10/17/2006 14:17 2072876775

ETHICS COMMISSION

10/17/2006 Tue 14:11

Elm City Medical Associates, P.A. 207-872-8098

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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/Con	amittee Making Exper	diture(s)	bisa	T	Marrache'
Mailing Address	104 Silver	Str			
-	Waterville	MZ	04901	Teleph	one <u>861-8118</u>

INSTRUCTIONS

Complete the notarized affidavit and attached schedules. Please check the appropriate box for the report you are filing. Please scc 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.



Report of Independent Expenditure over \$250

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

	e Primary I	detion .		Control Fa	ction
	Reporting Period	Filing Deadline		Reporting Period	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
			囟	October 1-26	October 26
				After October 26	Within 24 Hours
OTHER					
	Amendment to Earli	ier Report Dated:			
	Other(specify):				·····
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	$\overline{\Lambda}$	RMATION IN THIS RE	FURI	15 INUE, CORREC	I AND COMPLETE.
A	on mar	selic'			10/17/26

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

Form IE (Rev. 7/06)

Date

ETHICS COMMISSION

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INDEPENDENT EXPENDITURES

AFFIDAVIT

STATE OF Kennelie COUNTY OF

<u>expenditures listed in the attached report independently, and not in cooperation, consultation, or concert with, or</u> at the request or suggestion of, the candidates named in the report or the authorized committees or agents of the

candidates.

(Signature of Affiant)

Sworn to before me, this day of 2006.

(Notary Public, tiomes

STEPHANIE L. DOBLE Notary Public, Maine My Commission Expires Novamber 9, 2006

Form IE/AF (Rev. 7/06)

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Schedule B-IE-1

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 candidates.

Office Sorght by candidate including district#)		Carididate's Monte		Indicate whether expenditure was practic supports of or for opposition to the conditiste	Amdusu expensed tabls reporting period for each candidate
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Form IE/B-IE-1 (Rev. 7/06)

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Schedule 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.

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	A. Expenditures for this page \Rightarrow				
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