



Received
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Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2018—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

MEMBERSHIP ORGANIZATION OR CORPORATION

Name: Maine State Employees Association
 (Full name of member organization or corporation)

Mailing Address: 65 State Street

City, State, Zip Code: Augusta, ME 04330 Telephone: (207) 622-3151

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 checked="" 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
<input type="checkbox"/> 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.

Mary Ann [Signature]
 Signature of Authorized Officer of Employee

10-24-2018
 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
HD 55	Seth Berry	support	68.61
HD 80	Steve Ball	support	187.56
HD 84	Charlotte Warren	support	215.55
HD 85	Donna Doore	Support	241.89
HD 86	Jennifer Day	Support	215.55
HD 88	Chloe Maxmin	Support	146.83
HD 109	Bruce White	Support	57.06
HD 144	Ted Sussman	Support	53.21
SD 1	Troy Jackson	support	178.23
SD 2	Michael Carpenter	support	182.36
SD 3	Jeff Johnson	support	145.86
SD 4	Sue Mackey Andrews	support	116.24
SD 5	James Dill	support	121.06
SD 8	Bev Uhlenhake	Support	174.10
Total expenses for all candidates this reporting period. This amount should equal the total expenses listed on Schedule B-2, Line C. =>			5195.79

**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
SD 9	Geoff Gratwick	Support	172.72
SD 10	Bill Lippencott	Support	188.56
SD 11	Erin Herbig	Support	159.63
SD 12	David Miramant	Support	154.12
SD 13	Laura Fortman	Support	240.23
SD 14	Shenna Bellows	Support	772.21
SD 17	Jan Collins	Support	203.72
SD 20	Ned Claxton	Support	166.52
SD 23	Eloise Vitelli	Support	158.94
SD 30	Linda Sanborn	Support	97.64
SD 32	Susan Deschambault	Support	132.08
SD 34	Tom Wright	Support	52.96
Governor	Janet Mills	Support	592.35
Total expenses for all candidates this reporting period. This amount should equal the total expenses listed on Schedule B-2, Line C. ⇒			5195.79

**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
10/23/18	Quality Copy 4 North Street Hallowell, ME 04347	LIT		1395.49
10/18/18	Maine Stater 65 State Street Augusta, ME 04330	PRT		905.57
10/23/18	United States Post Office Western Avenue Augusta, ME 04330	MHS		2894.73
A. Expenses for this page ⇒				5195.79
B. Total for all other Schedule B-2 pages (if any) ⇒				Ø
C. Total expenses for this reporting period (A+B). This amount should equal the total amount for all candidates listed on Schedule B-1. ⇒				5195.79