#### STATE OF MAINE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station Office: 242 State Street Augusta, Maine 04333 Tel: (207) 287-4179 Fax: (207) 287-6775 www.maine.gov/ethics



#### CAMPAIGN FINANCE REPORT OF 2006 INDEPENDENT EXPENDITURES

Name of Person/Committee Making Expenditure(s)	House Democra	tic (ampuign	Conmittee
Mailing Address PO Box 2021			
City, Zip Code Augusta ne 0433	Telephone	207 622 191	ZXIIO

#### INSTRUCTIONS

Complete the notarized affidavit and attached schedules. Please check the appropriate box for the report you are filing. Please see previous page for reporting requirements.

#### INDEPENDENT EXPENDITURES OF MORE THAN \$250 PER CANDIDATE

Independent expenditures of more than \$250 per candidate must be reported to the Commission within 24 hours of making the expenditure. Please be aware that under the Commission's Rules making an expenditure includes placing an order for a good or service or making a promise or agreement that a payment will be made.

K Report of Independent Expenditure over \$250

INDEPENDENT EXPENDITURES OF MORE THAN <u>\$100 and up to \$250</u> per Candidate

Primary Election			<b>General Election</b>		
<b>Reporting Period</b>	Filing Deadline		<b>Reporting Period</b>	Filing Deadline	
Through June 1	June 1		June 14 - July 5	July 15	
After June 1	Within 24 Hours		July 6 – Sept. 30	October 10	
			October 1 26	October 26	
		П	After October 26	Within 24 Hours	

#### OTHER

Amendment to Earlier Report Dated:

Other(specify): \_\_\_\_\_

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE,

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

10-14-06 Date

Form (E (Rev. 7/06)

#### STATE OF MAINE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station Office: 242 State Street Augusta, Maine 04333 Tel: (207) 287-4179 Fax: (207) 287-6775 Web site: www.maine.gov/ethics

#### INDEPENDENT EXPENDITURES

#### AFFIDAVIT

STATE OF COUNTY OF

<u>taut</u>, <u>Bruwetti</u>, being duly sworn, attests that he/she made each of 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.

p.2

(Signature of Affiant)

Sworn to before me, this 14 day of OCTOBER 2006. Attomcy at Law

Form HVAF (Rev. 7/06)

.

٢

p.3

Page0	ŕ
(Schedule B-IE-J	only)

D.....

# Schedule B-IE-1

j.

# CANDIDATE(S) SUPPORTED/OPPOSED

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

sought by candidate (including district #)	Candidate's Name		Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting perio for each candidate
124	Bryan Kaenrath		SUPPORT	\$190
	·	_		
				<u>.</u>
	· · · · · · · · · · · · · · · · · · ·	╶╶┩╴		
		- +		
5/B-IL-I (Rev. 7/06)				1

(207) 859-9798

p.4

Page\_\_\_\_of\_\_\_\_ (Schedule B-1E-2 only)

## Schedulc B-IE-2

### PAYMENTS AND OBLIGATIONS

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

Expenditure Typos				
LIT Campaign literature (printing and graphics)	PRT	Print media ads		
MHS Mail house (all services purchased)	RAD	Radio ads, production costs		
PHO Phone banks, automated telephone calls	TVN	TV or cable ads, production costs		
POL Polling and research survey	WEB	Internet and e-mail		
POS Postage (or U.S. Mail	OTH	Other (include description)		

Date of expenditure	Payee, address, zip code	Expeaditure Type	~	Amount
10-13	Maine Democratic Porty POBOR 5258 AUGUSTRE ML OV332	OTH STAFF		\$ 15 <b>7</b>
10-13	HDLC PO BOXZOLI AUBUSTA, MC 04338	LIT		\$ 8
10-13	HDLL POBAZOZI BIOUYMANC 04538	OTH GAS	-	\$ 2.5
 		<u></u>	 	
	·	<u></u>		
 				· · · · · · · · · · · · · · · · · · ·
} 			}	
A. Expenditures for this page $\Rightarrow$				190
B. Total for all other Schedule B-IE-2 pages (if any) $\Rightarrow$				ø
C. Total independent expenditures for this reporting period $(A+B) \Rightarrow$				190

Form (E/B-113-2 (Rev. 7/06)