

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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APR 2 5 2016

Received

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Maine Ethics Commission

2016—SD 32 Special Election Report of Membership Organization or Corporation Communi	CATIONS
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MEMBERSHIP ORGANIZATION OR CORPORATION

Name: Maine AFL-CIO	
(Full name of member organizat	ion or corporation)
Mailing Address: 21 Gabeiel De.	
City, State, Zip Code: AnguSNA, ME, 04330	207- Telephone: <u>622-9675</u>

INSTRUCTIONS:

Any membership organization or corporation that makes a communication to its members or stockholders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures." "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission website). Reports may be faxed to the Commission, provided that the original is received within 5 days after the fax.

Report Name	Due Date	Reporting Period
3 42-Day Pre-Election	February 16, 2016	February 1 — February 9
11-Day Pre-Election	March 18, 2016	February 10 — March 15
42-Day Post-Election	May 10, 2016	March 16 — May 3

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE.

Signature of Authorized Officer of Employee

Membership Organization or Corporation Communications

Page	_1	of .		
	(Sche	edule E	3-1 only	ł

SCHEDULE B-1 CANDIDATE(\$) SUPPORTED/OPPOSED

- Please list all candidates that were the subject of the communication.
- If more than one candidate was the subject of the expense, allocate the expense among the candidates.

Office sought by candidate (including district #)	Candidate's Name	Indicate whether the expense was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
5D 32	Susan Deschambault	Support	\$332.°8
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			\$`
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v			
	Total expenses for all can This amount should equal the total expenses liste	didates this reporting period. In on Schedule B-2, Line C. \Rightarrow	\$ 332.08

Page <u>2</u> of <u>2</u> (Schedule B-2 only)

SCHEDULE B-2

PAYMENTS AND OBLIGATIONS

- Please indicate the date, payee, expense type and amount of each expense.
- If you are reporting an agreement or obligation to make a <u>future payment</u>, please check (✓) the box next to the expense type.

		Expens	е Туре	ļ			
LIT	Printin	g and Graphics (flyers, signs, palmcards, etc.)	PRT	Print r	Print media ads only (newspaper, magazine)		
MHS	Mail h	ouse (all services purchased)	RAD	Radio ads, production costs			
PHO	Phone	banks, automated telephone calls	TVN	TV or cable ads, production costs			ts
POL	Polling	and research survey	WEB	Website design, registration, hosting, maintenanc			
POS	Postag	e for U.S. Mail and mail box fees	отн	Other	er (include description)		
Paym	te of lent or gation	Payee, Address, Zip Code			Expense Type	√	Amount
3/2	3/16	MAINE AFL- CIO 21 Gabriel DR ANGUSTA, ME MAINE AFL-CIO "	043	30	Pos		\$ 287.61
3/23	3/16	MAINE AFL-CIO "			OTH - Muiting		\$ 44.47
						:	
				:			
				A. Exp	penses for this pag	le ⇒	\$ 332.08
		B. Total for all	other S	chedu	le B-2 pages (if any	y) ⇒	<u>, , , , , , , , , , , , , , , , , , , </u>
7	his amo	C. Total expension count should equal the total amount for all care			eporting period (A		\$ 332. %