



Received
 OCT 31 2017
 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

2017 HD 56 SPECIAL ELECTION 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Political Action Committees, Ballot Question Committees and Political Party Committees

COMMITTEE INFORMATION		
Name of Committee:	Phone:	
Maine Democratic State Committee	(207) 622-6233	
Mailing Address (City, State, Zip Code):		
P.O. Box 5258, Augusta, ME 04332		
TREASURER INFORMATION		
Name of Treasurer:	Phone:	
Betty I. Johnson	(207) 323-3767	
Mailing Address (City, State, Zip Code):		
304 Beach Rd, Lincolnville, ME 04849		
FILING SCHEDULE FOR 2016 SD 32 SPECIAL ELECTION		
Election	Election Date	Reporting Period
HD 56 Special Election	November 7, 2017	October 25 — November 6, 2017

WHEN TO FILE	WHAT CONTRIBUTIONS SHOULD BE REPORTED	WHAT EXPENDITURES SHOULD BE REPORTED
Within 24 hours, including Saturdays and Sundays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports can be filed via the committee's electronic filing website.	Any <u>single</u> contribution of \$5,000 or more received during the reporting period.	Any <u>single</u> expenditure of \$1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported.

IMPORTANT REMINDERS

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

CONTRIBUTIONS OF \$5,000 OR MORE

Contributor Name:		Date of Contribution:
Address:		Amount of Contribution: \$
City, State, Zip Code:		
Occupation:	Employer:	

Contributor Name:		Date of Contribution:
Address:		Amount of Contribution: \$
City, State, Zip Code :		
Occupation:	Employer:	

EXPENDITURES OF \$1,000 OR MORE

Payee/Creditor: <u>Jonathan M. Hillier</u>		Date of Expenditure: <u>10/31/2017</u>
Address: <u>7 Old Lewiston Rd</u>		Amount of Expenditure: <u>\$ 1,969.67</u>
City, State, Zip Code: <u>North Monmouth, ME 04265</u>		
Purpose of Expenditure: <u>Salary - Grassroots Organizing</u>		
Expenditure made on behalf of (name of candidate or ballot question): <u>Scott Gouason</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Payee/Creditor:		Date of Expenditure:
Address:		Amount of Expenditure: \$
City, State, Zip Code:		
Purpose of Expenditure:		
Expenditure made on behalf of (name of candidate or ballot question):		<input type="checkbox"/> Support <input type="checkbox"/> Oppose

I, Anya A. Trundy, certify that the information in this report is true, correct and complete.

Signature of Treasurer: 

Date 10/31/17