3-08-09 15:40	Maine Democrats	2076222657 >>	2072876775 P 1/4
	RECEIVED		-
	AUG () 9 2013	Special E	lection, Senate #19
	Maine Ethics Commission	19 SPECIAL LEUTION	
Name of Person/Co	ommittee Making Expenditure(s)	Maine Democratic	State Committee
Mailing Address	PO Box 5258		
City, Zip Code	Augusta ME 04	73) Telephone 20	7-622-6122
due. However, repo	opropriate box for the report you are legislative and gubernatorial candid orts relating to county or municipal ca	filing and complete the notarized at ates must be filed on Saturday or S andidates may be filed on the payt b	fidavit and attached schedules. Sunday if that is when they are
days after the fax w	ed to the Commission (287-6775), as received,	The Commission must receive the	signed original report within 5
Check here if th	is report is an amendment to a pr	eviously filed report. Date of orig	linal report:
	IDERENDENICEXPENDICIONES IN	an an an ann ann an	T. IPIZO19
	penditures made before August 14, ar days of making the expenditure.		
 Each time the to report must be f 	otal amount spent per candidate exc iled within/2 calendar days.		
	☑/Report of Independent Ex	penditure over \$250 per Candida	te
INGEREND	ENTREXEBNBITUTES OVER 101		
 Expenditures tot reported by Aug. 	aling more than \$100 but not more th	han \$250 per candidate made befor	e August 14, 2013 must be
1	ependent expenditures made to sup support or oppose the candidate mu	o honondant as an independent o	Vnondituur
	Election Report of Independent Ex	penditures over \$100 and up to \$	250 per Candidate
ANDERENDENTE	APENDITURES OVER CONTRACT	Service and the state of state of the	DLIGHYAUGUST Z6 (2013)
be reported within	n 1 calendar day of making the expe	nditure.	ugh August 26, 2013 must
 If the total of inde amount spent to s 	pendent expenditures made to supp support or oppose the candidate mus	ort or oppose a candidate exceeds st be reported as an independent ex	\$100, each subsequent
	Report of Independent Expension	nditure over \$100 per Candidate	cheumitaia.
	ue by 5:00 p.m. on the filing deadline),	
 Do not include exp 	penditures that you listed on previou	sly filed report.	
M. l. cus		IS TRUE, CORRECT AND COMPL	ETE. 8/9/17
Signature of PAC or Party Other Authorized Person	/ Committee Treasurer, or Making Expenditure(s)	T	Date

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

2076222657 >>



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

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

INDEPENDENT EXPENDITURE REPORT - SPECIAL ELECTION SD 19

	AFFIDAVIT		
STATE OF	Maine		
COUNTY OF	<u>Kennebec</u>		
KA AY J	Evin Casale		

the expenditures listed in the attached report independently, and not in cooperation, consultation, or concert with, or at the request or suggestion of, the candidates named in the report or the authorized committees or agents of the candidates.

M.e. cns

(Signature of Affiant) ngusta Sworn to before me, this day of 2013 Conmission expires 2/15/2018 Public/Attorney at Law)

Independent Expenditure Report - Special Election SD 19

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
SD-19 SD-19	Eloise Vitelli Paula Benoit	support	\$@6243.50
SD-19	Paula Benoit	Support Oppose	\$@6243.5t \$6243,5D
•			
·			
	Total expenditures for all candidates		
This amount sho	puid equal the total independent expenditures listed on So	the dule B-IE-2, Line C, $\Rightarrow $	12487.00

Independent Expenditure Report - Special Election SD 19

Schedule B-IE-2

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

PAYMENTS AND OBLIGATIONS

- Please indicate the date, payee, expenditure type, and amount of each exponditure.
- 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
GLIM	Printing and graphics (flyers, signs, palmcards, etc.) Mail house (all services purchased) Phone backs, evidentiated relations (RAD) Radio ads, production costs
PHO	Phone banks, automated telephone calls
POS	Posing and research survey Postage for U.S. Mail and mall box fees

Date of expenditure	Payee, address, zlp code	tvpe		Amount
8/7/13	CDD Consulting 9 Miecastyl DP. New Howester, MED 460	R4D		\$12,487.00
•*		res for this page		\$12,487,00
This amount sho	B. Total for all other Schedule B-IE C. Total independent expenditures for this reportin			
	ould equal the total amount for all candidates listed on S	Schedule B-IE-1.	⇒ \$	12,487.00