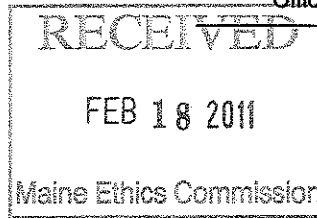




COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
 Mail: 135 State House Station, Augusta, Maine 04333  
 Office: 45 Memorial Circle, Augusta, Maine

**2011 Special Election House District 11  
 Campaign Finance Report**



Website: [www.maine.gov/ethics](http://www.maine.gov/ethics)  
 Phone: 207-287-4179  
 Fax: 207-287-6775

**For Political Action Committees**  
 Please complete ALL entries.

NAME OF COMMITTEE	Republican Speakers Fund		<input checked="" type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	PO Box 915		
CITY AND ZIP CODE	Augusta, ME 04332	TELEPHONE NUMBER 465-7139	
E-MAIL	rjuly@juno.com		<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
NAME OF TREASURER	Robert Nutting		
MAILING ADDRESS STREET	PO Box 100		
CITY AND ZIP CODE	Oakland, ME 04463	TELEPHONE NUMBER 465-7139	
E-MAIL	bob@bobnutting.com		

Type of Report	Due Date	Dates of Report Period
<input checked="" type="checkbox"/> 11-Day Pre-Election	February 18, 2011	Start of Campaign* — February 15, 2011
<input type="checkbox"/> 42-Day Post-Election	April 12, 2011	February 16, 2011 — April 5, 2011

\*Report only those Contributions and Expenditures that pertain to the Special Election for House District 11

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

Robert Nutting  
 Treasurer's Signature

2/18/11  
 Date

**SCHEDULE A  
CASH CONTRIBUTIONS**

- For contributors who gave more than \$50, 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, 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 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
2/9/11	Jon R. Doyle 150 Capital St. Augusta, ME 04330	Lobbyist Doyle + Nelson	1	100.00
2/9/11	Bob Carr 24 Pleasant St. Lincoln, ME 04457	Lobbyist Doyle + Nelson	1	100.00
2/9/11	Law Office of Doyle 150 Capital St Ste 2 Augusta, ME 04330		2	200.00
2/9/11	Craig Nelson 21 Meadow Hill Dr. Farmington, ME 04844	Lobbyist Doyle + Nelson	1	100.00
2/11/11	ME Truck PAC PO Box 857 Augusta, ME 04330		3	250.00
2/15/11	MIA PAC 432 Western Ave Augusta, ME 04330		3	250.00
2/15/11	Maine Dental PAC PO Box 215 Manchester, ME 04351		3	200.00
<b>Total cash contributions (this page only) =&gt;</b> <i>(combined totals from all Schedule A pages must be listed on Schedule F)</i>				<b>1200.00</b>

Key Codes:

- |                                 |  |
|---------------------------------|--|
| 1 = Individuals                 | 4 = Party Committee                          |
| 2 = Commercial Source           | 5 = Candidate Committees                     |
| 3 = Political Action Committees | 6 = Unitemized Contributions of \$50 or less |

Duplicate as needed.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
2/15/11	Resource Policy Group 434 Weymouth Shores Dr. Rayette, ME 04349		2	100.00
2/15/11	Shelley Dook 326 Pond Rd Manchester, ME 07351	Lobbyist Eaton Peabody	1	125.00
<b>Total cash contributions (this page only) ⇒</b> <i>(combined totals from all Schedule A pages must be listed on Schedule F)</i>				225.00

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

Duplicate as needed.

## 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, 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, 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 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) ⇒**  
*(combined totals from all Schedule A-1 pages must be listed on Schedule F)*

**Key Codes:**

- |                                 |  |
|---------------------------------|--|
| 1 = Individuals                 | 4 = Party Committee                          |
| 2 = Commercial Source           | 5 = Candidate Committees                     |
| 3 = Political Action Committees | 6 = Unitemized Contributions of \$50 or less |

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 all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- 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, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

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

*Only these expenditure types require a remark: CNS, OTH, PRO and SAL*

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			

**Total expenditures this page only =>**  
**(combined totals from all Schedule B pages must be listed on Schedule F)**

**SCHEDULE B (continued)**  
**EXPENDITURES TO SUPPORT OR OPPOSE**

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
	Payment to support <input type="checkbox"/> or to oppose <input type="checkbox"/> :			
<b>Total expenditures this page only =&gt;</b>				
<b>(combined totals from all Schedule B pages must be listed on Schedule F)</b>				

**SCHEDULE B - 1  
OPERATING EXPENSES**

List all expenditures made to a single payee or creditor aggregating in excess of \$50 for this election and that were made during this reporting period. Expenditures of \$50 or less for this election may be aggregated and listed as a lump sum.

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

*Only these expenditure types require a remark: CNS, OTH, PRO and SAL*

DATE	PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a remark, describe all goods and services purchased)	AMOUNT
2/7/11	Maine Republican Party 9 Higgins St. Augusta, ME 04330	CNS		1850.00

Total expenditures (this page only) ⇒ 1850.00  
(combined totals from all Schedule B-1 pages must be listed on Schedule F)

**SCHEDULE B-1 (continued)  
OPERATING EXPENDITURES**

<b>DATE</b>	<b>PAYEE NAME &amp; ADDRESS</b>	<b>TYPE</b>	<b>REMARK (if the expenditure type requires a re- mark, describe all goods and services purchased)</b>	<b>AMOUNT</b>
<b>Total expenditures (this page only) =&gt;</b> <i>(combined totals from all Schedule B-1 pages must be listed on Schedule F)</i>				



### 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 REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
		DATE	DATE	DATE	
		AMOUNT	AMOUNT	AMOUNT	
<b>Totals for each column ⇒</b>		<b>Enter on Schedule F, Line 3</b>	<b>Enter on Schedule F, Line 7</b>		<b>Enter on Schedule F, Line 14</b>

**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 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
<b>Total unpaid debts and obligations (this page only) ⇒</b> <i>(combined totals from all Schedule D pages must be listed on Schedule F)</i>			

PAC Name Republican Speakers Fund

**SCHEDULE F  
SUMMARY SCHEDULE**

**CASH ACTIVITY**

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	\$ 1425. <sup>00</sup>
2. Other Cash Receipts (interest, etc.)	0
3. Loans (Schedule C)	0
4. Total Receipts (lines 1 + 2 + 3)	\$ 1425. <sup>00</sup>
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	
6. Operating Expenditures (Schedule B-1)	\$ 1850. <sup>00</sup>
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	\$ 1850. <sup>00</sup>

**CASH SUMMARY**

	Total for This Period
9. Cash Balance at Beginning of Period	18,969.59
10. Plus Total Receipts This Period (line 4 above)	1425. <sup>00</sup>
11. Minus Total Payments This Period (line 8 above)	1850. <sup>00</sup>
12. Cash Balance at End of Period	\$ 17,544.59

**OTHER ACTIVITY**

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	0
14. Total Loan Balance at End of Period (Schedule C)	0
15. Total Unpaid Debts at End of Period (Schedule D)	0