

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2019—HD 124 SPECIAL ELECTION REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

ivame:	ame: (Full name of member organization or corporation)				
Mailing Address:					
City, State, Zip Code:	Tele	Telephone:			
INSTRUCTIONS:					
advocating the election or defeat o communications aggregating in e "independent expenditures." "Exp	f a clearly identified candidate shall repo xcess of \$50 in any one candidate's ressly advocate" and "clearly identified' on the Commission website). Reports m	to its members or stockholders expressly ort any expenses related to such election race. These expenses are not are defined in Chapter 1, Section 8(2) of any be faxed to the Commission, provided			
Filing Schedule for Reports of Membership Organization and Corporate Communication					
Report Name	Due Date	Reporting Period			
o 42-Day Pre-Election	January 29, 2019	January 3 — January 22, 2019			
o 11-Day Pre-Election	March 1, 2019	January 23 — February 26, 2019			
o 42-Day Post-Election	April 23, 2019	February 27 — April 16, 2019			
☐ If this is an amendment to a	filed report, check this box and indica	ite which report is being amended.			
I CERTIFY THAT I HAVE EXAMINE CORRECT AND COMPLETE.	ED THIS REPORT AND TO THE BEST OF	MY KNOWLEDGE, IT IS TRUE,			
Signature of Authorized Office	r of Employee	Date			

Page	of
	(Schedule B-1 only)

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

Duplicate as needed 02/2019

Page	of
	(Schedule B-2 only)

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 <u>future payment</u>, please check (√) the box next to the expense type.

		Expens	e Type				
LIT	Printing and Graphics (flyers, signs, palmcards, etc.) PRT Print media ads only (newspaper, magazi			er, magazine)			
MHS	HS Mail house (all services purchased)		RAD	Radio a	Radio ads, production costs		
РНО	Phone	banks, automated telephone calls	TVN	TV or c	TV or cable ads, production costs		
POL	L Polling and research survey WEB Website design,			te design, registrati	lesign, registration, hosting, maintenance		
POS	Postage	e for U.S. Mail and mail box fees	ОТН	Other	(include descriptio	n)	
Paym	ate of ment or Payee, Address, Zip Code Expense Type		✓	Amount			
A. Expenses for this page ⇒							
B. Total for all other Schedule B-2 pages (if any) ⇒							
C. Total expenses for this reporting period (A+B). This amount should equal the total amount for all candidates listed on Schedule B-1. ⇒							

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