



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 23 SPECIAL ELECTION

Name of Person/Committee Making Expenditure(s) Rebuild Maine
 Mailing Address PO Box 3
 City, Zip Code Auburn, ME 04212 Telephone 207-622-4418 x2221

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.

INDEPENDENT EXPENDITURES OVER \$250			
Report Type (select one)	Expenditures Aggregating over \$250 made from September 4, 2015 through October 14, 2015 <input checked="" type="checkbox"/>	Any Expenditure Over \$250 Per Candidate Made from October 15, 2015 through October 20, 2015 <input type="checkbox"/>	Any Expenditure Over \$250 Per Candidate Made from October 21, 2015 through November 3, 2015 <input type="checkbox"/>
Due Date	Within 2 calendar days of making the expenditure	Within 2 calendar days of making the expenditure	Within 1 calendar day of making the expenditure
What Gets Reported	Expenditures aggregating over \$250 per candidate from September 4, 2015 through October 14, 2015	Any expenditure over \$250 per candidate	Any expenditure over \$250 per candidate

OTHER INDEPENDENT EXPENDITURES		
Report (select one)	<input type="checkbox"/> 60-Day Pre-Election Report	<input type="checkbox"/> 11-Day Pre-Election Report
Due Date	September 4, 2015	October 23, 2015
What Gets Reported	Expenditures aggregating over \$100 per candidate from August 11 through September 3, 2015	Expenditures aggregating over \$100 per candidate but not over \$250 from September 4 through October 14, 2015

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

Wayne Simpson
 Signature of P/C or Party Treasurer or Other Authorized Person Making Expenditure(s)

10/14/15
 Date



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AFFIDAVIT

STATE OF Maine

COUNTY OF Kennebec

I, Tammy L. Simpson, 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.

Tammy L. Simpson
Signature of Affiant

Sworn to before me, this 14 day of 2015 2015

[Signature]
~~(Notary Public/Attorney at Law)~~ Bar No. 10064

My commission expires: _____

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
HD23	Lynn Olson	Support	\$5,000.00
Total expenditures for all candidates this reporting period. This amount should equal the total independent expenditures listed on Schedule B-IE-2, Line C. =>			\$5,000.00

Part 1. Income from Employment by Another

None. Check this box if you did not have income from employment by another.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title

Part 2. Income from Self-Employment

None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

Part 3. Business Entities

None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity

Part 4. Income from the Practice of Law

None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner