

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

2013 Special Election Senate District 19 Campaign Finance Report

For Political Action	Committees
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Please complete ALL entries.

NAME OF COMMITTEE				
STREET				☐ CHECK IF CHANGED
CITY AND ZIP CODE		TELEPHONE NUMBER		FROM PREVIOUS REPORT
E-MAIL				
NAME OF TREASURER				
MAILING ADDRESS STREET				CHECK IF
CITY AND ZIP CODE		TELEPHONE NUMBER		PREVIOUS REPORT
E-MAIL				
Type of Report	<u>Due Date</u>	Dates of Rep	ort Period	
☐ 11-Day Pre-Election	August 16, 2013	Start of Campa	aign* — August 13, 2013	3
☐ 42-Day Post-Election	October 8, 2013	August 14, 201	13—October 1, 2013	
☐ If this is an amendm	ent to a filed report, check this box and indicate	the report being	amended.	
*Report only those Co	ntributions and Expenditures that pertain to	the Special Elec	ction for Senate Distri	ict 19.
All PAC's and Parties n	nust submit the campaign finance report by fax	or in person by	the filing deadline. If t	by fax, the
	ce report must be mailed to the Commission w	-	•	•
	be reported on the next regularly scheduled	. •	·	
	d or registered mail and postmarked at least 2	=	=	
	eceived after the deadline. Commission staff v		-	eadlines to
offer assistance to filers a	and to receive campaign finance reports that are o	delivered in person	1	
I CERTIFY THAT I HAV CORRECT, AND COMF	E EXAMINED THIS REPORT AND TO THE BIPLETE.	EST OF MY KNO	WLEDGE IT IS TRUE,	
	Treasurer's Signature		Date	

DAC Name	
PAC Name	

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Sche	dule A only	

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 "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	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

1 = Individuals 4 = Party Committee

2 = Commercial Source 5 = Candidate Committees

3 = Political Action Committees 6 = Unitemized Contributions of \$50 or less

Page	of
Sch	edule A Only

SCHEDULE A (continued) CASH CONTRIBUTIONS

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

1 = Individuals 4 = Party Committee

2 = Commercial Source 5 = Candidate Committees

3 = Political Action Committees 6 = Unitemized Contributions of \$50 or less

PAC Name		
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Schedule	A-1	Only

SCHEDULE A-1 IN-KIND CONTRIBUTIONS

- 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 key code)	VALUE (estimated fair market value)
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

4 = Party Committee

2 = Commercial Source

5 = Candidate Committees

3 = Political Action Committees

6 = Unitemized Contributions of \$50 or less

PAC Name		
PAC INAME		

Page	of	
Sche	edule 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.

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	EXPENDITURE TYPES						
CON	Contribution	to candidate, party or committee		POL	Polling and survey research		
CNS	Campaign consultants		POS	Postage for U.S. Mail and mail box fees			
EQP	Equipment (office machines, furniture, cell phones)		PRO	Professional services	Professional services	
FND	Fundraising	events		PRT	Print media ads only (newspapers, magazines, etc.)		
FOD	Food for can	npaign events, volunteers		RAD	Radio ads, production costs		
LIT	Printing and	graphics (flyers, signs, palmcards, t-shirts	, etc.)	SAL	Campaign workers' salaries and personnel costs		nel costs
MHS	Mail house (all services purchased)		TRV	Travel (fuel, mileage, lodging	g, etc.)	
OFF	Office rent, u	utilities, phone and internet services, suppl	ies	TVN	TV or cable ads, production	costs	
ОТН	Other			WEB	Website design, registration	, hosting, ma	aintenance, etc.)
РНО	Phone banks	s, automated telephone calls					
		Only these expenditure ty	pes require	a remar	k: CNS, OTH, PRO and SAL		
DAT	E F	PAYEE'S NAME AND ADDRESS		R	REMARKS	TYPE	AMOUNT
	Payme	ent to support □ or to oppose □: ent to support □ or to oppose □: ent to support □ or to oppose □:					
	Payme	ent to support □ or to oppose □: (combined totals from all Scl			xpenditures this page of must be listed on Scho		

PAC Name	

Page _	of	
Sch	edule B	Only

SCHEDULE B (continued) EXPENDITURES TO SUPPORT OR OPPOSE

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support □ or to oppose □:			
	Payment to support □ or to oppose □:			
	Payment to support □ or to oppose □:			
	Payment to support \square or to oppose \square :			
	Payment to support □ or to oppose □:			
	Payment to support □ or to oppose □:			
		Total expenditures this page of	only \Rightarrow	
	(combined totals from all Sc	hedule B pages must be listed on Sche	edule F)	

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Schedi	ule B-1 Or	าไง

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.

EXPENDITURE TYPES				
CON	Contribution to candidate, party or committee	POL	Polling and survey research	
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees	
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 (flyers, 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	
ОТН	Other	WEB	Website design, registration, hosting, maintenance, etc.)	
РНО	Phone banks, automated telephone calls			
Only these expenditure types require a remark: CNS, OTH, PRO and SAL.				

PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
	PAYEE NAME & ADDRESS	PAYEE NAME & ADDRESS TYPE	PAYEE NAME & ADDRESS TYPE REMARK (if the expenditure type requires a remark, describe all goods and services purchased) Chased) REMARK (if the expenditure type requires a remark, describe all goods and services purchased)

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

PAC Name		
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Page	of _	
Schedule	B-1	Only

SCHEDULE B-1 (continued) OPERATING EXPENDITURES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a re- mark, describe all goods and services purchased)	AMOUNT
Total expenditures (this page only) ⇒ (combined totals from all Schedule B-1 pages must be listed on Schedule F)				

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
LENDER'S NAME AND ADDRESS	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	END OF PERIOD (1+2) – 3 – 4
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

PAC Name		
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Page	of	
Sch	edule D Only	

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

PAC Name _____

SCHEDULE F SUMMARY SCHEDULE

CASH ACTIVITY

Receipts	Total for this Period	
Cash Contributions (Schedule A)		
2. Other Cash Receipts (interest, etc.)		
3. Loans (Schedule C)		
4. Total Receipts (lines 1 + 2 + 3)		
Expenditures	Total for this Period	
5. Expenditures to Support or Oppose (Schedule B)		
6. Operating Expenditures (Schedule B-1)		
7. Loan Repayment (Schedule C)		
8. Total Payments (lines 5 + 6 + 7)		
CASH SUMMARY		

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

OTHER ACTIVITY

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