



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 – 2015 HD 93 SPECIAL ELECTION

Name of Person/Committee Making Expenditure(s) MAINE REPUBLICAN PARTY

Mailing Address 9 HIGGINS STREET

City, Zip Code AUGUSTA, ME 04330 Telephone 207-622-6247

Please check the appropriate box for the report you are filing and complete the notarized affidavit and attached schedules. Reports must be filed on Saturday or Sunday if that is when they are due by faxing the report to the Commission (287-6775). The Commission must receive the signed original report within 5 days after the fax was received.

Check here if this report is an amendment to a previously filed report? Date of original report: _____

INDEPENDENT EXPENDITURES OVER \$250 MADE FROM JANUARY 23 THROUGH FEBRUARY 24, 2015

- Independent expenditures made from January 23 through February 24, 2015 that total more than \$250 per candidate must be reported within 2 calendar days of making the expenditure.
- Report of Independent Expenditure over \$250 per Candidate

INDEPENDENT EXPENDITURES OVER \$100 MADE AFTER FEBRUARY 25, 2015

- Independent expenditures made after February 25, 2015 that total more than \$100 per candidate must be reported within one calendar day of making the expenditure.
- Report of Independent Expenditure over \$100 per Candidate

OTHER INDEPENDENT EXPENDITURES

Report (select one)	<input type="checkbox"/> Other
Due Date	February 27, 2015 by 5:00 p.m.
What Gets Reported	Expenditures aggregating over \$100 per candidate but not over \$250 from January 23 through February 24

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

Signature of PAC or Party Treasurer, or Other Authorized Person Making Expenditure(s)

02/13/2015

Date

Independent Expenditure Report – HD 93 Special Election

Page ____ of ____
(Schedule B-IE-1 only)

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
HD 93	JAMES KALLOCH	SUPPORT	\$5,447
Total expenditures for all candidates this reporting period. <i>This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C.</i> ⇒			\$5,447

Independent Expenditure Report – HD 93 Special Election

Page ____ of ____
(Schedule B-IE-2 only)

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 future payment, please check (✓) the box next to the expenditure type.

Expenditure Types			
LIT	Printing and graphics (flyers, signs, palmcards, etc.)	PRT	Print media ads only (newspapers, magazines)
MHS	Mail house (all services purchased)	RAD	Radio ads, production costs
PHO	Phone banks, automated telephone calls	TVN	TV or cable ads, production costs
NOL	Dialing and research survey	WCP	Website design, registration, hosting, maintenance, etc.
POS	Postage for U.S. Mail and mail box fees	OTH	Other (include description)

Date of expenditure	Payee, address, zip code	Expenditure type	✓	Amount
02/12/15	UPT STRATEGIES PO BOX 31403 CHARLESTON, SC 29417	OTH SOFTWARE/ DATABASE		\$4,226
02/12/15	HARVEST CONSULTING 5 HOWE STREET AUGUSTA, ME 04330	OTH CONSULTING		\$1,221
A. Expenditures for this page ⇒				\$5,447
B. Total for all other Schedule B-IE-2 pages (if any) ⇒				
C. Total independent expenditures for this reporting period (A+B). <i>This amount should equal the total amount for all candidates listed on Schedule B-IE-1 ⇒</i>				\$5,447



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AFFIDAVIT

STATE OF MAINE

COUNTY OF CUMBERLAND

I, BENJAMIN LOMBARD, 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 13 day of February 2015

(Notary Public/Attorney at Law)

My commission expires: 12-18-19

Kari A. Barrett
Notary Public

My Commission Expires December 18, 2019