ETHICS COMMISSION

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**

In,	8	6	ß]	Ŋ.	E	.M
	.o	от	۰ م	7 0	റ്ററ		
	U	61	2	{	006	į	L)
COMMISSION ON GOVERNMENTAL ETHICS & ELECTION PRACTICES AUGUSTA, ME							

Name of Person/Co	ommittee Making E	xpenditure(s)	MAINE Prosperity PAC
Mailing Address 🔼	45 Melville	Street,	Suite 1
•	Augusta	•	<i>d</i> – <i>a</i>

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.

Report of Independent Expenditure over \$250

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

	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
HER				
	Amendment to Earli	er Report Dated:		
	Other(specify):			

I

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

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

ACTENT FATHER, 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)

day of OCTOBET Sworn to before me, this 2006.

(Notary Public/Attorney at Law

Mary J. Fortunato Notary Public, State of Malne My Commission Expires 1-31-2010

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 #)	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
REP			
HODS	Lyle Cramer	Support	<u>1309_9</u> 5
	· · · · · · · · · · · · · · · · · · ·		·····
			.

Form iE/B-IE-1 (Rev. 7/06)

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 ($\sqrt{}$) the box next to the purpose of the expenditure.

LIT Campa MHS Mail for PHO Phone POL Holling	banks, automated felephone calls TVN TV or cable	ads, production costs	
Date of cxpenditure	Pavec, address, zip code	Expenditure Type	Amount
10/27/06	POBOY 10248, Portland, ME Oreatiue Imagine Orei04-10008	MHS	611.52
10/27/06	US Pastmaster	POS	589.68
10/27/06	STAFE Development	0714	589.68
- <u></u>	1308.95		
	1308.95		