



2009 CAMPAIGN FINANCE REPORT – BALLOT QUESTION COMMITTEES

FOR PERSONS AND ORGANIZATIONS INVOLVED IN BALLOT QUESTION ELECTIONS (OTHER THAN PACs) (21-A M.R.S.A. § 1056-B)

COMMITTEE OR FILER Check if address is different than previously reported.

Name Maine Leads
(full name of committee)

Mailing address PO Box 142
(official headquarters of committee)

City, zip code Augusta ME 04332 Telephone (207) 512-5378

TREASURER Check if treasurer or address is different than previously reported.

Name of treasurer Roy Leonardson

Mailing address PO Box 142

City, zip code Augusta ME 04332 Telephone 207-512-5378

E-mail address roy@meleads.org 207-329-0992

PURPOSE FOR RECEIVING CONTRIBUTIONS AND MAKING EXPENDITURES IS TO: SUPPORT OPPOSE

Ballot Question Number (if known): 24 Ballot Question Title/Issue: An Act to Expand Affordable Health Insurance Choices in Maine

BALLOT QUESTION COMMITTEE FILING PERIODS (Check applicable period below):

Report Type	Due Date	Reporting Period
<input type="checkbox"/> Initial Report (New BQC)	Date of Registration	Start of Campaign – Date of Registration
<input checked="" type="checkbox"/> April Quarterly	April 10, 2009	January 6, 2009 – March 31, 2009
<input type="checkbox"/> July Quarterly	July 15, 2009	April 1, 2009 – July 5, 2009
<input type="checkbox"/> October Quarterly	October 13, 2009	July 6, 2009 – September 30, 2009
<input type="checkbox"/> January Quarterly	January 19, 2010	October 1, 2009 – December 31, 2009

All BQCs participating in the November 3, 2009 election must file the following reports.

<input type="checkbox"/>	11-Day Pre-Election	October 23, 2009	October 1, 2009 – October 20, 2009
<input type="checkbox"/>	42-Day Post-Election	December 15, 2009	October 21, 2009 – December 8, 2009
<input type="checkbox"/>	January Quarterly	January 19, 2010	December 9, 2009 – December 31, 2009

Check this box if this report is an amendment to a previously filed report.

No Activity Report: If the committee received no contributions and made no expenditures this period.
Activity on Lobbyist Report

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

Treasurer's Signature _____

Date _____