



## **COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

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Phone: (207) 287-4179 Fax: (207) 287-6775

## 2016—SD 32 SPECIAL ELECTION REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

Maine Educ	ation Association				
Name:		ull name of member organization o	or corporatio	n)	
	35 Community Drive			•••	
Mailing Address:	33 Confinding Drive				
City, State, Zip Code:	: Augusta, ME 04330	т	elephone:	207-622-4418	
INSTRUCTIONS:					
communications ag "independent exper the Commission's Ru that the original is re	gregating in excess on the state of the stat	advocate" and "clearly identifi Commission website). Report after the fax.	e's election ed" are def s may be fa	race. These expenses are no fined in Chapter 1, Section 8(2) o exed to the Commission, provide	
and the second		f Membership Organization			
Report Na	ame	Due Date		Reporting Period	
☐ 42-Day Pre-E	lection	February 16, 2016		February 1 — February 9	
☑ 11-Day Pre-E	lection	March 18, 2016		February 10 — March 15	
42-Day Post-E	Election	May 10, 2016		March 16 — May 3	
bay. cot.			اماليا ملمما		
to the street of the figure of the street of the constitution of the street of spin and the street of the street o	nendment to a filed r	eport, check this box and ind	licate which	n report is being amended.	

Signature of Authorized Officer of Employee

**CORRECT AND COMPLETE.** 

Date

## SCHEDULE B-1 CANDIDATE(S) 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
SD 32	Susan Deschambault	Support	\$211.77
	,		
	Total expenses for all o	candidates this reporting period. isted on Schedule B-2, Line C. ⇒	1 4211//

## 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	e Type	•			
LIT	Printin	ing and Graphics (flyers, signs, palmcards, etc.)   PRT   Print media ads only (newspap					er, magazine)
MHS	Mail house (all services purchased) RAD Radio ads, production					osts	
РНО	O Phone banks, automated telephone calls			TV or cable ads, production costs			
POL	Polling and research survey			Website design, registration, hosting, maintenance			
POS	Postag	stage for U.S. Mail and mail box fees OTH Other (include description)					
Date of Payment or Obligation		Payee, Address, Zip Code			Expense Type	1	Amount
3/8/20	016	MEA - 35 Community Dr. Augusta, ME 04330			OTH - Supplies & Postage		\$211.77
	<del></del>						
	age ⇒	\$211.77					
		B. Total for all	other \$	Schedu	le B-2 pages (if a	ny) ⇒	

This amount should equal the total amount for all candidates listed on Schedule B-1. ⇒

C. Total expenses for this reporting period (A+B).

\$211.77