

OCT 08 2013

RECEIVED

### 2013 Special Election Senate District 19

### Campaign Finance Report

#### **For Political Action Committees**

Please complete ALL entries.

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

NAME OF COMMITTEE	MPA CAMPAION VOTE	1	
STREET	565 Congress St. S.	vite 200	CHECK IF
CITY AND ZIP CODE		TELEPHONE (207) NUMBER 797-0967	FROM PREVIOUS REPORT
E-MAIL	lesse @ maine people	salliance.org	
NAME OF TREASURER	Tesse broham	J	
MAILING ADDRESS STREET	565 Congress St. Sur	ite 200,	CHECK IF
CITY AND ZIP CODE			PREVIOUS REPORT
E-MAIL	j'esse @ maine peop		
<u>Type of Report</u>	Due Date	Dates of Report Period	
11-Day Pre-Election	August 16, 2013	Start of Campaign* August 13, 2013	3

 Image: August 14, 2013
 October 1, 2013

 August 14, 2013
 October 1, 2013

□ If this is an amendment to a filed report, check this box and indicate the report being amended.

#### \*Report only those Contributions and Expenditures that pertain to the Special Election for Senate District 19.

All PAC's and Parties must submit the campaign finance report by fax or in person by the filing deadline. If by fax, the <u>original</u> campaign finance report must be mailed to the Commission within 5 days. All information reported for the special election must also be reported on the next regularly scheduled campaign finance report. A report mailed to the Commission by certified or registered mail and postmarked <u>at least 2 days before the filing deadline will not be consid-</u> <u>ered late</u>, even if it is received after the deadline. Commission staff will be available until 5:00 p.m. on filing deadlines to offer assistance to filers and to receive campaign finance reports that are delivered in person

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

October 8, 2013.

Treasurer's Signature

MPA (Impriced PAC Name SCHEDULE A

CASH CONTRIBUTIONS

- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter "uniternized contributions" as the contributor and the total amount and the
  appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you
  must list that contributor separately.

DATE Received	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
8/20/13	Unitemized Contaitor Kons		6	1,720,3
8/23/13	Joseph Balclacci 6 Shate St. Suite la BANVOP, ME 04401	5 Celf- Employer	J	100,00
8/20/13	contrai butions		þ	585.08
9/5/13	Unitemized Contailutions		6	1,773,5
9/11/13	Unilemizets Contributions		6	28.00
9/12/12	contributions		Q	220.00
9/20/13	Uniternizero Contaitur hons		le	11909
Total cash contributions (this page only) $\Rightarrow$ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

- 4 = Party Committee
- 5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

Duplicate as needed.

MPA CAMPATO PAC Name

# SCHEDULE A-1

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$50 or less, please enter "uniternized contributions" as the contributor and the total amount and the
  appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you
  must list that contributor separately.

DATE Received	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND	DESCRIPTION (of goods, sorvices, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
8/14/13	Maine People's Allion 5165 Congress Hezor <del>Poplimo, Mearlos</del>	e ?	LIT	Z	15,00
8/14/13	Maine Deanles Allun 565 Congress GL.SIE Tout Light Night		OTH-ShaffTime Field CMUALS	Z	548.80
8/15/13	Manne Reenla Allan 565 Cunglass Gf Gle Manne, Toursans	e Z/O 04101	LIT 8/15-8/23/13	2	105,00
8/15/13	Meine Peoples Allune 565 Conquess of Gle Pour Airos, Me py		OTH SHAFFTime SIIS- SIZ3113 Field Canvas	2	3.141.60
<i>ร</i> ไม่ไ	Maine People( Allism 565 Curguess GL. S Poutlann, M.C. 94	10200	LIT 8/24, 8/26,8/27	2	45,00
8/2111	Motne peoples Alli	Mie 1e200	07H-SHAFF Time 81245 812-5, 8127 - Field Can.	, 2	1,646,41
8/21/1	Moine Peeples All 3565 Congress St Portlann, ME041	1 UMIC Stez 200	OTH-STAFFTIM 8/24-8/271 Field/Phone-Chini		87200 ·
	- free free free free free free free fre		d opatributions (this page of	*//	

Total in-kind contributions (this page only)  $\Rightarrow$  (combined totals from all Schedule A-1 pages must be listed on Schedule F)

