2008 Election

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics
Phone: 207-287-4179
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2008 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 individual, committee, firm, partnership, corporation, association, group, or organization)

Mailing address PO Box 142

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 Lenardson

Mailing address PO Box 142

City, zip code Augusta ME 04332 Telephone 207-329-0992

E-mail address roy@meleads.org

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

Ballot Question Number (if known): 2, 4 Ballot Question Title/Issue: An Act to Provide An Act to Expand Affordable Health Insurance Choices in Maine

BALLOT MEASURE COMMITTEE FILING PERIODS (please indicate which report is being filed):

The first report must include all financial activity from the beginning of the campaign to the end of the report period.

	Report Type	Due Date	Reporting Period
☐	11-Day Pre-Primary	May 30, 2008	April 1, 2008 – May 27, 2008
☐	42-Day Post-Primary	July 22, 2008	May 28, 2008 – July 15, 2008
☐	October Quarterly	October 10, 2008	July 16, 2008 – September 30, 2008
☐	11-Day Pre-General	October 24, 2008	October 1, 2008 – October 21, 2008
☒	42-Day Post-General	December 16, 2008	October 22, 2008 – December 9, 2008
☐	January Quarterly	January 15, 2009	December 10, 2008 – January 5, 2009

☐ Amended Report: If this report is an amendment to a previously filed report, check the appropriate report above and this box.

☒ No Activity Report: If the committee had no contributions and no expenditures during a reporting period, check the appropriate report and this box.

☐ Termination Report: If this is the committee's last report, check the appropriate report above and this box.

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

Signature of Treasurer, Principal Officer or Authorized Individual

Date