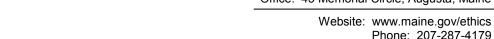
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775

## SENATE DISTRICT 19 SPECIAL ELECTION REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

	REPORT OF WIEWIBERS	SHIP ORGANIZATION OR CORPO	RATION COMMONICATIONS		
MEN	MBERSHIP ORGANIZATION OR CO	DRPORATION			
	Name				
	<b>.</b>	(full name of member organization	or corporation)		
	Mailing address				
	City, zip code	Tele	phone		
INS	TRUCTIONS:				
hole exp tion ide mis	ders expressly advocating t enses related to such comm n race. These expenses are ntified" are defined in Chap	he election or defeat of a clearly in nunications aggregating in excess not "independent expenditures". ter 1, Section 8(2) of the Commiss	nunication to its members or stock- dentified candidate shall report any of \$50 in any one candidate's elec- "Expressly advocate" and "clearly sion's Rules (available on the Com- ovided that the original is received		
	Filing Schedule for Reports of Membership Organization and Corporate Communication				
	Report Name	Due Date	Reporting Period		
	11-Day Pre-Election	August 16, 3013	Start of Campaign—August 13, 2013		
	42-Day Post-Election	October 8, 2013	August 14—October 1, 2013		
	If this is an amendment to a filed report, check this box and indicate which report is being amended.				
I CE		NED THIS REPORT AND TO THE B	pecial Election for Senate District 19		
Sigr	nature of Authorized Officer or	Employee Date			

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Page	_ of	
(Schedule	B-1	only)

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

- Please list all candidates that were the subject of the communication.
- If more than one candidate was the subject of the expense, allocate the expense among the candidates.

Office sought by candidate (including district #)	Candidate's name	Indicate whether the expense was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate	
Total expenses for all candidates this reporting period.				
This amount should equal the total expenses listed on Schedule B-2, Line C. ⇒				

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Page \_\_\_\_ of \_\_\_ (Schedule B-2 only)

## Schedule B-2 PAYMENTS AND OBLIGATIONS

- Please indicate the date, payee, expense type, and amount of each expense.
- If you are reporting an agreement or obligation to make a <u>future payment</u>, please check ( $\sqrt{}$ ) the box next to the expense type.

Expense Type						
LIT Printing and Graphics (flyers, signs, palmcards, e MHS Mail house (all services purchased) PHO Phone banks, automated telephone calls POL Polling and research survey POS Postage for U.S. Mail and mail box fees	RAD TVN WEB	Print media ads only (newspaper, magazine) Radio ads, production costs TV or cable ads, production costs Website design, registration, hosting, maintenance Other (include description)				

Date of payment or obligation	Payee, address, zip code	Expense type	<b>V</b>	Amount
B. Total for all other Schedule B-2 pages (if any) $\Rightarrow$				
C. Total expenses for this reporting period (A+B). This amount should equal the total amount for all candidates listed on Schedule B-1. $\Rightarrow$				

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