	e, this $\frac{157}{2}$ day of $\frac{1}{2}$	CTOBER	2015		
(Notary Public/Atto	1 orney at Law)				
My commission ex		<u> </u>			
•					Rev. 08/2015

Schedule B-IE-1 CANDIDATE(\$) 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		Canticate's name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
HD 19		No.~	Support	1196.50
19-79 (1-1) B + { 2) F + 27 + 19-29-	and have been been to be	1		an a gur an an a
		· · · · · · · · · · · · · · · · · · ·		
		5 		
	Total expenditures for all candidates this reporting period. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. ⇒			1146.50 Rev. 08/2011

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ndependent Expenditure Report -- 2015 HD 19 Special Election

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.

MHS Mailing	use (all services purchased)	iroduction.costs: <u>1</u> 4 soletration: hostico/ r		Ce elc
Date of expenditure	Payee, address, zip code	Expenditure type		Amount
10/1/15	(D2 Consulting 400 Commercial St, #201, Porthal ME 04101	MHS	/	1196.50
			14. 4 .	
				-
· ·				
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			,	
	1196.50			
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.				1196.50

Rev. 08/2015