#467 P.001/002



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 19 SPECIAL ELECTION

 Name of Person/Committee Making Expenditure(s)
 NRA Political Victory Fund

 Mailing Address
 11250 Waples Mill Road

 City, Zip Code
 Fairfax, VA 22030

 Telephone
 703-276-1152

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 EXPENDITURES OVER \$250									
Report Type (select one)	over \$250 tember	ures Aggregating ) made from Sep- 4, 2015 through ber 14, 2015	Any Expenditure Ove Per Candidate Made October 15, 2015 th October 20, 201	e from rough	Any Expenditure Over \$250 Per Candidate Made from Octo- ber 21, 2015 through Novem- ber 3, 2015				
					ĬX.				
Due Date		alendar days of e expenditure	nditure ing the expenditure gregating Any expenditure over \$250 per andidate candidate 4, 2015		Within 1 calendar day of making the expenditure				
What Gets Re- ported	over \$250 from Sept	res aggregating per candidate ember 4, 2015 ctober 14, 2015			Any expenditure over \$250 per candidate				
OTHER INDEPENDENT EXPENDITURES									
Report (select one)	Report (select one) Due Date		ection Report	D 11-D	ay Pre-Election Report				
Due Date			5	October 23, 2015					
What Gets Reported			regating over \$100 per Igust 11 through Sep-	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.

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

October 22, 2015

Date



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# INDEPENDENT EXPENDITURE REPORT - 2015 HD 19 SPECIAL ELECTION

## AFFIDAVIT

STATE OF VIRGINIA

COUNTY OF FAIRFAX

I, <u>Mary Rose Adk1ns</u>, 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 22nd day of October 2015

(Notary Public/Attorney at Law)

My commission expires: June 30, 2016

#### Independent Expenditure Report – 2015 HD 19 Special Election

Page \_\_\_\_ of \_\_\_\_ (Schedule B-IE-1 only)

## 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
House Dist 19	Matthew Harrington	Support	275.29
	-		
		·····	
	Total expenditures for all candidat		
Thi	275.29		

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### Independent 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.

	Expe	enditure	Types
LIT	Printing and graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspapers, magazines)
MHS	Mall house (all services purchased)	RAD	Redio ads, production costs
PHO	Phone banks, automated telephone calls	TVN	TV or cable ads, production costs
POL	Polling and research survey	WEB	Website design, registration, hosting, maintenance, etc.
POS	Postage for U.S. Mall and mall box fees	OTH	Other (include description)

Date of expenditure	Payee, address, zip code	Expenditure type	V	Amount
10/22/15	Prolist, Inc 4510 Buckeystown Pike, Suite M Frederick, MD 21703	MHS	x	275.29
	A. Expendi	tures for this pag	ie ⇒	275.29
	B. Total for all other Schedule B-	······································		
Thi	C. Total independent expenditures for this repor s amount should equal the total amount for all candidates listed of	ting period (A+B) n Schedule B-IE-;	).  . ⇒	

Page 1 of 1(Schedule B-IE-2 only)