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

- 4 = Party Committee
- 5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

Duplicate as needed,

PAC Name

MPA

WI

# SCHEDULE A-1

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer.
- If employment Information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter "unitemized contributions" as the contributor and the total amount and the
  appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you
  must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use koy code)	VALUE (estimated fair market value)
8hH13	MAINE Pegiles Allian 665 Congress Ct. Gle Poistanto, M. e. 0410		OTH-SHATE time Phone/Field CAN VISS	2	1,255,00
8/23/12	MATTINE Deople's Allo 565 Conguerget. Ste Development de cit	Mie 200 [0]	Simper time Commonications Dept:	2	100,00
			j, ,		
<b>i</b>					

Total in-kind contributions (this page only)  $\Rightarrow$  (combined totals from all Schedule A-1 pages must be listed on Schedule F)

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

- 4 = Party Committee
- 5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

Duplicate as needed.

MPA Compation PAC Name

8 Page Schedule B Only

### SCHEDULE B EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political
  action committee, ballot question committee, or party committee.
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

	EXPENDITURE TYPES					
CON	Co	ntribution to candidate, party or committee	POL	Polling and survey research		
CNS	Campaign consultants		POS	Postage for U.S. Mail and mall box fees		
EQP	Eq	uipment (office machines, furniture, cell phones)	PRO	Professional services		
FND	Fu	ndraising events	PRT	Print media ads only (newsp	apers, mag	azines, etc.)
FOD	Fo	od for campaign events, volunteers	RAD	Radio ads, production costs		
LIT	Pri	nting and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salarles	and person	nel costs
MHS	Ma	Il house (all services purchased)	TRV	Travel (fuel, mileage, lodgin	g, etc.)	
OFF	Off	Ice rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production	cosis	
OTH	Oth		WEB	Website design, registration	, hosting, m	alnienance, etc.)
рно	Ph	one banks, aulomated telephone calls	<u> </u>			
		Only these expenditure types requir	i a remai	ki CNS, OTH, PRO and SAL	গুরু জনগ	
DAT	E	PAYEE'S NAME AND ADDRESS	, \	EMARKS	TYPE	AMOUNT
8/22	HI3 <u>FARCEBOOK (WWW), touchook i Complement</u> AD WE 1601 Willowad <u>H3 Mento PARK, CA 94925</u> Payment to support 12 or to oppose Di, Eloise A.V. telli Moine State Sende Dista			Web	1.25 † 19	
-	Payment to support □ or to oppose □:					
		Payment to support [] or to oppose []:				
		Payment to support □ or to oppose □:	<u></u>			
		•	Fotal ex	cpenditures this page of	only ⇒	1-( .

1.2

(combined totals from all Schedule B pages must be listed on Schedule F)

Duplicate as needed.

PAC Name

Y

Page of Schedule B-1 Only

### MPA CompAtion / **SCHEDULE B - 1**

**OPERATING EXPENSES** 

List all expenditures made to a single payee or creditor for this election and that were made during this reporting period.

