

Commission on Governmental Ethics and Election Practices Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta ME, 04333

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## 2024 ELECTION 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES

**Local Party Committees** 

COMMITTEE INFORMATION			
Name of committee		Phone	
Mailing address, city, state, zip code			
TREASURER INFORMATION			
Name of treasurer		Phone	
Mailing address, city, state, zip code			
FILING SCHEDULE FOR 2024 ELECTIONS			
Election	Election Date	Reporting Period	
General Election	November 5, 2024	October 23 – November 4, 2024	
WHEN TO FILE	WHAT CONTRIBUTIONS SHOULD BE REPORTED	WHAT EXPENDITURES SHOULD BE REPORTED	
Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports must be filed with the Clerk's office. If the Committee is also registered with the Commission then the report must also be filed with the Commission.	more received during the reporting period.	Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported.	

## **IMPORTANT REMINDERS**

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report. If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE			
Contributor Name		Date of contribution	
Address		Amount of contribution	
City, state, zip code			
Occupation	Employer		
Contributor Name	·	Date of contribution	
Address		Amount of contribution	
City, state, zip code		I	
Occupation	Employer		
EXPENDITU	RES OF \$1,000 OF	RMORE	
Payee/Creditor		Date of expenditure	
Address		Amount of expenditure	
City, state, zip code		I	
Purpose of expenditure			
Expenditure made on behalf of (name of candidate or ball	ot question)	In support or opposition?	
Payee/Creditor		Date of expenditure	
Address		Amount of expenditure	
City, state, zip code			
Purpose of expenditure			
Expenditure made on behalf of (name of candidate or ball	ot question)	In support or opposition?	
I,, certify that	t the information in this	report is true, correct and complete.	
Signature of Treasurer_		Date	