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
Fax: 207-287-6775

2010 CAMPAIGN FINANCE REPORT

For Ballot Question Committees

Please complete ALL entries.

NAME OF COMMITTEE				☐ CHECK IF CHANGED FROM PREVIOUS REPORT
STREET				
CITY AND ZIP CODE		TELEPHONE NUMBER		
E-MAIL				
NAME OF TREASURER				☐ CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET				
CITY AND ZIP CODE		TELEPHONE NUMBER		
E-MAIL				

Type of Report	Due Date	Dates of Report Period
☐ **Initial**	Date of Registration	January 1, 2010 — date of registration
☐ **April Quarterly**	April 12, 2010	January 1, 2010 — March 31, 2010
☐ **11-Day Pre-Primary**	May 28, 2010	April 1, 2010 — May 25, 2010
☐ **42-Day Post-Primary**	July 20, 2010	May 26, 2010 — July 13, 2010
☐ **October Quarterly**	October 12, 2010	July 14, 2010 — September 30, 2010
☐ **11-Day Pre General**	October 22, 2010	October 1, 2010 — October 19, 2010
☐ **42-Day Post-General**	December 14, 2010	October 20, 2010 — December 7, 2010
☐ **January Quarterly**	January 18, 2011	December 8, 2010 — December 31, 2010

☐ **Amendment to:** _____

☐ **No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.**

☐ **Termination Report: If the committee will have no further activity. Check the appropriate report above as well.**

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

_____ _____

Treasurer's Signature **Date**

BQC Name _____

SCHEDULE A
CASH CONTRIBUTIONS

- For contributors who gave more than $50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling $50 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than $50 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
			Total cash contributions (this page only) ⇒ **(*combined totals from all Schedule A pages must be listed on Schedule F*)**	

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of $50 or less

Duplicate as needed.

BQC Name _____

SCHEDULE A (continued)
CASH CONTRIBUTIONS

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
			Total cash contributions (this page only) ⇒ **(*combined totals from all Schedule A pages must be listed on Schedule F*)**	

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of $50 or less

Duplicate as needed.

BQC Name _____

SCHEDULE A-1
IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than $50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling $50 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than $50 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
			Total in-kind contributions (this page only) ⇒ ***(combined totals from all Schedule A-1 pages must be listed on Schedule F)***		

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of $50 or less

Duplicate as needed.

BQC Name _____

SCHEDULE B
EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	**POL**	Polling and survey research
CNS	Campaign consultants	**POS**	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	**PRO**	Professional services
FND	Fundraising events	**PRT**	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	**RAD**	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	**SAL**	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	**TRV**	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and internet services, supplies	**TVN**	TV or cable ads, production costs
OTH	Other	**WEB**	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		

Only these expenditure types require a remark: CNS, OTH, PRO and SAL.

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
			Total expenditures this page only ⇒	
			(combined totals from all Schedule B pages must be listed on Schedule F)	

Duplicate as needed.

BQC Name _____

SCHEDULE B (continued)
EXPENDITURES TO SUPPORT OR OPPOSE

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
	Payment to support ☐ or to oppose ☐:			
			Total expenditures this page only ⇒ ***(combined totals from all Schedule B pages must be listed on Schedule F)***	

BQC Name _____

SCHEDULE B - 1
OPERATING EXPENSES

List all expenditures made to a single payee or creditor aggregating in excess of $50 for this election and that were made during this reporting period. Expenditures of $50 or less for this election may be aggregated and listed as a lump sum.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	**POL**	Polling and survey research
CNS	Campaign consultants	**POS**	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	**PRO**	Professional services
FND	Fundraising events	**PRT**	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	**RAD**	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	**SAL**	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	**TRV**	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and internet services, supplies	**TVN**	TV or cable ads, production costs
OTH	Other	**WEB**	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		
Only these expenditure types require a remark: CNS, OTH, PRO and SAL.			

DATE	PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
			Total expenditures (this page only) ⇒ ***(combined totals from all Schedule B-1 pages must be listed on Schedule F)***	

Duplicate as needed.

BQC Name _____

SCHEDULE B-1 (continued)
OPERATING EXPENDITURES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT

Total expenditures (this page only) ⇒
(*combined totals from all Schedule B-1 pages must be listed on Schedule F*)

Duplicate as needed.

SCHEDULE C
LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER'S NAME AND ADDRESS	**LOAN BALANCE AT BEGINNING OF PERIOD**	**ACTIVITY THIS PERIOD (report amount and date)**			**LOAN BALANCE AT END OF PERIOD (1+2) – 3 – 4**
		AMOUNT LOANED THIS PERIOD	**AMOUNT REPAID THIS PERIOD**	**AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)**	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
Totals for each column ⇒		**Enter on Schedule F, Line 3**	**Enter on Schedule F, Line 7**		**Enter on Schedule F, Line 14**

BQC Name _____

SCHEDULE D
UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- **If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.**

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
		Total unpaid debts and obligations (this page only) ⇒ ***(combined totals from all Schedule D pages must be listed on Schedule F)***	

BQC Name _____

SCHEDULE F
SUMMARY SCHEDULE

CASH ACTIVITY

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	
2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	
Expenditures	**Total for this Period**
5. Expenditures to Support or Oppose (Schedule B)	
6. Operating Expenditures (Schedule B-1)	
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	

CASH SUMMARY

	Total for This Period
9. Cash Balance at Beginning of Period	
10. Plus Total Receipts This Period (line 4 above)	
11. Minus Total Payments This Period (line 8 above)	
12. Cash Balance at End of Period	

OTHER ACTIVITY

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	