



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: 207-287-8775

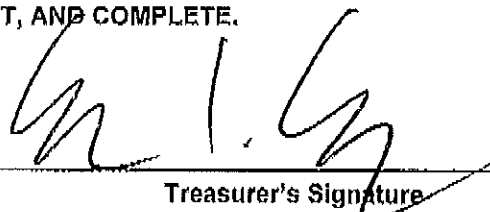
2015 HD 19 SPECIAL ELECTION CAMPAIGN FINANCE REPORT

FOR PARTICIPATING POLITICAL ACTION COMMITTEES AND STATE AND LOCAL POLITICAL PARTY COMMITTEES
 Please complete ALL entries.

NAME OF COMMITTEE	House Democratic Campaign Committee			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	PO Box 2021			
CITY AND ZIP CODE	Augusta, ME 04338	TELEPHONE NUMBER	207-590-0259	
E-MAIL	scauchristopher@smith@gmail.com			
NAME OF TREASURER	Steve Von Vogt			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET	PO Box 15087			
CITY AND ZIP CODE	Portland, ME 04112	TELEPHONE NUMBER	207-621-1942	
E-MAIL	svonvgt@mainemarinecomposites.com			

Type of Report	Due Date	Dates of Report Period
<input checked="" type="checkbox"/> 11-Day Pre-Election	October 23, 2015	August 11, 2015 — October 20, 2015
<input type="checkbox"/> 42-Day Post-General	December 15, 2015	October 21, 2015 — December 8, 2015
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> 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.		

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



10/23/15
Date

Treasurer's Signature

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 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 or committees, the expenditure must be itemized by the amount spent per candidate or committee, not as a single expenditure, and each candidate or committee 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		

(Remark required for All expenditure types)

DATE	PAYEE'S NAME AND ADDRESS	REMARKS (REQUIRED)	TYPE	AMOUNT
10/5/15	Inn Grady, 210 S. Spring St. Unit 1208, Los Angeles, CA 90014	WEB	WEB	500.00
	Payment to support <input checked="" type="checkbox"/> or to oppose <input type="checkbox"/> : Jean Neen			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			

Total expenditures this page only →
(combined totals from all Schedule B pages must be listed on Schedule F)

500.00

PAC/PTY 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)	500.00
6. Operating Expenditures (Schedule B-1)	
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	500.00

CASH SUMMARY

	Total for This Period
9. Cash Balance at Beginning of Period	0
10. Plus Total Receipts This Period (line 4 above)	
11. Minus Total Payments This Period (line 8 above)	500.00
12. Cash Balance at End of Period	- 500.00

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)	