



2015 HD 93 SPECIAL ELECTION CAMPAIGN FINANCE REPORT

FOR PARTICIPATING POLITICAL ACTION COMMITTEES AND STATE AND LOCAL POLITICAL PARTY COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE	MAINE REPUBLICAN PARTY			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	9 HIGGINS STREET			
CITY AND ZIP CODE	AUGUSTA ME 04330	TELEPHONE NUMBER	(207) 622-6247	
E-MAIL				
NAME OF TREASURER	BENJAMIN LOMBARD			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET	9 HIGGINS STREET			
CITY AND ZIP CODE	AUGUSTA ME 04330	TELEPHONE NUMBER	(207) 622-6247	
E-MAIL				

<u>Type of Report</u>	<u>Due Date</u>	<u>Dates of Report Period</u>
<input type="checkbox"/> 11-Day Pre-Election	February 27, 2015	January 23, 2015 — February 24, 2015
<input checked="" type="checkbox"/> 42-Day Post-General	April 21, 2015	February 25, 2015 — April 14, 2015
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.		

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

Treasurer's Signature

4/14/2015

Date

SCHEDULE A — CASH CONTRIBUTIONS

- For contributors who gave more than \$50 to PACs or more than \$200 to political party committees, 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 \$50 or less to PACs or \$200 or less to political party committees, 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 \$50 or \$200, as applicable 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
Total cash contributions (this page only) ⇒ <i>(combined totals from all Schedule A pages must be listed on Schedule F)</i>				NONE

Key Codes:

- | | |
|--------------------------------|---|
| 1 = Individuals | 7 = Ballot Question Committee |
| 3 = Commercial Source | 9 = Candidate/Candidate Committees |
| 4 = Non Profit Organization | 10 = General Treasury Transfer |
| 5 = Political Action Committee | 12 = Contributors giving \$50/\$200 or Less |
| 6 = Political Party Committee | 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 \$50 to PACs or more than \$200 to political party committees, 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 \$50 or less to PACs or \$200 or less to political party committees, 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 \$50 or \$200, as applicable, in a report period, you must list that contributor separately.

DATE RECEIVED	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)
Total in-kind contributions (this page only) ⇒ <i>(combined totals from all Schedule A-1 pages must be listed on Schedule F)</i>					NONE

Key Codes:

- | | |
|--------------------------------|---|
| 1 = Individuals | 7 = Ballot Question Committee |
| 3 = Commercial Source | 9 = Candidate/Candidate Committees |
| 4 = Non Profit Organization | 10 = General Treasury Transfer |
| 5 = Political Action Committee | 12 = Contributors giving \$50/\$200 or Less |
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Duplicate as needed.

**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 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 or committees, the expenditure must be itemized by the amount spent per candidate or committee, not as a single expenditure, and each candidate or committee must be identified.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (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
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		

! Remark required for All expenditure types !

DATE	PAYEE'S NAME AND ADDRESS	REMARKS (REQUIRED)	TYPE	AMOUNT
3/5/15	HARVEST CONSULTING 5 HOWE STREET AUGUSTA ME 04330		CNS	\$2,442
	Payment to support <input checked="" type="checkbox"/> or to oppose <input :<br="" type="checkbox"/> JAMES KALLOCH			
3/5/15	FACEBOOK 1 HACKER WAY MENLO PARK CA 94025		WEB	\$31.68
	Payment to support <input checked="" type="checkbox"/> or to oppose <input :<br="" type="checkbox"/> JAMES KALLOCH			
	Payment to support <input type="checkbox"/> or to oppose <input :<="" td="" type="checkbox"/> <td></td> <td></td>			
	Payment to support <input type="checkbox"/> or to oppose <input :<="" td="" type="checkbox"/> <td></td> <td></td>			
Total expenditures this page only =>				\$2,473.68
<i>(combined totals from all Schedule B pages must be listed on Schedule F)</i>				

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.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (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
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		
! REMARKS REQUIRED FOR ALL EXPENDITURE TYPES !			

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT

Total expenditures (this page only) ⇒
(combined totals from all Schedule B-1 pages must be listed on Schedule F) NONE

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
LENDER'S NAME AND ADDRESS	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAYD THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
Totals for each column ⇒		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 unpaid 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
Total unpaid debts and obligations (this page only) ⇒ <i>(combined totals from all Schedule D pages must be listed on Schedule F)</i>			NONE

**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)	\$2,473.68
6. Operating Expenditures (Schedule B-1)	
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	\$2,473.68

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)	