

Commission on Governmental Ethics and Election Practices Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta ME, 04333

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2022 REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

FOR ALL POLITICAL ACTION COMMITTEES AND BALLOT QUESTION COMMITTEES

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 \$100 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).

| ORGANIZATION INFORMATION | | | | |
|--|--|-------------------------------|--|--|
| Name of Organization | | Phone | | |
| Mailing address, city, state, zip code | | | | |
| Filing Schedule for Repo | orts of Membership Organization a | nd Corporate Communication | | |
| Report Name | Due Date | Reporting Period | | |
| 42-Day Pre-Primary Report | May 3, 2022 | January 1 – April 26 | | |
| 11-Day Pre-Primary Report | June 3, 2022 | April 27 – May 31 | | |
| 42-Day Post-Primary Report | July 26, 2022 | June 1 – July 19 | | |
| 42-Day Pre-General Report | September 27, 2022 | July 20 – September 20 | | |
| 11-Day Pre-General Report | October 28, 2022 | September 21 – October 25 | | |
| 42-Day Post-General Report | December 20, 2022 | October 26 – December 13 | | |
| ☐ If this is an amendment to a filed r | report, check this box and indicate wh | nich report is being amended. | | |
| I CERTIFY THAT I HAVE EXAMIN TRUE, CORRECT AND COMPLE | | BEST OF MY KNOWLEDGE, IT IS | | |
| Signature of Authorized Officer of Employ | ee C | Date | | |

| Page | e of |
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| (| 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. Duplicate as needed.

| 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 |
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| Organization: | | |
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| (Sch | edule B-2 only |

SCHEDULE B-2 PAYMENTS AND OBLIGATIONS

- 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.
- Duplicate as needed.

| | EXPENDITURE TYPES | | | | |
|-----|---|-----|---|--|--|
| APP | Apparel (t-shirts, hats, embroidery, etc.) | PER | Personnel and campaign staff, consulting, and independent contractors | | |
| CON | Contribution to party committee, non-profit, other | PHO | Phones (phone banking, robocalls, and texts) | | |
| EQP | Equipment of \$50 or more (computer, tablet, phone, furniture, etc.) | POL | Polling and survey research | | |
| EVT | Campaign and fundraising events (venue/booth rental, entertainment, supplies, etc.) | POS | Postage for US Mail and mailbox fees | | |
| FOD | Food for campaign events or volunteers, catering | PRO | Professional services (graphic design, legal services, web design) | | |
| HRD | Hardware and small tools (hammer, nails, lumber, paint, etc.) | RAD | Radio ads and production costs only | | |
| LIT | Printed campaign materials (palmcards, signs, stickers, flyers etc.) | TKT | Entrance cost to event (bean suppers, fairs, party events, etc.) | | |
| MHS | Mail house and direct mail (design, printing, mailing, and postage) | TRV | Travel (mileage and lodging, etc.) | | |
| OFF | Office supplies, rent, utilities, internet service, phone minutes/data | TVN | TV/Cable ads, production, and media buyer costs only | | |
| ONL | Social medial and online advertising only | WEB | Website and internet costs (website domain and registration, etc.) | | |
| ОТН | Other and fees (bank, contribution, and money order fees, etc.) | | | | |

| Date of Payment or Obligation | Payee, Address, Zip Code | Expense Type | √ | Amount |
|-------------------------------------|--------------------------|-----------------|----------|--------|
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| A. | Expenses | for | this | page ⇒ | |
|----|-----------------|-----|------|--------|--|
|----|-----------------|-----|------|--------|--|

- B. Total for all other Schedule B-2 pages (if any) \Rightarrow
 - C. Total expenses for this reporting period (A+B).

This amount should equal the total amount for all candidates listed on Schedule B-1. \Rightarrow