



AMENDED

Received  
MAY 29 2018  
Maine Ethics Commission

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  
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2018—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

MEMBERSHIP ORGANIZATION OR CORPORATION

Name: Sportsman's Alliance of Maine  
(Full name of member organization or corporation)

Mailing Address: 205 Church Hill Rd

City, State, Zip Code: Augusta, ME 04330 Telephone: 623-4589

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 5 days after the fax.

Filing Schedule for Reports of Membership Organization and Corporate Communication

Report Name	Due Date	Reporting Period
<input type="checkbox"/> 42-Day Pre-Primary	May 1, 2018	January 1 — April 24
<input type="checkbox"/> 11-Day Pre-Primary	June 1, 2018	April 25 — May 29
<input type="checkbox"/> 42-Day Post-Primary	July 24, 2018	May 30 — July 17
<input type="checkbox"/> 42-Day Pre-General	September 25, 2018	July 17 — September 18
<input type="checkbox"/> 11-Day Pre-General	October 26, 2018	September 19 — October 23
<input type="checkbox"/> 42-Day Post-General	December 18, 2018	October 24 — December 11

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.

[Signature]  
Signature of Authorized Officer of Employee

5/25/18  
Date

**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
Sen dist #15	John Glowa	in Opposition	1/5 of SAM Mailer \$891.63
<b>Total expenses for all candidates this reporting period.</b>			891.63
<i>This amount should equal the total expenses listed on Schedule B-2, Line C. =&gt;</i>			

**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 future payment, please check (✓) the box next to the expense type.

Expense Type				
LIT	Printing and Graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspaper, magazine)	
MHS	Mail house (all services purchased)	RAD	Radio ads, production costs	
PHO	Phone banks, automated telephone calls	TVN	TV or cable ads, production costs	
POL	Polling and research survey	WEB	Website design, registration, hosting, maintenance	
Date of Payment or Obligation	Payee, Address, Zip Code	Expense Type	✓	Amount
5/9/18	U.S. Postmaster	MHS		170.80
5/16/18	Creative Imaging Group PO Box 6540, Scarborough, ME 04070	MHS		720.83
<b>A. Expenses for this page ⇒</b>				891.63
<b>B. Total for all other Schedule B-2 pages (if any) ⇒</b>				
<b>C. Total expenses for this reporting period (A+B).</b> <i>This amount should equal the total amount for all candidates listed on Schedule B-1. ⇒</i>				891.63