



RECEIVED

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

JAN 23 2009

MAINE ETHICS COMMISSION

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

2009 CAMPAIGN FINANCE REPORT – HOUSE DISTRICT 89 SPECIAL ELECTION
STATE PARTY COMMITTEES

COMMITTEE IDENTIFICATION Check if address is different than previously reported.

Name Maine Democratic Party
(full name of committee)

Mailing address PO Box 5258
(official headquarters of committee)

City, zip code Augusta, Me 04332 Telephone 622-6233

TREASURER IDENTIFICATION Check if treasurer or address is different than previously reported.

Name of treasurer MR. CHRIS RHEAULT

Mailing address 16 COBBS BRIDGE ROAD

City, zip code NEW GLOUCESTER, ME 04260 Telephone 207.926.6058

E-mail address eb13@mac.com

SPECIAL ELECTION FILING PERIODS (Check applicable period below):

	Report Type	Due Date	Reporting Period
<input checked="" type="checkbox"/>	11-Day Pre-Election	January 23, 2009	January 6, 2009 – January 20, 2009
<input type="checkbox"/>	42-Day Post-Primary	March 17, 2009	January 21, 2009 – March 10, 2009
<input type="checkbox"/>	Check this box if this report is an amendment to a previously filed report.		

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

[Handwritten Signature]

Treasurer's Signature
(Revised 01/09) (Duplicate as needed)

JANUARY 23, 2009
Date

SCHEDULE A

CASH CONTRIBUTIONS RECEIVED

List the names and mailing addresses of contributors who have given more than \$200 during this reporting period. For all aggregate contributions of \$200 or less, enter the combined total in line 3. Do not include loans or in-kind contributions here.

Date received	Contributor's name, mailing address, zip code	Occupation & employer	Amount
1. Total contributions this page only			0
2. Total from attached pages (Schedule A)			0
3. Aggregate contributions of \$200 or less (not itemized)			0
4. Total contributions this reporting period (Add lines 1, 2 & 3)			0

SCHEDULE B

CONTRIBUTIONS AND EXPENDITURES
TO OR ON BEHALF OF CANDIDATES, PACS & PARTY COMMITTEES

List all contributions and expenditures made to or on behalf of each candidate, party committee, PAC, or other political committee. Do not include loan repayments or in-kind expenditures on this schedule. Expenditures made on communications in support of or in opposition to candidates must be listed on this schedule, not on Schedule B-1. For expenditures made on multi-candidate communications, the expenditure must be itemized by the amount spent per candidate, not as a single expenditure, and each candidate must be identified.

Expenditure Types Requiring NO Remark		Expenditure Types REQUIRING Remark	
CON	contribution to candidate, party or committee	CNS	campaign consultants
EQP	equipment (office machines, furniture, cell phones)	OTH	other
FND	fundraising events	PRO	professional services
FOD	food for campaign events, volunteers		
LIT	printing and graphics (flyers, signs, palmcards, t-shirts, etc.)		
MHS	mail house (all services purchased)		
OFF	office rent, utilities, phone and internet services, supplies		
PHO	phone banks, automated telephone calls		
POL	polling and survey research		
POS	Postage for U.S. Mail and mail box fees		
PRT	print media ads only (newspapers, magazines, etc.)		
RAD	radio ads, production costs		
SAL	Campaign workers' salaries and personnel costs		
TRV	travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	Website design, registration, hosting, maintenance, etc.)		

For every expenditure, list the appropriate code.

If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.

Date of payment	Payee name	Candidate, committee, or party supported		Office sought & district number	Amount contributed to or spent on behalf of <u>each</u> candidate, PAC or party committee
	Payee's complete mailing address	Code	Remarks		
1/16/09	The Copy Center 27 Court St, Augusta Me 04332	LIT			742.00
1/16/09	United States Postmaster 40 Western Ave, August Me 04330	POS			131.05
1. Total contributions to candidates this page only					\$873.05
2. Total from attached Schedule B pages					0
3. Total contributions this reporting period (Lines 1 + 2)					\$873.05

**SCHEDULE B-1
 OPERATING EXPENSES**

Do not include loan repayments or expenditures made on communications to support or oppose candidates on this schedule.

Expenditure Types Requiring NO Remark		Expenditure Types REQUIRING Remark	
CON	contribution to candidate, party or committee	CNS	campaign consultants
EQP	equipment (office machines, furniture, cell phones)	OTH	other
FND	fundraising events	PRO	professional services
FOD	food for campaign events, volunteers		
LIT	printing and graphics (flyers, signs, palmcards, t-shirts, etc.)		
MHS	mail house (all services purchased)		
OFF	office rent, utilities, phone and internet services, supplies		
PHO	phone banks, automated telephone calls		
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SAL	Campaign workers' salaries and personnel costs		
TRV	travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	Website design, registration, hosting, maintenance, etc.)		

For every expenditure, list the appropriate code.

If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.

Date of payment	Payee/organization name, address, zip code	Code	Remarks or purpose of expenditure	Amount
1. Total operating expenses this page				0
2. Total from attached Schedule B-1 pages				0
3. Total operating expenses this reporting period (Add lines 1 & 2)				0

SCHEDULE C

IN-KIND CONTRIBUTIONS/EXPENDITURES

In-Kind CONTRIBUTIONS

With respect to all items and services received and expended, enter the date received, a description of the item or service, and the fair market value. Enter contributor information if the fair market value of donated item or service is more than \$200.

Date received	Contributors name , address, zip code	Description of goods, services, discounts or facilities received/expended	Fair market value

In-Kind EXPENDITURES

If the items shown above were, in turn, contributed to candidates or committees, list to whom the items were donated and their description.

Date of payment	Recipient's name, address, zip code	Description of goods, services, discounts or facilities contributed	Fair market value

SCHEDULE D

LOANS/LOAN REPAYMENTS

List loans and loan repayments from all sources.

Date of loan/ loan repayment	Identity of lender	COLUMN 1 Loan balance from previous period	COLUMN 2 Amount loaned this period	COLUMN 3		COLUMN 4 Unpaid loans Columns 1 + 2 - 3
				Amount repaid/ forgiven this period	R F	
					R F	
					R F	
					R F	

SCHEDULE E

TOTAL UNPAID OBLIGATIONS (OTHER THAN LOANS)

List all goods or services that have not been invoiced and all existing unpaid bills.

Date obligation incurred	Creditor's name, address, zip code	Purpose	Amount

SCHEDULE F
SUMMARY SECTION

RECEIPTS

THIS PERIOD ONLY

- 1. Contributions received (Schedule A, Line 4)
- 2. Other receipts (interest income, etc.)
- 3. Loans received (Schedule D)
- 4. TOTAL RECEIPTS THIS PERIOD (Lines 1 + 2 + 3)

	0
	0
	0
	0

EXPENDITURES

THIS PERIOD ONLY

- 5. Contributions to or on behalf of others (Schedule B, Line 3)
- 6. Operating expenses (Schedule B-1, Line 3)
- 7. Loan repayments made (Schedule D)
- 8. TOTAL EXPENDITURES THIS PERIOD (Lines 5 + 6 + 7)

	\$873.05
	0
	0
	\$873.05

IN-KIND SUMMARY

Fair Market Value Totals

- Total in-kind contributions this period (Schedule C)
- Total in-kind expenditures this period (Schedule C)

	0
	0