INDEPENDENT	Receive JUN 1 1 2016 Maine Ethics Comm Expenditure Re	d	OMMISSION ON GO Mail: 136	5 State House Statio Office: 45 Memori Website	AND ELECTION PRACTICES n, Augusta, Maine 04333 al Circle, Augusta, Maine e: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775			
Mailing Address:	ommittee Making Expe	A Ave NAN	, ;		DUNAMIS]			
City, State, Zip Code; Please check the appropriate box for the report you are filing and complete the notarized affidavit and attached schedules. Reports must be filed on Saturday or Sunday if that is when they are dive by faxing the report to the Commission (287-6775). The Commission must receive the signed original report within 5 days after the fax was received.								
Check here if this report is an amendment to a previously filed report. Date of original report:								
Re	DOL	Expenditur	e Madi	Repo	rt Due Date			
🔲 60-Day Pre-El	ection Report	On or before April 15,	2016	April 15, 2016				
2-Day Report		Between April 16 - Ma	ay 31, 2016	Within 2 calendar the expenditure	days of making			
1-Day Report		Between June 1 - Jun	e 14, 2016	Within 1 calendar the expenditure	day of making			
I CERTIFY THAT T	HE INFORMATION IN	THIS REPORT IS TRU	JE, CORRECT AN	ID COMPLETE.				

6/11/U

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

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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

INDEPENDENT EXPENDITURE REPORT - PRIMARY ELECTION

AFFIDAVI**Ť**

'V? STATE OF COUNTY OF 100 Mar ____, being duly sworn, attest that I made each of L 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 committee or agent of a candidate in a race affected by any expenditure listed in this report. Signature of Affiant dav.of 2016 Sworn to before me, this (Notally Public/Attor v-at-l-aux) 15 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 expenditure among the candidates.

Office sought by candidate (including district # or county)	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			
Sendle 27	Ben Chipmon	Opposition	29.0 75			
		•				
	(**					
	······································					
Th	Total expenditures for all candidates this reporting period. $290 - 77$ This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. $290 - 77$					

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>suture payment</u>, please check (✓) the box next to the expenditure type.

Expenditure Type Expenditure Type Printing and graphics (rivels, signs, palmcdrds, etc.). PRT. Printinedialads prily (newspapers, magazines).							
MHS Mail ha PHO Phone POL Polling	buse (all services purchased) easi 2 automater (alefenda calle	iction costs production costs registration, nosting, n					
Date of Expenditure	Payee, Address, Zip Code	Expenditure Type		Amount			
	Apples, Mondruter, NH 08103	LIT		2-75.94			
0/11/16	Felero Kintes, Portland, ME CM101	LIT		9.81			
6/11/6	Guitar Graves Porthand, ME 04101	OTA		5.**			
	290.75						
Thi	240 75						