



STATE OF MAINE
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
 Mail: 135 State House Station, Augusta, ME 04333
 Office: 242 State Street, Augusta, Maine
 Tel: (207) 287-4179 Fax: (207) 287-6775 Web: www.maine.gov/ethics
 Electronic Filing: http://www.maine.comptroller.treasurer.com/public/home.asp

2007 NOVEMBER SPECIAL ELECTIONS
24-HOUR REPORT OF LATE CONTRIBUTIONS AND EXPENDITURES

CANDIDATE INFORMATION

Name of candidate	JULIUS L. ERDO	Telephone number	997-3226
Mailing address	P.O. Box 268	Office sought	Representative
City, zip code	GUILFORD 04443	District number	27
Name of authorized committee, if any	_____		

TREASURER INFORMATION

Name of treasurer	MADELEINE THAYER	Telephone number	997-2960
Mailing address	459 SEBEC LAKE RD	City, zip code	WILLIMANTIC 04443

CONTRIBUTOR INFORMATION

Complete name of contributor		Date of contribution
Address (number and street) of contributor		
City, state, zip code		Amount of contribution \$ _____
Occupation		If in-kind, list fair market value \$ _____
Principal place of business		and describe in space provided below.

IN-KIND CONTRIBUTION/EXPENDITURE

Describe goods, services, discounts or facilities received. _____

EXPENDITURE INFORMATION

Name of payee	FOXCROFT PRINTERS	Date of expenditure
Address	NORTH STREET	
City, state, zip code	DOVER-FOXCROFT 04426	Amount of expenditure \$ 1,415 ⁰⁰
Purpose of expenditure	CAMPAIGN FLYERS-ENVELOPES	

I, JULIUS L. ERDO certify that the information in this report is true, correct and complete.

Madeleine Thayer 10/24/07
 Signature of treasurer Date
 (Revised 06/07)

Julius L. Erdo, Oct 24, 2007
 Signature of candidate Date

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OCT 24 2007
COMMISSION ON GOVERNMENTAL ETHICS & ELECTION PRACTICES-AUGUSTA, ME

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TREASURER INFORMATION

Name of treasurer	MADELEINE THAYER	Telephone number	997-2960
Mailing address	459 SEBEC LAKE RD	City, state, zip code	WILLIMANTIC 04443

CONTRIBUTOR INFORMATION

Complete name of contributor	X	Date of contribution
Address (number and street) of contributor		
City, state, zip code		Amount of contribution \$ _____
Occupation		If in-kind, list fair market value \$ _____ and describe in space provided below.
Principal place of business		

IN-KIND CONTRIBUTION/EXPENDITURE

Describe goods, services, discounts or facilities received.	_____
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EXPENDITURE INFORMATION

Name of payee	AMB SIGNS	Date of expenditure	OCT. 24, 2007
Address	25 NORTH STREET		
City, state, zip code	DOVER-FOXCROFT 04426		
Purpose of expenditure	CAMPAIGN GRAPHICS - DESIGNS - SIGNS & ADS	Amount of expenditure \$	2,080.39

I, JULIUS L. ERDO certify that the information in this report is true, correct and complete.

Madeline Thayer 10/24/07
Signature of treasurer Date
(Revised 04/07)

Julius L. Erdo Oct. 24, 2007
Signature of candidate Date