

Website: www.maine.gov/ethics Phone: 207-287-4179 Fax: 207-287-6775

## 2017 HD 56 SPECIAL ELECTION CAMPAIGN FINANCE REPORT

#### FOR STATE POLITICAL PARTY COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE					
STREET					CHECK IF
CITY AND ZIP CODE			TELEPHONE NUMBER		FROM PREVIOUS REPORT
E-MAIL					
NAME OF TREASURER					
MAILING ADDRESS STREET					CHECK IF
CITY AND ZIP CODE			TELEPHONE NUMBER		FROM PREVIOUS REPORT
E-MAIL					
Type of R	<u>eport</u>	Due Date		Dates of Report Period	
□ 11-Day Pre-Elect	tion	October 27, 2017	Septe	ember 15, 2017 — Octobe	er 24, 2017
□ 42-Day Post-Ele	ction	December 19, 2017	Octob	er 24, 2017 — December	12, 2017
□ Amendment to:					
		mittee had no contribution reporting period. Check			
Termination Rep	oort: If the committee w	vill have no further activit	y. Check the	appropriate report abo	ve as well.

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

#### SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For cash contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
		ptal cash contributions (this page o	$  \rightarrow \rangle$	

Total cash contributions (this page only)  $\Rightarrow$  (combined totals from all Schedule A pages must be listed on Schedule F)

Key Codes:

- 1 = Individuals
- 3 = Commercial Source
- 4 = Non Profit Organization
- 5 = Political Action Committee
- 6 = Political Party Committee

- 7 = Ballot Question Committee
- 9 = Candidate/Candidate Committees
- 14 = Contributors giving \$200 or Less
- 16 = Financial Institution

#### SCHEDULE A (continued) CASH CONTRIBUTIONS

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) $\Rightarrow$				

(combined totals from all Schedule A pages must be listed on Schedule F)

Key Codes:

1 = Individuals

3 = Commercial Source

4 = Non Profit Organization

5 = Political Action Committee

6 = Political Party Committee

- 7 = Ballot Question Committee
- 9 = Candidate/Candidate Committees
- 14 = Contributors giving \$200 or Less
- 16 = Financial Institution

#### SCHEDULE A-1 IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$200, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$200 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$200 in a report period, you must list that contributor separately.

CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
	CONTRIBUTOR'S NAME, ADDRESS, ZIP	CONTRIBUTOR'S NAME, ADDRESS, ZIP OCCUPATION AND EMPLOYER	CONTRIBUTOR'S NAME, ADDRESS, ZIP       OCCUPATION AND EMPLOYER       DESCRIPTION (of goods, services, facilities, or discounts received)         Image: Contract of the service of the ser	CONTRIBUTOR'S NAME, ADDRESS, ZIP OCCUPATION AND EMPLOYER (of goods, services, facilities, or key

## Total in-kind contributions (this page only) $\Rightarrow$ (combined totals from all Schedule A-1 pages must be listed on Schedule F)

Key Codes:

1 = Individuals

3 = Commercial Source

4 = Non Profit Organization

5 = Political Action Committee

6 = Political Party Committee

- 7 = Ballot Question Committee
- 9 = Candidate/Candidate Committees
- 14 = Contributors giving \$200 or Less
- 16 = Financial Institution

#### 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 all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- 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, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be separately identified.

		EXPENDITU	JRE TY	PES	
CON	Contri	bution to candidate, party or committee	POL	Polling and survey research	
CNS	Campaign consultants POS Postage for U.S. Mail and mail box fe			es	
EQP	Equip	ment (office machines, furniture, cell phones)	PRO	Professional services	
FND	Fundr	aising events	PRT	Print media ads only (newspapers, ma	gazines, etc.)
FOD	Food	for campaign events, volunteers	RAD	Radio ads, production costs	
LIT	Printin	ng and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and perso	onnel costs
MHS	Mail h	ouse (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	
ОТН	Other		WEB	Website design, registration, hosting, r	maintenance, etc.)
РНО	Phone	e banks, automated telephone calls			
		! REMARKS REQUIRED ON	ALL EXP	PENDITURE TYPES!	
Date:		Payee Name and Address:			Amount
Туре:		Remarks (Required):			
_	upport ppose	Candidate Name/Ballot Question:			
Date:		Payee Name and Address:			Amount
Туре:	Remarks (Required):				
_	upport opose				
	Total expenditures this page only $\Rightarrow$ (combined totals from all Schedule B pages must be listed on Schedule F)				

#### SCHEDULE B (continued) EXPENDITURES TO SUPPORT OR OPPOSE

Date:	Payee Name and Address:	Amount
Туре:	Remarks (Required):	
□ Support	Candidate Name/Ballot Question:	
Oppose		
Date:	Payee Name and Address:	Amount
Туре:	Remarks (Required):	
Type.		
	Candidate Name/Ballot Question:	
Support		
Oppose     Date:	Payee Name and Address:	Amount
Date.	Tayee Name and Address.	Amount
Туре:	Remarks (Required):	
Support	Candidate Name/Ballot Question:	
Oppose		
Date:	Payee Name and Address:	Amount
Туре:	Remarks (Required):	
i ypc.		
	Candidate Name/Ballot Question:	
Support		
Oppose		
	Total expenditures this page only $\Rightarrow$ (combined totals from all Schedule B pages must be listed on Schedule F)	

## SCHEDULE B - 1 OPERATING EXPENSES

List all operational expenditures made to a single payee or creditor that were made during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided that the time period of the expenditure be identified in the remark section..

		EXPE		URE TY	'PES	
CON	Contrib	ution to candidate, party or committee		POL	Polling and survey research	
CNS	Campa	Campaign consultants		POS	Postage for U.S. Mail and mail box fees	
EQP	Equipm	Equipment (office machines, furniture, cell phones)		PRO	Professional services	
FND	Fundra	ising events		PRT	Print media ads only (newspapers, magazin	es, etc.)
FOD	Food fo	or campaign events, volunteers		RAD	Radio ads, production costs	
LIT	Printing	g and graphics (flyers, signs, palmcards, t-shirts, et	c.)	SAL	Campaign workers' salaries and personnel	costs
MHS	Mail ho	use (all services purchased)		TRV	Travel (fuel, mileage, lodging, etc.)	
OFF	Office r	rent, utilities, phone and internet services, supplies		TVN	TV or cable ads, production costs	
отн	Other			WEB	Website design, registration, hosting, mainte	enance, etc.)
рно	Phone	banks, automated telephone calls				
		! REMARKS REQUIR	ED FOR	ALL EX	PENDITURE TYPES !	
DA	TE	PAYEE NAME & ADDRESS	'n	YPE	REMARKS (REQUIRED)	AMOUNT
					expenditures (this page only) ⇒ pages must be listed on Schedule F)	

(combined totals from all Schedule B-1 pages must be listed on Schedule F)

#### SCHEDULE B-1 (continued) OPERATING EXPENDITURES

DATE	PAYEE NAME & ADDRESS	ТҮРЕ	REMARKS (REQUIRED)	AMOUNT
		Total	expenditures (this page only) $\Rightarrow$	

(combined totals from all Schedule B-1 pages must be listed on Schedule F)

#### SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
	LOAN BALANCE	A( (re	LOAN BALANCE AT		
LENDER'S NAME AND ADDRESS	AT BEGINNING OF PERIOD	AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	END OF PERIOD (1+2) - 3 - 4
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
Totals for each column $\Rightarrow$		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

#### SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a
  promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or
  service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B or B-1.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT

(combined totals from all Schedule D pages must be listed on Schedule F)

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

#### CASH SUMMARY

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

## **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)	