| JUN 1 2 2016 | Mail: 13 | VERNMENTAL I THICS AND ELECTION PRACTICES 5 State House Station, Augusta, Maine 04333 Office: 45 I lemorial Circle, Augusta, Maine Vebsite: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775 | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Maine Ethics Comm INDEPENDENT EXPENDITURE R | ISSIONI EPORT – 2016 PRIMARY ELECT | ION | | | | | | |
| Name of Person/Committee Making Expe Mailing Address: 0 2 | | DELTA DUNAMIS | | | | | | |
| - | DC 2005 Telephone: | 202. 1,43.0563 | | | | | | |
| Please check the appropriate box for th Reports must be filed on Saturday or Su | e report you are filing and complete the | notarized afi davit and attached schedules. ng the report 15 the Commission (287-6775). | | | | | | |
| Check here if this report is an amend | dment to a previously filed report. Date of | original repoi :: | | | | | | |
| Independent Expenditures of more than \$250 per candidate must reported according to the schedule below. | | | | | | | | |
| Report | Expenditure Made | Report Due Date | | | | | | |
| 60-Day Pre-Election Report | On or before April 15, 2016 | April 15, 20 16 | | | | | | |
| □ 2-Day Report | Between April 16 - May 31, 2016 | Within 2 ca endar days of making the expend ture | | | | | | |
| D 1-Day Report | Between June 1 - June 14, 2016 | Within 1 ce endar day of making the expend ture | | | | | | |
| I CERTIFY THAT THE INFORMATION IN | THIS REPORT IS TRUE, CORRECT A | ND COMPLE E. | | | | | | |

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

_____C/11/11 ______Date

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COMMISSION ON GOVERNMENTAL I THICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Hemorial Circle, Augusta, Maine

> Vebsite: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

INDEPENDENT EXPENDITURE REPORT - PRIMARY ELECTION

AFFIDAVIT

STATE OF COUNTY OF Comberland _____, being duly sworn, attest that I made each of 1 din the expenditures listed in the attached report independently, and not in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate, authorized (ommittee or agent of a candidate in a race affected by any expenditure listed in this report.

Signature of Affia It

Sworn to before me, this ______ day of _____ an 2016

GAYLE'E. ALBIN

Notary Public. MAIN My Commission Expires Oct 31, 2022

(Notary Public/Attorney at Law)



My commission expires:

Schedule B-IE-1 CANDIDATE(S) SUPPORTED/OPPOSED

- Please list all candidates that were the subjects of independent expenditures.
- If more than one candidate was the subject of the expenditure, allocate the expendi ure among the candidates.

| Office sought by candidate (Including district # or county) | Candidate's Name | Indicate w expenditure i in suppor in opposi the cand | as made of or lon to | Amount expended this reporting period for each candidate |
|--|---|---|----------------------------|--|
| | Ben Chipman | Oppos, 7i | ~ | 829.82 |
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| | Total expenditures for all candida | tes this report! | a period. | Qaa M |
| Т | Total expenditures for all candida his amount should equal the total independent expenditures listed o | on Schedule B-/E | 2, Line C, ⇒ | 829,82 |

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 (✓) the box next to the expenditure type.

| | <u> </u> | Exper | nditure | Турев | | | | | | |
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| LIT MHS PHO POL POS | Mail ho Phone Poiling | and graphics (fiyers, signs, palmoards, etc.) use (all services purchased) banks, automated telephone calls and research survey e for U.S. Mail and mail box fees | PRT RAD TVN WEB OTH | Radio ads, produ TV or cable ads, Website design. | rint media ads only (newspape) adio ads, production costs V or cable ads, production cost /ebsite design, registration, hos ther (include description) | | | | | |
| Date Expend | | Payee, Address, Zip C | ode | | Expendit Type | re | \checkmark | Amount | | |
| 6/1: | 2/16 | Stoples, South Portland, M. | EIO | 4106 | LIT | | | 204.99 | | |
| 6/11 | 1 1 | Hotwire, Sun Francisco, Ch | A 9 | 411, | OTH | , | | 199.04 | | |
| | | Hone Depot, South Portland, 1 | | | OTH | | | 134,44 | | |
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| | | | | A, Expe | nditures for · | his p | _l age⇒ | 539.0 | | |
| | | B. Tota | for all | other Schedule | B-IE-2 page | s (if a | any)⇒ | 539.0 290.75 829.85 | | |
| | | C. Total independent en his amount should equal the total amount | cpendit | ures for this re | porting perio | d (A+ | B). E-1. ⇒ | 829.82 | | |