Oct. 19. 2015 3:30PM No. 6836 P. 3 IE-7 COMMISSION ON GOVERNI									
Name of Person/Committee Making Expenditure(s) LAKE REGION DEMOCRATIC COMMITTEE									
Mailing Address <u>PO_BOX_/20/</u> City, Zip Code_ <u>W/MOHAM_ME_04062</u>									
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.									
INDEPENDENTIEXPENDIT	URES OV	ER \$260							
Report Type (select one)	over \$250 tember 4	res Aggregating made from Sep- I, 2015 through ber 14, 2015	m Sep- Per Candidate Made from ough October 15, 2015 through		Any Expenditure Over \$250 Per Candidate Made from Octo- ber 21, 2015 through Novem- ber 3, 2015				
			X		٦				
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 INDEPENDENTIES	(PENDITU	RES							
Report (select one)		G0-Day Pre-Election Report		I 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.

CHAIR Mauri าเ

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



No. 6836 P. 2 COMMISSION ON GOVERNN. AL 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 MAINE

I, <u>MQUILE</u> <u>S. Hill</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.

Moure Stall Signature of

Sworn to before me, this 19 day of October 2015

(Notary Public/Attorney at Law)

My commission expires: 7/10/2021

RYAN J	. CORBEIL
NOTAF	
My Commission	NAINE Expires July 10, 2021

Oct. 19. 2015 3:31PM

Independent Expenditure Report - 2015 Hb ∠3 Special Election

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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 23	Lynn Olson	IN SUPPORT OF	301.50
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			· · · · · ·
TI	Total expenditures for all candida his amount should equal the total independent expenditures (Isted o	tes this reporting period. <i>n</i> Schedule B-IE-2, Line C. \Rightarrow	301.50

Independent Expenditure Report - 2015 HL 23 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.

Expenditure Types						
LIT: MHS PHO PHO POL POS POS Postage for U.S. Mail and mail box fees POL POS POL Postage for U.S. Mail and mail box fees POL POL POL POL POL POL POL POL POL POL						
Date of expenditure	Payee, address, zip code	Expenditure type	\checkmark	Amount		
10/A)2015	CONNOLLY PRINTING 17 B GILL ST. WOBURN MA 0/80/	LIT	¥,	301.50		
				- 44.14		
		A - H 1				
				I , II		
A. Expenditures for this page ⇒				301.50		
	y)⇒					
Th). 1. ⇒	301.50				