CON         Contribution to candidate, party or committee         POL         Poling and survey research           CN8         Campaign consultantie         POO         Postage for U.S. Mail and mail box fees           ECP         Equipment (office machines, fumiture, cell phones)         PRO         Protessional sorvices           FN0         Found for campaign owniks, volunteers         RAD         Radio ads, production costs           LT1         Printing and graphics (lyters, signs, paimcards, t-bhirts, etc.)         SAL         Campaign works* salaries and personnel costs           MMS         Mail toxe (late arrices purchased)         TRV         Travid (luti, inlides), dioding, etc.)         CO           OFF         Office rent, utilities, phone and internet services, supplies         TVN         TV or cable ads, production costs         Company           MMS         Mail toxe (late since asynchrased)         TRV         Trave cable ads, production costs         Company           CHO         Prione banks, automated telephone calls         TVP         TVP cable ads, production costs and services purchased         Control to the costs and services purchased         AMOUNT           DATE         PAYEE NAME & ADDRESS         TYPE         If the expenditure type requires a transity, describe and services purchased         On OCC			EXPEND	TURET	(PES	
EQP       Equipment (office machines, furniture, cell phones)       PRO       Professional services         FND       Fundraising events       PRT       Print media ads only (newspapers, magazines, etc.)         FOD       Food for campaign events, volunteers       RAD       Radio ads, production costs         LIT       Printing and graphics (fiyers, signs, palmcards, t-shirts, etc.)       SAL       Campaign workers' salaries and personnel costs         MHS       Mail house (all services purchased)       TRV       Travel (fuel, mileage, fodging, etc.)         OFF       Office rent, utilities, phone and internet services, supplies       TVN       TV or cable ads, production costs         OTH       Other       WEB       Website design, registration, hosting, maintenance, etc.)         PHO       Phone banks, automated telephone calls       Only these expenditure types regulire a remark; CNS, OTH, PRO and SAL         DATE       PAYEE NAME & ADDRESS       TYPE       [If the expenditure type requires a remark, describe all goods and services pur-	CON	CON Contribution to candidate, party or committee		POL	Polling and survey research	
FND       Fundraising events       PRT       Print media ads only (newspapers, magazines, etc.)         FOD       Food for campaign events, volunteers       RAD       Radio ads, production costs         LIT       Printing and graphics (fiyers, signs, palmcards, t-shirts, etc.)       SAL       Campaign workers' salaries and personnel costs         MHS       Mail house (all services purchased)       TRV       Travel (fuel, mileage, lodging, etc.)         OFF       Office rent, utilities, phone and internet services, supplies       TVN       TV or cable ads, production costs         OTH       Other       WEB       Website design, registration, hosting, maintenance, etc.)         PHO       Phone banks, automated telephone calls       Only these expenditure types require a remark; CNS, OTH, PRO and SAL         DATE       PAYEE NAME & ADDRESS       TYPE       If the expenditure type requires a remark, describe all goods and services pur-	CNS	Campa	Ign consultants	POS	Postage for U.S. Mail and mail box fees	
FOD       Food for campaign events, volunteers       RAD       Radio ads, production costs         LIT       Printing and graphics (fiyers, signs, palmcards, t-shirts, etc.)       SAL       Campaign workers' salaries and personnel costs         MHS       Mail house (all services purchased)       TRV       Travel (fuel, mileage, lodging, etc.)         OFF       Office rent, utilities, phone and internet services, supplies       TVN       TV or cable ads, production costs         OTH       Other       WEB       Website design, registration, hosting, maintenance, etc.)         PHO       Phone banks, automated telephone calls       Only these expenditure types require a remark: CNS, OTH, PRO and SAL         DATE       PAYEE NAME & ADDRESS       TYPE       If the expenditure type requires a remark, describe all goods and services pur-	EQP	Equipm	ent (office machines, furniture, cell phones)	PRO	Professional services	
LIT       Printing and graphics (fiyers, signs, palmcards, t-shirts, etc.)       SAL       Campaign workers' salaries and personnel costs         MHS       Mail house (all services purchased)       TRV       Travei (fuel, mileage, lodging, etc.)         OFF       Office rent, utilities, phone and internet services, supplies       TVN       TV or cable ads, production costs         OTH       Other       WEB       Website design, registration, hosting, maintenance, etc.)         PHO       Phone banks, automated telephone calls       Only these expenditure types require a remark; CNS, OTH, PRO and SAL         DATE       PAYEE NAME & ADDRESS       TYPE       If the expenditure type requires a remark, describe all goods and services pur-	FND	Fundra	ising events	PRT	Print media ads only (newspapers, magazines,	elc.)
MHS       Mail house (all services purchased)       TRV       Travel (fuel, mileage, fodging, etc.)         OFF       Office rent, utilities, phone and internet services, supplies       TVN       TV or cable ads, production costs         OTH       Other       WEB       Website design, registration, hosting, maintenance, etc.)         PHO       Phone banks, automated telephone calls       Only these expenditure types reguline a remark; CNS, OTH, PRO and SAL         DATE       PAYEE NAME & ADDRESS       TYPE       If the expenditure type requires a remark, describe all goods and services pur-	FOD	Food (c	r campaign events, volunteers	RAD	Radio ads, production costs	
OFF       Office rent, utilities, phone and internet services, supplies       TV       TV or cable ads, production costs         OTH       Other       WEB       Website design, registration, hosting, maintenance, etc.)         PHO       Phone banks, automated telephone calls       WEB       Website design, registration, hosting, maintenance, etc.)         ONL       PHO       Phone banks, automated telephone calls       PHO         DATE       PAYEE NAME & ADDRESS       TYPE       If the expenditure type requires a remark, describe all goods and services pur-	LIT	Printing	and graphics (fiyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel cost	3
OTH     Other     WEB     Website design, registration, hosting, maintenance, etc.)       PHO     Phone banks, automated telephone calls     Phone banks, automated telephone calls     Phone banks, automated telephone calls       Only these expenditure types require a remark; CNS, OTH, PRO and SAL     Only these expenditure types requires a remark; CNS, OTH, PRO and SAL       DATE     PAYEE NAME & ADDRESS     TYPE     If the expenditure type requires a remark, describe all goods and services pur-	MHS	Mail ho	use (all services purchased)	TRV	Travei (fuel, mileage, lodging, etc.)	
PHO         Phone banks, automated telephone calls           Only these expenditure types require a remark; CNS; OTH PRO and SAL;           DATE         PAYEE NAME & ADDRESS           TYPE         (If the expenditure type requires a remark, dascribe all goods and services pur-	OFF	Office r	ent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs	
Only these expenditure types require a remark; CNS, OTH, PRO and SAL       DATE     PAYEE NAME & ADDRESS       TYPE     If the expenditure type requires a remark, describe all goods and services pur-	OTH	Olher		WEB	Website design, registration, hosting, maintenan	ice, etc.)
DATE PAYEE NAME & ADDRESS TYPE (If the expenditure type requires a remark, AMOUNT describe all goods and services pur-	PHO	Phone				
DATE PAYEE NAME & ADDRESS TYPE (if the expenditure type requires a remark, describe all goods and services pur-		aiz (et entr Angelie et e	Only these expenditure types req	ulre a rema	rk: CNS, OTH, PRO and SAL	
	DA	ATE	PAYEE NAME & ADDRESS	ТҮРЕ	(if the expenditure type requires a remark, describe all goods and services pur-	AMOUNT
						0,00
						-
						-

