2014 Election Year



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

2014—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

MEMBERSHIP ORGANIZATION OR CORPORATION	7
Name MPA CAMPHION VOTE	
(full name of m	ember organization or corporation)
Mailing address 565 Congress St	Sute 200
	<u>240</u> Telephone <u>(207)</u> 797-0967

INSTRUCTIONS:

Any membership organization or corporation that makes a communication to its members or stockholders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures". "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission website). Reports may be faxed to the Commission, provided that the original is received within 5 days after the fax.

Report Name	Due Date	Reporting Period
		Reporting Ferror
11-Day Pre-Primary	May 30, 2014	Start of Campaign—May 27, 2014
	July 22,2014	May 28, 2014—July, 15, 2014
11-Day Pre-General	October 24, 2014	July 16, 2014—October 21, 2014
42-Day Post-General	December 16, 2014	October 22, 2014-December 9, 2014

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

Date

of Authorized Officer or Employee Signaturé

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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.

Membership Organization or Corporation Communications

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 ex- pense was made in sup- port of or in opposition to the candidate	Amount expend- ed this reporting period for each candidate
Govener Strate	FMARNE Michael H. Michaup	In support	1,205,51
	Total expenses for all cano This amount should equal the total expenses lister	lidates this reporting period. d on Schedule B-2, Line C. ⇒	1,205,51

Duplicate as needed

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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.

Membership Organization or Corporation Communications

If you are reporting an agreement or obligation to make a <u>future payment</u>, please check (√) the box next to the expense type.

Expense	өТурө
LIT Printing and Graphics (flyers, signs, palmcards, etc.)	
	RAD Radio ads, production costs TVN TV or cable ads, production costs
POL Polling and research survey	WEB Website design, registration, hosting, maintenance
POS Postage for U.S. Mall and mail box fees	OTH Other (Include description)

Date of payment or	Payee, address, zip code	Expense type	Ň	Amount
obligation				
9/3/14	MAINE People's Alliance 565 Compress St. Ste 200 Partition, Ne	PRT	,	548.64
10/10/14	MAINE People's Allience 565 Compress St. Ste 200 Partituo Me MAINE People's Allience 565 Congress St. Ste 200 Portland, Me	OTA-IN. CANATI + Website Innk	-K14	•
10/16/14	Sob Conquers St. Ste 200 Portinue, MP OHON	PRT		121.22 524.00
10/16/14	Mostie People's Allience :565 Congress 54 ste 200 Partianel, ME	PRT		11.65
	oqiq			
A. Expenses for this page \Rightarrow 1,205, 5/				
B. Total for all other Schedule B-2 pages (if any) \Rightarrow $O_{1}OO$				
C. Total expenses for this reporting period (A+B). This amount should equal the total amount for all candidates listed on Schedule B-1. $\Rightarrow /205.5$				

Duplicate as needed