

Name of Person/Committee Making Expenditure(s	) Maine	Democratic	Parti
Mailing Address PO Park 52	258		
City, Zip Code <u>Augustan</u> , ME a	243321	Telephone 207 -	622-6233

#### 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 \$100 AND UP TO \$250 PER CANDIDATE

### Special Election

Reporting PeriodFiling DeadlineImage: Through May 31May 31Image: After May 31Within 24 Hours

#### OTHER

Amendment to Earlier Report Dated: \_\_\_\_\_

J Other(specify);

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

Tvens) Signature of PAC or Party Treasurer, or

Other Person Making Expenditure(s)

Form IE (Rev. 4/07)

5/18/07

## 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 enneber COUNTY OF

MARIAUNE STEVENS , 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.

Marianne V

Sworn to before me, this <u>18</u> day of <u>Nav</u> 2007. Jonathan A. Cashman (my commin repiry 12/16/2011)

(Notary Public/Attorney at Law)

Form IE/AF (Rev. 407)

Page\_\_\_\_\_of\_\_\_\_ (Schedule B-IE-2 only)

#### 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 (√) the box next to the purpose of the expenditure.

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

Date of expenditure	Payce, address, zip code	Expenditure Type	√	Amount
5/18	The Chadlendow Group, 3311 5 unkefield	MHS	$\checkmark$	4,650.00
<u>5/18</u>	The Chadlerdon Group, 3311 5 unkefield Arington, VA 22200 The Chaddender Group, sume address as above Wendy Drommond, P.O. Box 42, Sa Gardine	POS	$\checkmark$	4,650.00 2.550.00 1.50.00
5/18	Wendy Drommond, P.O. Box 42, Sa Gandine	ОТН		150.00
	;⇒	7350.00		
B. Total for all other Schedule 8-IE-2 pages (if any) $\Rightarrow$				
	⇒ <sup>1</sup>	7350.00		

Form JE/B-IE-2 (Rev. 4/07)

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Page\_\_\_\_ of \_\_\_\_\_ (Schedule B-LE-1 only)

### Schedule B-DE-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.

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
Deane Jones	Support	\$ 73.50.0
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-   (Rev. 4/07)		

Form IE/B-(E-1 (Rev. 4/07)