

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

Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

MAJOR CONTRIBUTOR REPORT

2022 Election

| Regular Reporting Deadlines | | | |
|---|--|---|--|
| Name of Report: | Filing Deadline | If the Notice is received between: | |
| April Quarterly Report | April 11, 2022 | January 1 – March 31, 2022 | |
| 11-Day Pre-Primary Report | June 3, 2022 | April 1 – May 31, 2022 | |
| 42-Day Post-Primary Report | July 26, 2022 | June 1 – July 19, 2022 | |
| October Quarterly Report | October 5, 2022 | July 20 - September 30, 2022 | |
| 11-Day Pre-General Report | October 28, 2022 | October 1 – October 25, 2022 | |
| 42-Day Post-General Report | December 20, 2022 | October 26 – December 13, 2022 | |
| January Quarterly Report | January 17, 2023 | December 14 – December 31, 2022 | |
| | Deadline - Last 13 Days before an Election | | |
| Name of Report: | If the Notice is received between: | The Report is due on or before: | |
| 2-Day Election Report | During the last 13 days before an election | Within 2 business days of receiving notice. | |
| NOTE: if the Notice is receiving during the last 13 days before a primary, general, or special election then the Report is due within 2 business days and <u>not</u> by the due date of a Regular Finance Report. | | | |
| | ORGANIZATION INFORMATION | | |
| ORGANIZATION NAME | | | |
| MAILING ADDRESS | | Phone: | |
| CITY, STATE ZIP | | Email | |
| RESPONSIBLE OFFICER NAME AND POSITION | | , | |
| FORM OF ORGANIZATION AND PURPOSE | | | |
| Tax Status | | | |
| DOES THIS ORGANIZATION CURRENTLY HAVE A TAX-EXEMPT STAT | US WITH THE INTERNAL REVENUE SERVICE? | | |
| IF YES, UNDER WHAT SECTION OF THE TAX CODE DOES IT CLAIM AN EXEMPTION? | | | |
| PLEASE LIST ALL JURISDICTIONS WITH WHICH THIS ORGANIZATION FILES CAMPAIGN FINANCE REPORTS | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| | | | |

| RECIPIENT INFORMATION | | |
|--|------------------------|--|
| NAME OF RECIPIENT | | |
| Mailing Address of Recipient | | |
| DATE OF FIRST CONTRIBUTION TO RECIPIENT | | |
| TOTAL AMOUNT GIVEN TO RECIPIENT TO DATE | | |
| ITEMIZED CONTRIBUTIONS GIVEN TO RECIPIENT COMMITTEE TO DATE (If additional space is needed, continue on the "Schedule B-MC-2" Worksheet) | | |
| Date Type of Contribution (e.g., cash or in-kind. If in-kind, describe goods or services given.) | Amount | |
| | | |
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| ORGANIZATION SOURCE OF FUNDS Please provide the names of the five largest sources of funds received by this Organization during the period months prior to the first contribution this Organization made to the recipient ballot question committee or proposed committee. Do not include the names of sources of funds that are restricted to purposes unrelated to a direct initiative or proposed contribution. | political action | |
| referendum campaign. | | |
| 2. | | |
| | | |
| 3. | | |
| 4. | | |
| 5. | | |
| CERTIFICATION OF RECEIPT OF CONTRIBUTIONS TO INFLUENCE A MAINE BALLOT QUESTIONS TO INFLUENCE A MAINE BALLOT DE INFLUENCE | a direct initiative or | |
| I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE. Signature of Responsible Officer of Organization Date | | |

Contributions Received to Influence Maine Ballot Question Worksheet

• Please list all contributions, as defined in 21-A M.R.S.A. §§ 1052(3) & 1060-A(1)(A), received, in whole or in part, for the purpose of initiating or influencing a people's veto referendum or direct initiative campaign in Maine in the spaces provided.

Duplicate as needed.

| DATE RECEIVED | CONTRIBUTOR'S NAME, ADDRESS, ZIP | DESCRIPTION (cash or goods, services, or discounts received) | VALUE |
|------------------|----------------------------------|---|-------|
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| • | | Total contributions (this page only) ⇒ | |

Itemized Contributions to Recipient Worksheet

- Please indicate the date, type of contribution, and amount.
- If the contribution was in-kind (goods or services), please describe the type of goods or services and provide the estimated fair-market value of the goods and services in the course of ordinary business as the amount of the contribution.
- Duplicate as needed.

| Date | Type of Contribution (e.g., cash or in-kind. If in-kind, describe goods or services given.) | Amount |
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