

Received Oct 5 2016 Maine Ethics Commission

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: 207-287-6775

INDEPENDENT EXPENDITURE REPORT - 2016 GENERAL ELECTION

Name of Person/Committee Making Exp	enditure(s): House Republi	can Majority Fund
Mailing Address: Po Box	5629	
City, State, Zip Code: Agusta	NE 04330 Telephone:	207 - 341 - 0555
Reports must be filed on Saturday or Su The Commission must receive the signed	ne report you are filing and complete the unday if that is when they are due by faxion original report within 5 days after the fax diment to a previously filed report. Date of	
Check here it tills report is an ameni	diffient to a previously filed report. Date of	original report:
Independent Expenditures of more	e than \$250 per candidate must repo	orted according to the schedule below.
Report	Expenditure Made	Report Due Date
☐ 60-Day Pre-Election Report	On or before September 8, 2016	September 9, 2016
2-Day Report	Between September 9 - October 25, 2016	Within 2 calendar days of making the expenditure
■ 1-Day Report	Between October 26 - November 8, 2016	Within 1 calendar day of making the expenditure

Signature of PAC or Party Treasurer, or

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.

Other Authorized Person Making Expenditure(s)

Octobe 5, Zob

Schedule B-IE-1 CANDIDATE(S) SUPPORTED/OPPOSED

- Please list all candidates that were the subjects of independent expenditures.
- If more than one candidate was the subject of the expenditure, allocate the expenditure among the candidates.

Office sought by candidate (including district # or county)	Candidate's Name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
99	Mary Anne Kinney	Support	# 2000 0
44	Mary Anne Kinney Kim Parker Diamond	Support Support	\$ 22200
11011			
Thie	Total expenditures for all cand amount should equal the total independent expenditures liste		\$ 4220 0

Schedule B-IE-2

PAYMENTS AND OBLIGATIONS

- Please indicate the date, payee, expenditure type, and amount of each expenditure.
- If you are reporting an agreement or obligation to make a <u>future payment</u>, please check (✓) the box next to the expenditure type.

Expenditure Types							
LIT MHS PHO POL POS	Mail he Phone Polling	ng and graphics (flyers, signs, palmcards, etc.) ouse (all services purchased) banks, automated telephone calls g and research survey ge for U.S. Mail and mail box fees	PRT RAD TVN WEB OTH	Print media ads only (newspapers, magazines) Radio ads, production costs TV or cable ads, production costs Website design, registration, hosting, maintenance, etc. Other (include description)			
Date Expend	of the department of the	re Payee, Address, Zip Code Expenditure Type			1	Amount	
10/4	/14	Action Point Campaign	15,	UC	LIT		\$4220°
A. Expenditures for this page =					ge ⇒	\$4220	
B. Total for all other Schedule B-IE-2 pages (if any) =						y) ⇒	
C. Total independent expenditures for this reporting period (A+B). = This amount should equal the total amount for all candidates listed on Schedule B-IE-1.						\$ 4220 0	





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INDEPENDENT EXPENDITURE REPORT - GENERAL ELECTION

AFFIDAVIT

STATE OF Moune
COUNTY OF Kennebec
I, Michell Doll, being duly sworn, attest that I made each of
the expenditures listed in the attached report independently, and not in cooperation, consultation,
or concert with, or at the request or suggestion of, any candidate, authorized committee or agent
of a candidate in a race affected by any expenditure listed in this report.
Signature of Affiant
Sworn to before me, this day of 2016
(Notary Public/Attorney at Law)
My commission expires: 92922