Total expenditures (this page only)  $\implies$  (combined totals from all Schedule B-1 pages must be listed on Schedule F)

Duplicate as needed.

07/2013

0.00

MPA CAMPAign Vote! PAC Name

Page of Schedule C Only

### SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven must also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	LOAN BALANCE		ACTIVITY THIS PERIOD (report amount and date)		
LENDER'S NAME AND ADDRESS	AT BEGINNING OF PERIOD	AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	0,00
		DATE	DATE	DATE	<u>,</u>
		AMOUNT	AMOUNT	AMOUNT	0 mD
		DATE	DATE	DATE	0,00
		AMOUNT	amount	amount	6 00
		DATE	DATE	DATE	0.00
		AMOUNT		AMOUNT	
		DATE	0470		0.00
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	0.00
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column $\Rightarrow$		Enter on Schodulo F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14
	0,00	0.00	0.00	0.00	0,00

Duplicate as needed.

MPA Campaign Vote! PAC Name

Page Schedule D Only

# UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation
  has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible
  to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
			0,01
		,	
			=

Total unpaid debts and obligations (this page only)  $\Rightarrow$  (combined totals from all Schedule D pages must be listed on Schedule F)

Nhle, MPA Compa rı(A PAC Name SCHEDULE F

SUMMARY SCHEDULE

### CASH ACTIVITY

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	4,651.05
2. Other Cash Receipts (Interest, atc.)	0,00
3. Loans (Schedule C)	0,00
4. Total Receipts (lines 1 + 2 + 3)	4657.05
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	(.28
6. Operating Expenditures (Schedule B-1)	0.00
7. Loan Repayment (Schedule C)	0.00
8. Total Payments (lines 5 + 6 + 7)	6.28

### **CASH SUMMARY**

	Total for This Period
9. Cash Balance at Beginning of Period	4,338,90
10. Plus Total Receipts This Period (line 4 above)	4,651.05
11. Minus Total Payments This Period (line 8 above)	1.28
12. Cash Balance at End of Period	8,988.67

### **OTHER ACTIVITY**

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	15,756.80
14. Total Loan Balance at End of Period (Schedule C)	0.00 .
15. Total Unpaid Debts at End of Period (Schedule D)	0.00

Duplicate as needed.