MAR 0.9 Maine Ethics C	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				
Name of Person/Committee Making	Expenditure(s) Africa House Desp(1, 1)				
Mailing Address Y.O. B. K	2021 HOUSE DEMOCRATIC CAMPAIEN COMMITTEE				
City, Zip Code Augusta, ME					
Please check the appropriate box i Reports must be filed on Saturday of The Commission must receive the s	or the report you are filing and complete the notarized affidavit and attached schedules. or Sunday if that is when they are due by faxing the report to the Commission (287-6775). gned original report within 5 days after the fax was received.				
☐ Check here if this report is an am	endment to a previously filed report? Date of original report:				
INDEPENDENT EXPENDITURE	SOVER \$250 MADE FROM JANUARY 23 THROUGH FEBRUARY 24, 2015				
Independent expenditures ma must be reported within 0 a to	de from January 23 through February 24, 2015 that total more than \$250 per candidate				
and the reported within 2 cale	ndar days of making the expenditure.				
Report of Independent Expenditure over \$250 per Candidate					
	OVER \$100 MADE AFTER FEBRUARY 25. 2015				
in one calendar day of making	e after February 25, 2015 that total more than \$100 per candidate must be reported with-				
and and an experiation.					
	Report of Independent Expenditure over \$100 per Candidate				
OTHER INDEPENDENT EXPEND	TURES				
Report (select one)	II 11-Day Pre-Election 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				
CERTIFY THAT THE INFORMATION					

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

Signature of PAC or Party Treasurer, or Other Authorized Person Making Expenditure(s) 3/9/15 Date

Rev. 01/26/2015 2186629207 81:80 9102/60/80

τ



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

## INDEPENDENT EXPENDITURE REPORT - HD 93 SPECIAL ELECTION

## AFFIDAVIT

MIAL STATE OF UMborl COUNTY OF 4 being duly swom, 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 114 day of Marzl 2015 Notary-Public/Attorney at Law)

My commission expires: 2/15/2018

## Schedule B-IE-2

## **PAYMENTS AND OBLIGATIONS**

- Please indicate the date, payee, expenditure type, and amount of each expenditure. é
- 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.

RHO Phone POL Polln	ouse (aniservices ourchased). Spanks, automated telephone calls	production costs registration hosting: r		
Date of expenditure	Paves, address, zipicode	Expenditure type	N.	Amount
3/3/15	Brondenst Solutions, 13806 Goosefort Terrace, Rockville, MD 20850	PHO	$\checkmark$	\$ 150.00
	e ⇒	\$ 150.00		
Thi	)⇒  ;⇒	D.00 A (50.00		