| | | 16 #2 - HD | 93 SPECIF | AL ELECTION | | | |
|---|--|---|---|--|--|--|--|
| FEB 1 1 2015 Maine Ethics Commis | | MMISSION ON GOVERNMI Mail: 135 State | ENTAL ETHICS AN House Station, e: 45 Memorial Website: | ETHICS AND ELECTION PRACTICES Station, Augusta, Maine 04333 Memorial Circle, Augusta, Maine Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775 | | | |
| INDEPENDENT EXPENDITURE | REPORT – 2015 HD | 93 SPECIAL ELEC | CTION | | | | |
| Name of Person/Committee Making Exp | penditure(s) <u>House</u> | Republican | Distict | 93 PAC | | | |
| Mailing Address Po B | UK 5629 | | | | | | |
| City, Zip Code | ME 04330 | Telephone | 207-2 | 32-0226 | | | |
| Please check the appropriate box for t Reports must be filed on Saturday or S | Mailing Address PO $Bo \times 5629$ City, Zip Code $Av_{53} \times ME$ $O433D$ TelephoneCity, Zip Code $Av_{53} \times ME$ $O433D$ TelephonePlease 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 report is an amend | lment to a previously filed re | port? Date of original | report: | | | | |
| INDEPENDENT EXPENDITURES O | OVER \$250 MADE FROM | I JANUARY 23 THR | OUGH FEBRU | JARY 24, 2015 | | | |
| | <u> </u> | | 4 4 4 4 1 4 4 | toro | | | |
| Independent expenditures made must be reported within 2 calenda | | - | it total <u>more thai</u> | n \$250 per candidate | | | |
| , , , , , , , , , , , , , , , , , , , | eport of Independent Expe | | r Candidate | | | | |
| INDEPENDENT EXPENDITURES C | OVER \$100 MADE AFTE | R FEBRUARY 25, 2 | 015 | | | | |
| Independent expenditures made after February 25, 2015 that total more than \$100 per candidate must be reported with- in one calendar day of making the expenditure. | | | | | | | |
| 🗋 Re | eport of Independent Expe | enditure over \$100 pe | r Candidate | | | | |
| OTHER INDEPENDENT EXPENDITURES | | | | | | | |
| Report (select one) | ☐ 11-Day Pre-Election | Report | | | | | |
| Due Date | February 27, 2015 by 5:0 | 00 p.m. | | | | | |
| What Gets Reported | What Gets Reported Expenditures aggregating over \$100 per candidate but not over \$250 from January 23 through February 24 | | | | | | |
| | | | | | | | |

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



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

INDEPENDENT EXPENDITURE REPORT - HD 93 SPECIAL ELECTION

AFFIDAVIT

STATE OF <u>Maine</u> COUNTY OF <u>Kennebee</u> I, <u>Melissa</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 <u><u>H</u> day of <u>Febrar</u></u> 2015

Notary Public/Attorney at Law)

My commission expires: $\frac{4/25}{19}$

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 Kallocy | Support | \$ 375.6 | |
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| | | | | |
| Th | Total expenditures for all candidat is amount should equal the total independent expenditures listed or | es this reporting period. n 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 ($\sqrt{}$) the box next to the expenditure type.

| Expenditure Types | | | | | | | | | | |
|--|----------------------------|--|-----------------|---------------------|---------------------------------------|-----|------------|---------------------|------|--------|
| lit MHS Pho Pol Pos | Mall h Phone Polling | ng and graphics (flyers, signs, palmcards, etc.) house (all services purchased) e banks, automated telephone calls g and research survey ge for U.S. Mail and mail box fees PRT RAD RAD TVN WEB OTH Print media ads only (newspapers, magazine RAD TVN TV or cable ads, production costs Website design, registration, hosting, mainte Other (include description) | | | | | | | | |
| Date expend | | | | yee, address, z | | | | Expenditure type | V | Amount |
| 2/1 |) | 5 | Harvest Howe | Consulti- Street | Augu | ist | , 04330 | σтн | | \$375 |
| | | | | | | | | | | |
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| | | | | | · · · · · · · · · · · · · · · · · · · | | A. Expendi | tures for this pag | je ⇒ | |
| B. Total for all other Schedule B-IE-2 pages (if any) ⇒ | | | | | | | y) ⇒ | | | |
| C. Total independent expenditures for this reporting period (A+B). \Rightarrow This amount should equal the total amount for all candidates listed on Schedule B-IE-1. | | | | | | | | \$\$ 375 | | |