| 1 | 0/29/2006 | 09:21 | 2072876775 | | ETHICS COMMISSIO | И | PAGE | 01/04 |
|------|------------------------|---------------------------------------|---------------------------------------|--|--|----------------------------|--|-------|
| Sent | By: MAINE | DEMOCRATIC | PARTY; | 2076222657; | 0ct-29-06 | 1:30AM; | Page 1 | |
| | | | · · · · · | . · | IE*5 | 2.R | X BEC'D | ι |
| | | COMM | | Mail: 135 State Hov Office: 242 State Augusta, Maine | NCS AND ELECTION use Station Street 04333 | | <u>₹</u> 0 <u>₩</u> <u>₹</u> 29 2006 | |
| | | | | 1: (207) 287-4179 Fax www.maine.gov CAMPAIGN FINAN(006 INDEPENDENT | /ethics | COMMISSION (& ELECTION | DN GOVERNMENTAL ETHI PRACTICES-AUGUSTA, ME | D5. |
| | Mailing A | Address <u>Po</u> Code <u>Augo</u> | 1902.202V | | <u> Democretti (an</u> Telephone <u>1</u> | | · | |
| | Complete are filing | the notarized Please see p | l affidavit and a revious page for | attached schedules. I r reporting requirement | Please check the appro nts. | priate box for | the report you | |
| | | | | <u>re than \$250</u> per Ca | | | | |
| | of making | g the expendit | nire. Please be a | aware that under the C | must be reported to the Commission's Rules m or agreement that a pay | aking an exper | diture includes | |
| | X | Report of I | ndependent Exp | enditure over \$250 | | · | | |
| | INDEPEN | dent Expeni | FURES OF MO | RE THAN <u>\$100 and u</u> | <u>e to \$250</u> per Candid | ATE | | |
| | | | rimary Electio | | General | Election | an a | |
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| | | Through Ju | mel June | 1 | 🔲 June 14 July 5 | July 15 | | |

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 July 6 - Sept. 30
 October 10

 $\Box \quad \text{October } 1 - 26 \qquad \text{October } 26$

After October 26 Within 24 Hours

OTHER

Amendment to Earlier Report Dated:

.

Other(specify):__

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Within 24 Hours

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

ETHICS COMMISSION

Sent By: MAINE DEMOCRATIC PARTY;

2076222657;

Oct-29-08 1:31AM;

Page 2/4

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

COUNTY OF Kennebec

Par J. Brunth , 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)

Swom to before me, this 29th day of OCTOBER 2006.

(Motary Public/Attorney Low

18/09

Page 3/4

and a Contract

Sent By: MAINE DEMOCRATIC PARTY;

2076222657;

oct-29-06 1:31AM;

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 #) | Caudidate's Name | Indicate whether expenditure was made in support of or in opposition to the candidate | Amount expended this reporting period for each candidate |
|---|---------------------------------------|--|--|
| 52. 20 | Benjamil Pratt | SUPPORT | 386.20 |
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Form IE/B-IE-1 (Rev. 7/06)

Sent By: MAINE DEMOCRATIC PARTY;

2076222657;

Oct-29-06 1:31AM;

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

Page 4/4

Schedule B-IE-2

PAYMENTS AND OBLIGATIONS

- Please indicate the date, payer, expenditure type, and amount of each expenditure.
- If you are reporting an agreement or obligation to make a <u>future payment</u>, please check (\forall) the box next to the purpose of the expenditure.

| MHS Mail In PHC Phone POL Polling | Expenditive ran co-acce (contributerial graphics) PRT Use (out activities buildingsed) PAD banks, adjoinated telephone calls nod readarch survey TVN and readarch survey TVP Tot U is (Mail | and the second | |
|---|---|--|-------------|
| Date of Expenditure | Payor, stillress, zip tode | Expenditure Type | Automat |
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| | | A. Expenditures for this p | ***= 386.20 |
| | B. Total for all of | her Schedule B-IE-2 pages (if a | ny) ⇒ |
| | +B) ⇒ 396.20 | | |