

# 2011 Special Election Senate District 7

# **Campaign Finance Report**

## For Political Action Committees

Please complete ALL entries.

Maine Schafe Republican	Marahr	
Augusta ME 04332	TELEPHONE \$207-449-100	FROM PREVIOUS REPORT
Kathica eator ver. com		
Kathlen Summers-G	-	
1518 Washington 87		CHECK IF
Bath ME 04530	TELEPHONE NUMBER 207-949-1000	FROM PREVIOUS REPORT
Kathie Deatonriver.co		
	PO Box 1 Augusta ME 04332- Kathicaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Bathicaleatonriver.com Rathicaleatonriver.com	Nather Schute 1998/1000 Majority PO Box 1 Augusta ME 04332 TELEPHONE 207-449-1000 Kathioaleatonriver.com Kathioaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Kathicaleatonriver.com Kathioaleatonriver.com Kathicaleatonrive

Type of Report	Due Date	Dates of Report Period
□ 11-Day Pre-Election	April 29, 2011	Start of Campaign* - April 26 2011
42-Day Post-Election	June 21, 2011	April 27, 2011 - June 14, 2011

\*Report only those Contributions and Expenditures that pertain to the Special Election for Senate District 7

I CERTIFY	ТНАТ	I HAVE EXAMINED	THIS REPORT	AND TO	THE BEST C	F MY KNO	WLEDGE IT IS TRUE,
$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						a a second the second to a second second

AND COMPLETE CORRE Treasurer's Signature

10/10

Date

COMMISSION ON GOVERNMENTAL ETHICS AND	<b>ELECTION PRACTICES</b>
Mail: 135 State House Station,	Augusta, Maine 04333
OTTO CONTRACTOR 45 Memorial	Circle, Augusta, Maine

JUN 2 1 2011

Website: www.maine.gov/ethics Phone: 207-267-4179 Fax: 207-287-6775

Maine Ethics Commission

MSAN PAC Name

#### SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER key code)	AMOUNT
4/30/2011	Vemill Dana, CLP One Portland Sy Portland. ME 04/12		5000
4/30/2011	The lught Direction		10000
5/8/204	WEDCO Health 100 Parsons Pond Dr Franklin Lakes, NJ 07417		1000
shlzon	Chris Rectin 30 Knox St Thomaston, ME 04861		2000
5/12011	Sana Vanderwood 65 French Rd Oxford, ME 04270		$\mathscr{D}^{\mathcal{N}}$
shizori	John Bott 28 Hauthorne 87 Brunswick, ME		20 N
617/2011	Plavman In Senale Po Box 468 Hampdon, ME 0444		2000
	Tot	tal cash contributions (this page only) $\Longrightarrow$	

(combined totals from all Schedule A pages must be listed on Schedule F)

Key Codes:

1 = Individuais

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

PAC Name

Page U of Jule A Only

## SCHEDULE A (continued) CASH CONTRIBUTIONS

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
5/10/2011	Bernstein + Shur po Middle ST Portland, ME 04101			1000四
L	T	otal cash contributions (this page of	للمراجع	

Total cash contributions (this page only)  $\Rightarrow$  (combined totals from all Schedule A pages must be listed on Schedule F)

101

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Uniternized Contributions of \$50 or less

# SCHEDULE A-1

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter "uniternized contributions" as the contributor and the total amount and the
  appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you
  must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAMÈ, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
		na an triang an an ann an triang an an ann an triang an			
		anto da constante d			A meneni i i i na i ma na posona posona posona da de la dela del
[	δ	1, mar	<u>1 </u>	3 	

Total in-kind contributions (this page only)  $\Rightarrow$  (combined totals from all Schedule A-1 pages must be listed on Schedule F)

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

#### SCHEDULE B

#### EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political, action committee, ballot question committee, or party committee.
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

	EXPENDITURE TYPES						
CON	Contribution to candidate, party or committee	POL	Polling and survey research				
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees				
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services				
FND	Fundraising events	PRT	Print media ads only (news;	lapērs, mag	azines, etc.)		
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs				
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts,	etc.) SAL	Campaign workers' salaries	and person	nel costs		
MHS	Mail house (all services purchased)	TRV	Travel (fuel, mileage, lodgin	g, etc.)			
OFF	Office rent, utilities, phone and internet services, supplie	es TVN	TV or cable ads, production	cosis			
отн	Other	WEB	Website design, registration	, hosting, m	aintenance, etc.)		
PHO	Phone banks, automated telephone calls				*****		
6.56	Only these expenditure typ	oes require a remar	k: CNS, OTH, PRO and SAL				
DAT	E PAYEE'S NAME AND ADDRESS	R	EMARKS	TYPE	AMOUNT		
4/20	Cottles land & Weaton 6 Stak St Bango, ME Payment to support D or to oppose to				6,000		
	Payment to support						
	Payment to support □ or to oppose □:						
	Payment to support □ or to oppose □:						
		Total ex	(Denditures this page (				

(combined totals from all Schedule B pages must be listed on Schedule F)

 $\varphi \mathcal{W} \mathcal{W}$ 

# SCHEDULE B - 1 **OPERATING EXPENSES**

List all expenditures made to a single payee or creditor aggregating in excess of \$50 for this election and that were made during this reporting period. Expenditures of \$50 or less for this election may be aggregated and listed as a lump sum.

CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campalgn consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for/campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (fivers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs
отн	Other	WEB	Website design, registration, hosting, maintenance, etc.)
РНО	Phone banks, automated telephone calls		

DATE	PAYEE NAME & ADDRESS	туре	REMARK (If the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
5/26	VOILON PO TOX YOUB Ackworth, GA 30101	off		144.70
5/13/201	Cheature Imaging Mussey Rd Scanboroggy, ME	it	In items purchased + Never vzd un the campaign to former candidate	912.98
6/5/2011	Amatois Agusta, ME	FOD	candidbik	173.41
513/2011	Annatois Augusta, ME	FOD		172.76
5/3/201	Big Apple Augusta, ME	FaD		14.17

Total expenditures (this page only)  $\Rightarrow$  (combined totals from all Schedule B-1 pages must be listed on Schedule F)

NAM

## SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven must also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	LOAN BALANCE	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
LENDER'S NAME AND ADDRESS	AT BEGINNING OF PERIOD	AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	END OF PERIOD (1+2) - 3 - 4
nn na haile ann an h-ann ann ann ann ann ann ann ann ann ann		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		ANOUNT	AMOUNT	AMOUNT	
· · · · · · · · · · · · · · · · · · ·		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
	vo de la marcina de la marc	AMOUNT	AMOUNT	AMOUNT	Non-Internet Weter Herborn
 Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

MS

## SCHEDULE F SUMMARY SCHEDULE

#### CASH ACTIVITY

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	3580.00
2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	3580.00
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	6000
6. Operating Expenditures (Schedule B-1)	1367.52
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	1367.52

### CASH SUMMARY

	Total for This Period
9. Cash Balance at Beginning of Period	12,490.23
10. Plus Total Receipts This Period (line 4 above)	3580.00
11. Minus Total Payments This Period (line 8 above)	1367.52
12. Cash Balance at End of Period	8702.71

## OTHER ACTIVITY

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	