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2009 Special Elect	PAIGN FINANCE REPORT	ONINISSION <sup>i</sup>	NON 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 89 SPECIAL ELECTION
COMMITTEI Name Mailing ac City, zip c	E IDENTIFICATION Check Maine Reput idress_9 Haggues idress_9 Haggues	(full name of committee) Str (official headquarters of com 4 c OV 33 d	
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E-mail ad		Runner.com	·
SPECIAL EL	ECTION FILING PERIODS ( Report Type	Check applicable per Due Date	iod below): Reporting Period
	11-Day Pre-Election	January 23, 2009	January 6, 2009 – January 20, 2009
Ø	42-Day Post-Primary	March 17, 2009	January 21, 2009 - March 10, 2009
/	Check this box if this repor		previously filed report. THE BEST OF MY KNOWLEDGE, IT IS TRUE,

I CERTIFY THAT I HAVE EXAM CORRECT AND COMPLETE.

Name of Party Committee

Page of (Schedule A only)

# SCHEDULE A

# CASH CONTRIBUTIONS RECEIVED

List the names and mailing addresses of contributors who have given more than \$200 during this reporting period. For all aggregate contributions of \$200 or less, enter the combined total in line 3. Do not include loans or in-kind contributions here.

Data manipund	Contributor's name, mailing address, zip code	Occupatio	on & employer	Amount
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		2. Total from attac	hed pages (Schedule A)	-0-
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1	3. Aaareaal	e contributions of \$2	200 or less (not itemized)	10-0-
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<b> </b>			· · · ·	
	4. Total contribut	ions this reporting p	eriod (Add lines 1, 2 & 3)-	10-
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### SCHEDULE B

# CONTRIBUTIONS AND EXPENDITURES TO OR ON BEHALF OF CANDIDATES, PACS & PARTY COMMITTEES

List all contributions and expenditures made to or on behalf of <u>each</u> candidate, party committee, PAC, or other political committee. Do not include loan repayments or in-kind expenditures on this schedule. Expenditures made on communications in support of or in opposition to candidates must be listed on this schedule, not on Schedule B-1. For expenditures made on multi-candidate communications, the expenditure must be itemized by the amount spent per candidate, not as a single expenditure, and each candidate must be identified.

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Date of payment	Payee name Payee's complete mailing address	Cand Code	idate, committee, or party supported Remarks	Office sought & district number	Amount contributed to or spent on behalf of <u>each</u> candidate, PAC or party committee
1/30/09	FLS Connect. 730 Huten Blid sude 270 St Rik MN SSR8	<i>P440</i>	Phone Gell	- 89	300.a)
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2/2/29	FLS Connect	PHO	Phure Call	- 89.	300.cu
- 101					
	1. Tota	l contributio	ns to candidates this page or	nly	
		2. Total f	rom attached Schedule B pag	es	A
	3. Total con	tributions th	is reporting period (Lines 1 +	2)	00,00

lame of Party Committee

## Page (Schedule

# SCHEDULE B-1

## **OPERATING EXPENSES**

Do not include loan repayments or expenditures made on communications to support or oppose candidates on this schedule.

Executiva Trico Recultino NO Remark	Expenditure yops REQUENCE Remark
Text - And Information experience party of computere	CNS camppign consultants
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Date of payment	Payee/organization name, address, zip code	Code	Remarks or purpose of expenditure	Amo	unt
				$\left( \delta \right)$	
		1	Total operating expenses this page		
		2. Tot	al from attached Schedule B-1 pages		
	3. Total operating	expenses t	his reporting period (Add lines 1 & 2)	10	)
	D) (D) - Each on model			$\overline{\nabla}$	

### SCHEDULE C

## IN-KIND CONTRIBUTIONS/EXPENDITURES

#### In-Kind CONTRIBUTIONS

With respect to all items and services received and expended, enter the date received, a description of the item or service, and the fair market value. Enter contributor information if the fair market value of donated item or service is more than \$200.

Date received	Contributors name , address, zip code	Description of goods, services, discounts or facilities received/expended	Fair market value
			-0-

#### In-Kind EXPENDITURES

If the items shown above were, in turn, contributed to candidates or committees, list to whom the items were donated and their description.

Date of payment	Recipient's name, address, zip code	Description of goods, services, discounts or facilities contributed	Fair market value
			-0-

### SCHEDULE D

### LOANS/LOAN REPAYMENTS

List loans and loan repayments from all sources.

		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Date of Ioan/ Ioan repayment	Identity of lender	Loan balance from previous period	Amount loaned this period	Amount repaid/ forgiven this period	Unpaid Ioans Columns 1 + 2 - 3
				R	
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				F	

## SCHEDULE E

# TOTAL UNPAID OBLIGATIONS (OTHER THAN LOANS)

List all goods or services that have not been involced and all existing unpaid bills.

Date obligation	Creditor's name, address, zip code	Purpose	Amount
incurred			

Date Submitted

#### SCHEDULE F

### SUMMARY SECTION

### RECEIPTS

- 1. Contributions received (Schedule A, Line 4)
- 2. Other receipts (interest income, etc.)
- 3. Loans received (Schedule D)
- 4. TOTAL RECEIPTS THIS PERIOD (Lines 1 + 2 + 3)

#### EXPENDITURES

5. Contributions to or on behalf of others (Schedule B, Line 3)

6. Operating expenses (Schedule B-1, Line 3)

7. Loan repayments made (Schedule D)

8. TOTAL EXPENDITURES THIS PERIOD (Lines 5 + 6 + 7)

### IN-KIND SUMMARY

Total in-kind contributions this period (Schedule C)

Total in-kind expenditures this period (Schedule C)

### THIS PERIOD ONLY



#### THIS PERIOD ONLY

600.00	
-0-	
-0-	
600.0	

#### **Fair Market Value Totals**

