



2008 CAMPAIGN FINANCE REPORT – BALLOT QUESTION COMMITTEES

FOR PERSONS AND ORGANIZATIONS INVOLVED IN BALLOT QUESTION ELECTIONS (OTHER THAN PACs) (21-A M.R.S.A. § 1056-B)

COMMITTEE OR FILER Check if address is different than previously reported.

Name Maine Leads
 (full name of individual, committee, firm, partnership, corporation, association, group, or organization)

Mailing address PO Box 142

City, zip code Augusta, ME 04332 Telephone 207-512-5378

TREASURER Check if treasurer or address is different than previously reported.

Name of treasurer Roy Lenardson

Mailing address PO Box 142

City, zip code Augusta ME 04332 Telephone 207-329-0992

E-mail address roy@meleads.org

PURPOSE FOR RECEIVING CONTRIBUTIONS AND MAKING EXPENDITURES IS TO: **SUPPORT** **OPPOSE**

Ballot Question Number (if known): 2, 4 Ballot Question Title/Issue: An Act to Provide An Act to Expand Affordable Health Insurance Choices in Maine

BALLOT MEASURE COMMITTEE FILING PERIODS (please indicate which report is being filed):

The first report must include all financial activity from the beginning of the campaign to the end of the report period.

| <input type="checkbox"/> | Report Type | Due Date | Reporting Period |
|-------------------------------------|--|-------------------|-------------------------------------|
| <input type="checkbox"/> | 11-Day Pre-Primary | May 30, 2008 | April 1, 2008 – May 27, 2008 |
| <input type="checkbox"/> | 42-Day Post-Primary | July 22, 2008 | May 28, 2008 – July 15, 2008 |
| <input type="checkbox"/> | October Quarterly | October 10, 2008 | July 16, 2008 – September 30, 2008 |
| <input type="checkbox"/> | 11-Day Pre-General | October 24, 2008 | October 1, 2008 – October 21, 2008 |
| <input type="checkbox"/> | 42-Day Post-General | December 16, 2008 | October 22, 2008 – December 9, 2008 |
| <input checked="" type="checkbox"/> | January Quarterly | January 15, 2009 | December 10, 2008 – January 5, 2009 |
| <input type="checkbox"/> | <u>Amended Report:</u> If this report is an amendment to a previously filed report, check the appropriate report above and this box. | | |
| <input checked="" type="checkbox"/> | <u>No Activity Report:</u> If the committee had <u>no</u> contributions and <u>no</u> expenditures during a reporting period, check the appropriate report and this box. | | |
| <input type="checkbox"/> | <u>Termination Report:</u> If this is the committee's last report, check the appropriate report above and this box. | | |

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

Signature of Treasurer, Principal Officer or Authorized Individual _____

Date _____