

Commission on Governmental Ethics and Election Practices Mail: 135 State House Station, Augusta, Maine 04333

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2020 ELECTION 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Political Action Committees and Ballot Question Committees

COMMITTEE INFORMATION			
Name of committee		Phone	
Mailing address, city, state, zip code			
TREASURER INFORMATION			
Name of treasurer		Phone	
Mailing address, city, state, zip code			
FILING SCHEDULE FOR 2020 ELECTION			
Election	Election Date	Reporting Period	
Primary Election	July 14, 2020	July 1 - July 13, 2020	
General Election	November 4, 2020	October 22 - November 4, 2020	
WHEN TO FILE	WHAT CONTRIBUTIONS SHOULD BE REPORTED	WHAT EXPENDITURES SHOULD BE REPORTED	
Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports must be filed with the Commission's office. If the Committee is also registered with the Commission then the report must also be filed with the Commission.	Any <u>single</u> contribution of \$5,000 or more received during the reporting period.	Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported.	

IMPORTANT REMINDERS

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE				
Contributor Name	D	ate of contribution		
Address	A	mount of contribution		
City, state, zip code				
Occupation	Employer			
Contributor Name	D	ate of contribution		
Address	A	mount of contribution		
City, state, zip code				
Occupation	Employer			
EXPENDITURES O	F \$1,000 OR MORE			
Payee/Creditor	D	ate of expenditure		
Address	A	mount of expenditure		
City, state, zip code				
Purpose of expenditure				
Expenditure made on behalf of (name of candidate or ballot question)		support or opposition?		
Payee/Creditor	D	ate of expenditure		
Address	A	mount of expenditure		
City, state, zip code				
Purpose of expenditure				
Expenditure made on behalf of (name of candidate or ballot question)		support or opposition?		
I,, certify that the info	ormation in this report i	is true, correct and complete.		
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Signature of Treasurer	Date_			