



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
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**2016—REPORT OF MEMBERSHIP ORGANIZATION OR CORPORATION COMMUNICATIONS**

**MEMBERSHIP ORGANIZATION OR CORPORATION**

Name: Maine AFL-CIO  
(Full name of member organization or corporation)

Mailing Address: 21 Gabriel drive

City, State, Zip Code: Augusta, Maine 04330 Telephone: 207-622-9675

**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"/> 42-Day Pre-Primary  | May 3, 2016        | January 1 — April 26      |
| <input type="checkbox"/> 11-Day Pre-Primary  | June 3, 2016       | April 27 — May 31         |
| <input type="checkbox"/> 42-Day Post-Primary   | July 26, 2016      | June 1 — July 19          |
| <input type="checkbox"/> 42-Day Pre-General  | September 27, 2016 | July 20 — September 20    |
| <input checked="" type="checkbox"/> 11-Day Pre-General   | October 28, 2016   | September 21 — October 25 |
| <input type="checkbox"/> 42-Day Post-General   | December 20, 2016  | October 26 — December 13  |
| <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.

[Signature]  
Signature of Authorized Officer of Employee

10/28/16  
Date

Membership Organization or Corporation Communications

Page 1 of 2  
(Schedule B-1 only)

SCHEDULE B-1  
CANDIDATE(S) SUPPORTED/OPPOSED

- 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 |
|--|-------------------|---|--|
| SD 3   | Jeff McCabe       | Support   | 372.50   |
| SD 11  | Jonathan Fulford  | Support   | 281.25   |
| SD 16  | Henry Beck        | support   | 517.25   |
| SD 20  | Kim Sampson       | Support   | 286.00   |
| SD 13  | Chris Johnson     | Support   | 360.25   |
| SD 2   | Michael Carpenter | Support   | 266.00   |
| SD 23  | Eloise Vitelli    | Support   | 621.75   |
| SD 6   | Rock Alley        | support   | 289.25   |
| SD 18  | John Patrick      | Support   | 480.75   |
| HD 165   | Josh Hartford     | Support   | 63.75  |
| HD 137   | Laurie Fogelman   | Support   | 66.50  |
| SD 1   | Troy Jackson      | Support   | 584.75   |
|  |                   |   |  |
|  |                   |   |  |
| Total expenses for all candidates this reporting period.<br><i>This amount should equal the total expenses listed on Schedule B-2, Line C. =&gt;</i> |                   |   | 4,190.00   |

Duplicate as needed

10/2015

Membership Organization or Corporation Communications

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 | <input checked="" type="checkbox"/>                | Amount      |
| 10/20/16  | WB Mason   | LIT          |  | \$ 117.32   |
| 10/21/16  | Augusta PO<br>40 Western Ave, Augusta                  | POS          |  | \$ 2,933.00 |
| 10/23/16  | Rand Printing<br>104 Washington Ave Portland 04101     | LIT          |  | \$ 1,139.68 |
|   |  |              |  |             |
|   |  |              |  |             |
|   |  |              |  |             |
|   |  |              |  |             |
|   |  |              |  |             |
| A. Expenses for this page =>  |  |              |  | 4,190.00    |
| B. Total for all other Schedule B-2 pages (if any) =>   |  |              |  |             |
| C. Total expenses for this reporting period (A+B).<br><i>This amount should equal the total amount for all candidates listed on Schedule B-1. =&gt;</i> |  |              |  | \$ 4,190    |