10/27/2006 12:	:48 20	372876775	EINICS COMMISSION	1102 02.1
UCT-27-2006	1 <b>2:4</b> 8	DRUMMOND&WUDDSUM		· E. 4 36
		STATE O	F MAINE	~ ~ "
	COMMI	Office: 242 Augusta, M Tel: (207) 287-4179 www.main	ETHICS AND ELECTIO) e House Station State Street (aine 04333 Fax: (207) 287-6775 e.gov/ethics (ANCE REPORT	N PRACTICES B G E D W E D B G E D W E D OCT 2 7 2005 COMMISSION ON COVERABLE HURCS 8 ELECTION FRACTICES AUGUSTA, ML
Name of Perso	n/Commit	OF 2006 INDEPENDE		025
Mailing Addre	essl	28 Cine ro		
City, Zip Code		int (and the or	<u>//02</u> Telephone	772-0913 L
INSTRUCTIONS	8			772-1941 0

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.

Report of Independent Expenditure over \$250

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

	Primary I	Election		General El	ection	
	<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	
				After October 26	Within 24 Hours	
OTHER						
	Amendment to Earli Other(specify):	er Report Dated:		······································		
Signature of	FPAC or Party Treasure n Making Expenditure(	RMATION IN THIS RI	EPORT )	S TRUE, CORRECT	TAND COMPLETE. <u>10/26/06</u> Date	

P.03

## 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

· · · · · ·							-
6	3	$\begin{bmatrix} n \\ b \end{bmatrix}$		ł	4	Ŕ	
	_	~-					
	U	CT	2.1	77	UCG		Ü
	SSI0.	T ON	0(1V)	 (	 Al et A	. <u> </u>	line
<u>&amp; Fi</u> i	<u>. (. 1</u> 10	it Pr	h(t)	<u>t S 7</u>	UGUS	TA, A	46

### INDEPENDENT EXPENDITURES

#### AFFIDAVIT

STATE OF COUNTY OF

<u>PARILL</u> <u>A more Rb</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.

(Signature of Affiant)

Sworn to before me, this 26 day of Ochober 2006.

(Notary Public (Attorney at Law) Benjamin Marcus

Page\_\_\_\_ of \_\_\_\_\_ (Sehedule B-IE-I only)

7 2005

E R

OCT 2

# 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 in place candidates.

Office 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 period for each candidate
160men Dist 118	Jon Hinck	Support	964,64
		· · · · · · · · · · · · · · · · · · ·	
	-	· · · · · · · · · · · · · · · · · · ·	
		<u></u>	
	· · · · · · · · · · · · · · · · · · ·		
		, 	
<b></b>			

P.05

of .

Page

2 7 2006

13

DCT

# 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 bext to the purpose of the expenditure.

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

Date of expenditure	Payee, address, zip code	Expenditure Type	√	Amount
10/20/06	Portland Presort 04101 163 Lancaster St Parbland Me	MHS	1	964,64
			. 	
	ige ⇒	864.64		
	ıy) ⇒ 			
	B) ⇒	964,64		

Form /E/8-JE-2 (Rev, 7/06)