

City, Zip Code ____

INDEPENDENT EXPENDITURE REPORT - 2015 HD 19 SPECIAL ELECTION

MAINE REPUBLICAN PARTY Name of Person/Committee Making Expenditure(s) 6 HIGGINS STREET Mailing Address AUGUSTA, 04330

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	URES OV	ER \$250				
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	
OTHER INDEPENDENT (E)	PENDITU	RES				
Report (select one)		☐ 60-Day Pre-El	ection 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 INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Date

Signature of PAC or Party Treasurer, or Other Authorized Person Making Expenditure(s) 18-3

Telephone

(207) 622-6247



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

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AFFIDAVIT

state of Maine
COUNTY OF <u>Cumberland</u>
I, Benjamin Lombard, being duly sworn, attest that I made each of the expendi-
tures 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 _____ October 2015

(Notary Public/Attorney at Law)

Kart A. Barrott Notary Public My commission expires: _______ Hy Commission Expires December 18, 2019

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
HD 19	MATT HARRINGTON	SUPPORT	\$942.05
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 Thi	\$942.05		

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.

Expend	ilture Types
	PRT Print media ads only (newspapers, magazines)
PHO Phone banks, automated telephone calls	RAD Radio ads, production costs TVN TV or cable ads, production costs
	WEB Website design, registration, hosting, maintenance, etc. OTH Other (include description)

Date of expenditure	Payee, address, zip code	Expenditure type	\checkmark	Amount
10-08-15	CREATIVE IMAGING GROUP PO BOX 6540 SCARBOROUGH ME 04070	MHS		\$942.05
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	<u></u>			
A. Expenditures for this page ⇒				\$942.05
B. Total for all other Schedule B-IE-2 pages (if any) ⇒ C. Total independent expenditures for this reporting period (A+B).				40.40.05
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. $\Rightarrow$				\$942,05