

COMMISSION ON GOVERNMENTAL ÉTHICS 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

# 2016-REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

### MEMBERSHIP ORGANIZATION OR CORPORATION

Name: <u>Maine State Employees Association</u> (Full name of member organization or corporation)

Mailing Address: <u>65 State Street</u>

City, State, Zip Code: <u>Augusta</u>, <u>Maine</u> 04330

MSEA

Telephone: (207) 622-3151

### 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 <u>5 days</u> after the fax.

Filing Schedule for Reports of Membership Organization and Corporate Communication

Report Name	Due Date	Reporting Period		
42-Day Pre-Primary	May 3, 2016	January 1 — April 26		
11-Day Pre-Primary	June 3, 2016	April 27 — May 31		
42-Day Post-Primary	July 26, 2016	June 1 July 19		
42-Day Pre-General	September 27, 2016	July 20 — September 20		
11-Day Pre-General	October 28, 2016	September 21 — October 25		
42-Day Post-General	December 20, 2016	October 26 — December 13		

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

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

Authorized Officer of Employee

10/2015

## Received Time Jul. 11. 2016 2:50PM No. 0349

### Membership Organization or Corporation Communications

Page <u>1</u> of <u>1</u> (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
SD#32	Susan Deschambault	in support	\$146.245
·····			
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· · · · · · · · · · · · · · · · · · ·			
•	Total expenses fo	r all candidates this reporting period	,
	This amount should equal the total experi	ses listed on Schedule B-2, Line C. 🛱	\$146.245

Duplicate as needed

10/2015

Membership Organization or Corporation Communications

Page  $\frac{1}{(\text{Schedule B-2 only})}$ 

### 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 (✓) the box next to the expense type.

				<u>_</u>	<b>W</b>			
	·····	Expens	<u> </u>			<del></del>		
ur	Printing	g and Graphics (flyers, signs, palmcards, etc.) PRT Print m			nedia ads only (newspaper, magazine)			
MHS	Mail ho	buse (all services purchased)	RAD	Radio	ads, production costs			
рно	D Phone banks, automated telephone calls			TV or cable ads, production costs				
POL	Polling	and research survey	WEB	Website design, registration, hos			ting, maintenance	
POS	Postage	e for U.S. Mail and mail box fees	отн	Other	r (include description)			
Paym	te of ient or gation	Payee, Address, Zip Code			Expense Type	~	Amount	
6 <b>-</b> 1	-16	MSEA, 65 State St., August	н, M	E 043	OTH 30 30	pplj	es 1.18	
6-1	7-16	Quality Copy 4 North Street, Hallowell,			LIT		82.29	
6-1		USPS Western Avenue, Augusta, M			POS		62.775	
					3 •			
				A. Ex	penses for this pa	ige ⇒	146.245	
		B. Total for all	other	Schedu	lle B-2 pages (if a	ny) ⇒		
	This am	C. Total expe ount should equal the total amount for all c			reporting period ( red on Schedule B		146.245	

Duplicate as needed

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