1	0/23/	2006	07:57	2072876775		ETHICS COMMISSIO	N	PAGE	01/04
ent	Ву: М	MAINE	DEMOCRATIC	PARTY;	2076222657;	Oct-20-06	6:55PM;	Page 1	01,04
Q,IL			COMMI		STATE OF MAI ERNMENTAL ETHIC Mail: 135 State House Office: 242 State S Augusta, Maine 04 (287) 287-4179 Fax: www.maine.gov/et	CS AND ELECTION] : Station treet 4333 (207) 287-6775	COMMIS	CT202006	ETHICS A, ME
			· ·		AMPAIGN FINANCE 16 INDEPENDENT EX	REPORT			
	City, Zip Code Augusta Mac 04338 Telephone 2.7 622 1912 INSTRUCTIONS Complete the notarized affidavit and attached schedules. Please oheck the appropriate box for the report you are filing. Please see previous page for reporting requirements.								
	INDEPENDENT EXPENDITURES OF MORE THAN 5250 PER CANDIDATE								
	ofm	aking	the expenditu	re. Please be aw	250 per candidate mu are that under the Cor making a promise or a	nmission's Rules mak	ing an expend	liture includes	
		X.	Report of Inc	lependent Expen	díture over \$250				
	INDE	PENDI	ENT EXPENDE	iures of More	THAN <u>\$100 AND UP T</u>	<u>0 \$250</u> per Candida	TE		
				mary Election		General I	lection	an An tao an Taona an tao an	
			Reporting P	eriod Filing J	Deadline	Reporting Period	Filing Des	dline	
			Through June	t June l	· [June 14 - July 5	July 15		

1 CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.				
		10-20-04		
Signature of PAC o Other Person Makin	r Party Treasurer, or ig Expenditure(s)	Date		
Form IE (Rev. 7/06)				

Amendment to Earlier Report Dated:

Other(specify):_____

Within 24 Hours

🔲 After June 1

OTHER

🗍 July 6 - Sept. 30

After October 26

.

 \Box October 1 – 26

October 10

October 26

Within 24 Hours

ETHICS COMMISSION

Sent By: MAINE DEMOCRATIC PARTY;

2076222657;

Oct-20-06 6:55PM;

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STATE OF MAINE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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

INDEPENDENT EXPENDITURES

AFFIDAVIT

COUNTY OF Kennebec

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)

Sworn to before me, this 20th day of <u>OCTOBER</u> 2006.

while

RYAN P. MACDOW

9/18/09

Form IE/AF (Rev. 7/06)

ETHICS COMMISSION

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2076222657;

Oct-20-06 6:56PM;

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Page____ of _____ (Schedule B-IE-1 only)

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 district #)	Cardidate's Name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
5R 65	Carol Grose	Support	282
		· · · · · · · · · · · · · · · · · · ·	
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	· · · · · · · · · · · · · · · · · · ·		
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Form (E/B-(E) I (Rev. 7/06)

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Page____ of _____ (Schedule B-IE-2 only)

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 (v) the box next to the purpose of the expenditure.

	Expendeure Types	
LIT Camperor Intrature (printing and c		
MHS Mail notase fair eenvices purchased		
PHO Phone benks submared relephon		
	and the second	
PCL Polling and research survey PCS Restageton U.C.Mail		

Date of expenditure	Payad, address, zip code	Expenditure Type	4 - 1	Amidunt	
ا -د /ه۱	Maine Democratic Party Po Box 5258 Augustin ME 04332	OTH STRFF		117	
10/17	HOCC POB 2021 Neusta me 04738	▲ / Ţ		8	
רון סו	HOCG NO 132021 HUGUSTA AC 04378	oth Gris		20	
10/19	Accine Dens Marsie Panty Po doe 5258 Augusta Ma 04532	ath Staff		117	
10/19	HOGG PO BOX 2021 2004550 Mc 04378	6114 645		2.0	
	·				
	· ·				
	A. Exper	iditures for this pa	ge ⇒	282	
B. Total for all other Schedule B-IE-2 pages (if any) ⇒					
C. Total independent expenditures for this reporting period $(A+B) \Rightarrow 282$					

Form IE/E-IE-2 (Rev. 7/06)