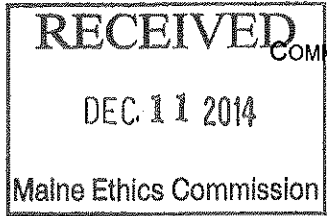


2014 Election Year



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

2014—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS

MEMBERSHIP ORGANIZATION OR CORPORATION

Name Maine State Employees Association
(full name of member organization or corporation)

Mailing address PO Box 1072 / 65 State Street

City, state, zip code Augusta, ME 04332-1072 Telephone (207) 622-3151

INSTRUCTIONS:

Any membership organization or corporation that makes a communication to its members or stockholders expressly advocating the election or defeat of a clearly identified candidate shall report any expenses related to such communications aggregating in excess of \$50 in any one candidate's election race. These expenses are not "independent expenditures". "Expressly advocate" and "clearly identified" are defined in Chapter 1, Section 8(2) of the Commission's Rules (available on the Commission website). Reports may be faxed to the Commission, provided that the original is received within 5 days after the fax.

Filing Schedule for Reports of Membership Organization and Corporate Communication

| Report Name | Due Date | Reporting Period |
|--|-------------------|-----------------------------------|
| <input type="checkbox"/> 11-Day Pre-Primary | May 30, 2014 | Start of Campaign—May 27, 2014 |
| <input type="checkbox"/> 42-Day Post-Primary | July 22, 2014 | May 28, 2014—July, 15, 2014 |
| <input type="checkbox"/> 11-Day Pre-General | October 24, 2014 | July 16, 2014—October 21, 2014 |
| <input checked="" type="checkbox"/> 42-Day Post-General | December 16, 2014 | October 22, 2014—December 9, 2014 |
| <input type="checkbox"/> If this is an amendment to a filed report, check this box and indicate which report is being amended. | | |

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

Margaret W. Sowa
Signature of Authorized Officer or Employee

Date 12-11-14

**Schedule B-1
CANDIDATE(S) SUPPORTED/OPOSED**

- Please list all candidates that were the subject of the communication.
- If more than one candidate was the subject of the expense, allocate the expense among the candidates.

| Office sought by candidate (including district #) | Candidate's name | Indicate whether the expense was made in support of or in opposition to the candidate | Amount expended this reporting period for each candidate |
|---|-------------------------|---|--|
| House Dist #137 | Oscar Emerson | Support | 72,23 |
| Senate Dist #1 | Charles "Ken" Theriault | Support | 175,66 |
| Senate Dist #2 | Michael Carpenter | Support | 156,57 |
| Senate Dist #6 | Anne Perry | Support | 133,31 |
| Senate Dist #7 | Ted Koffman | Support | 103,84 |
| Senate Dist #9 | Geoff Gratwick | Support | 175,59 |
| Senate Dist #1 | Jonathan Fulford | Support | 147,00 |
| Senate Dist #20 | John Cleveland | Support | 143,74 |
| Senate Dist #2 | Nate Libby | Support | 136,24 |
| Senate Dist #30 | Jim Boyle | Support | 89,67 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total expenses for all candidates this reporting period. <i>This amount should equal the total expenses listed on Schedule B-2, Line C. =></i> | | | 1333,85 |

**Schedule B-2
PAYMENTS AND OBLIGATIONS**

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

| Expense Type | |
|--|--|
| LIT Printing and Graphics (flyers, signs, palmcards, etc.) | PRT Print media ads only (newspaper, magazine) |
| MHS Mail house (all services purchased) | RAD Radio ads, production costs |
| PHO Phone banks, automated telephone calls | TVN TV or cable ads, production costs |
| POL Polling and research survey | WEB Website design, registration, hosting, maintenance |
| POS Postage for U.S. Mail and mail box fees | OTH Other (include description) |

| Date of payment or obligation | Payee, address, zip code | Expense type | ✓ | Amount |
|--|---|--------------|---|---------|
| 10/24/2014 | Quality Copy & Digital Print 4 North Street Hallowell, Maine 04347 | LIT | | 436.69 |
| 10/27/2014 | Postmaster Western Avenue Augusta, Maine 04330 | POS | | 880.80 |
| 10/27/2014 | Maine State Employees Assoc. PO Box 1072 / 65 State Street Augusta, ME 04332-1072 | OTH | | 16.36 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| A. Expenses for this page ⇒ | | | | 1333.85 |
| B. Total for all other Schedule B-2 pages (if any) ⇒ | | | | 0.00 |
| C. Total expenses for this reporting period (A+B). <i>This amount should equal the total amount for all candidates listed on Schedule B-1. ⇒</i> | | | | 1333.85 |