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10/20/2006 Fri 14:07		Elm City Med	y Medical Associates, P.A. 207-872-8098		1D: #18232 Page 4 of 4
	co	MMISSION ON GOVE	STATE OF MA RNMENTAL ETH		•
			Mail: 135 State Hou Office: 242 State Augusta, Maine 207) 287-4179 Fax: www.maine.gov/	Street 04333 : (207) 287-6775	
•			MPAIGN FINAN( INDEPENDENT )		COMMISSION ON COVERNMENTAL ETHICS & ELECTION PRACTICES AUGUSTA ME
		Committee Making Expe		Lisa T Ma	
	-		ME BY9	2/ Telephone	831-818

## 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.

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Report of Independent Expenditure over \$250

#### INDEPENDENT EXPENDITURES OF MORE THAN \$100 AND UP TO \$250 PER CANDIDATE

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	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
				October 1 - 26	October 26
				After October 26	Within 24 Hours
IER					
	Amendment to Earli	ier Report Dated:			
	Other(specify):				
ERTIF	Y THAT THE INFO	RMATION IN THIS BE	PORT	IS TRUE, CORREC	T AND COMPLE
ERTIF	Mauqu	ehe' he	PORT	IS TRUE, CORREC	T AND COMPLET

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ETHICS COMMISSION

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

Elm City Medical Associates, P.A.

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

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	<u>, 10N P</u>	<u>RACTICI</u>	RNMENTA IS <u>AU</u> OUS	i carra <u>TA</u> Ma	αĮ

#### INDEPENDENT EXPENDITURES

## AFFIDAVIT

Main STATE OF Kennehec COUNTY OF

Marrich being duly sworn, attests that hc/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.

(Signature of Affiant)

October Sworn to before me, this **20** day of 2006.

(Notary

Attomev al aw

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

Form IE/AF (Rey, 7/06)

10/20/2006 Fri 14:07

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

ETHICS COMMISSION

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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 sought by candidate (including discret #)	Candidate's Name	Endicate Whether expenditure was inside in support of or in opposition to the candidate	Autoent expended this reporting period for each capdiliare
House #88	Paul L. Tessier	Support	#360.00
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/2006 Fri 14:07	Elm City Medical /	Elm City Medical Associates, P.A. 207-872-8098		I	ID: #18232 Page 3	
• Please	Schedule B-IE-2 PAYMENTS AND OBLIGATIONS dicate the date, payee, expenditure type, and amount of each expenditure.			(Schednie B-TE-2 only OCT 2 0 2006		
<ul> <li>If you</li> </ul>	are reporting an agreement or purpose of the expenditure.	obligation to make a <u>fu</u>	ture payment, ple	ase chec	k (√) the box ne	
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Date of expenditore	Payce, address,		Expenditure Jupe		Amoust	
10/19186	Time warner Cal	ile	TVN		360.00	
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	A. Expenditures for this page ⇒			age ⇒	360.00	
	<b>B</b> , 7	Fotal for all other Schedule	: B-IE-2 pages (if a	ay) ⇒		
	C. Total independe	ent expenditures for this re	porting period (A-	+B) ⇒		

Form 18/B-IE-2 (Rev. 7/06)

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