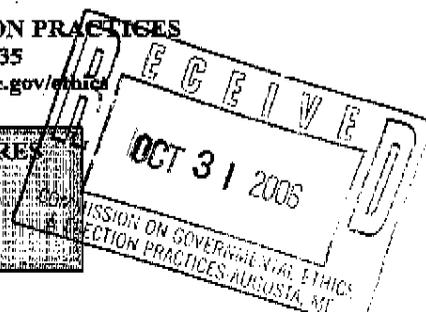


STATE OF MAINE  
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135  
Tel: (207)287-6221 FAX: (207)287-6775 Website: /www.maine.gov/ethics



Any person who solicits and receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$1,500 for the purpose of initiating, promoting, defeating or influencing in any way a ballot question must file a report with the Commission.

NAME OF PERSON AARP  
(Person means an individual, committee, firm, partnership, corporation, association, group or organization.)

Mailing address 1685 Congress

City, zip code Portland ME 04102

Telephone number 207-791-3901 Fax \_\_\_\_\_ E-mail jdolphin@aarp.org

NAME OF TREASURER Jul Dolphin, State Director  
(or other officer or employee authorized to file this report, if person reporting is other than an individual)

Mailing address Same

City, zip code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

The purpose for receiving contributions and making expenditures is (check one):  
to SUPPORT \_\_\_\_\_ or OPPOSE  ballot question number (if known) 0109 or the ballot question regarding TABOR

TYPE OF REPORT AND FILING PERIOD (check one)

- | Type of report:                                       | Due date:         | Filing period:                        |
|---|-------------------|---------------------------------------|
| <input type="checkbox"/> 6-day pre-primary            | June 7, 2006      | January 1, 2006 to June 1, 2006       |
| <input type="checkbox"/> 42-day post-primary          | July 25, 2006     | June 2, 2006 to July 18, 2006         |
| <input checked="" type="checkbox"/> 6-day pre-general | November 1, 2006  | July 19, 2006 to October 26, 2006     |
| <input type="checkbox"/> 42-day post-general          | December 19, 2006 | October 27, 2006 to December 12, 2006 |
| <input type="checkbox"/> Other (specify): _____       |                   |                                       |
| <input type="checkbox"/> Amendment to: _____          |                   |                                       |

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Jul Dolphin  
Person's/Authorized Official's signature  
CGEEP Form 1056-B (Rev. 5/06)

10/16/06  
Date



