10/07/2015 WED 17:37 FAX					<u> </u>	<u>3T</u>	2	Ø001/008		
Receiv OCT 08 2 Maine Ethics Con		015 mmission	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 2015 HD 23 SPECIAL ELECTION							
	Name of Person/Committee Making Expenditure(s) House Democratic Campaign Connities									
Mailing Address P. D. 130x 2021										
	City, Zip Code Augusta, ME 04338 Telephone 207-590-0759									
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.										
INDEPENDENT E	XPENDIT	ures ov	ER \$260				outressere Marite			
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				
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				
OTHERINDEPEN	(dent/e)	RENDITU	RES				A CEPP			
Report (select one)			□ 60-Day Pre-Election Report		□ 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 IN	FORMATION	IN THIS REP	L	ECT AND COMPLETE.	<u>. </u>	<u> </u>	,			

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

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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 - 2015 HD 23 SPECIAL ELECTION

AFFIDAVIT

STATE OF unbille 1 COUNTY OF 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 day of Octuber 2015 Sworn to before me, this DISTRICT OF COLUMBIA: ŝŝ SUBSCRIBED AND SWORN TO, BEFORE ME (Notary Public/Attorney at) zίw) 1HIS DAY OF G My commission expires: V/BU/ My Commission Explicit

Independent Expenditure Report – 2015 HD 23 Special Election

Page _____ of _____ (Schedule B-IE-<u>1 only)</u>

Schedule B-IE-1

CAND(DATE(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
HD 23	Lynn Olson	Support	500.00
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τι	Total expenditures for all candidates amount should equal the total independent expenditures listed o	tes this reporting period. n Schedule B-IE-2, Line C. ⇒	500.00

Independent Expenditure Report - 2015 HD 23 Special Election

<u>____</u>

Page ____ of ____ (Schedule B-IE-2 only)

 $\sum_{i=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i$

Schedule B-IE-2

PAYMENTS AND OBLIGATIONS

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

Expenditure Types

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.

LIT Printu MHS Mail h PHO Phote POL Polin POS Posta	MFIS Mail house (all services purchased) PHO Phone banks, automated telephone calls POL Polling and research survey Alls VEB Website design, registration, tosting, maintenance, etc.							
Date of expenditure	Payee, address, zip code	Expenditure type	Amount					
10/5/15	Inn Grady, 810 S. Spring Street, Vait 1208, Los Ansolas, CA 90014		500.00					
	⇒ 500.00							
	B. Total for all other Schedule B-IE-2 pages (if any) ⇒							
Th	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							

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