



2013 CAMPAIGN FINANCE REPORT
Special Election Senate District 19

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
RECEIVED
 Mail: 135 State House Station, Augusta, Maine 04333
 Office: 45 Memorial Circle, Augusta, Maine
 Website: www.maine.gov/ethics
 Phone: 207-287-4179
 Fax: 207-287-6776

OCT 07 2013

Maine Ethics Commission

For State and Local Party Committees
 Please complete ALL entries.

NAME OF COMMITTEE	Maine Democratic State Committee			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	320 Water St. 3rd Floor			
CITY AND ZIP CODE	Augusta 04332	TELEPHONE NUMBER	622-6233	
E-MAIL	mecasale@mainedems.org			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
NAME OF TREASURER	Betty Johnson			
MAILING ADDRESS STREET	PO BOX 5298			
CITY AND ZIP CODE	Augusta 04332	TELEPHONE NUMBER	622-6233	<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
E-MAIL	betjohnson@tidewater.net			

Type of Report	Due Date	Dates of Report Period
<input type="checkbox"/> 11-Day Pre-Election	August 16, 2013	Start of Campaign* — August 13, 2013
<input checked="" type="checkbox"/> 42-Day Post-Election	October 8, 2013	August 14, 2013—October 1, 2013
<input type="checkbox"/> If this is an amendment to a filed report, check this box and indicate the report being amended.		

Report only those Contributions and Expenditures that pertain to the Special Election for Senate District 19. All party committees must submit the campaign finance report by fax or in person by the filing deadline. If by fax, the original campaign finance report must be mailed to the Commission within 5 days. All information reported for the special election must also be reported on the next regularly scheduled campaign finance report. A report mailed to the Commission by certified or registered mail and postmarked at least 2 days before the filing deadline will not be considered late, even if it is received after the deadline. Commission staff will be available until 5:00 p.m. on filing deadlines to offer assistance to filers and to receive campaign finance reports that are delivered in person

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

M.E. Casale 10/7/13
 Treasurer's Signature Date
 Mary Erin Casale
 Executive Director

Party Name Maine Democratic State Cmmt.

Page 1 of 1
Schedule A only

**SCHEDULE A
CASH CONTRIBUTIONS**

- For contributors who gave more than \$200, 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 \$200 or less, you may 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 \$200 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
8/15/13	Senate Democratic Campaign Cmmt 126 Western Ave PMB 237 Augusta, ME 04332	/	3	15000.-
8/20/13	Senate Democratic Campaign Cmmt 126 Western Ave PMB 237 Augusta, ME 04332	/	3	15000.-
8/26/13	Senate Democratic Campaign Cmmt 126 Western Ave PMB 237 Augusta, ME 04332	/	3	6000.-
Total cash contributions (this page only) => <i>(combined totals from all Schedule A pages must be listed on Schedule F)</i>				36000.-

Key Codes:

- | | |
|---------------------------------|---|
| 1 = Individuals | 4 = Party Committee |
| 2 = Commercial Source | 5 = Candidate Committees |
| 3 = Political Action Committees | 6 = Unitemized Contributions of \$200 or less |

Duplicate as needed.

Party Name Maine Democratic State Comm

Page 1 of 1
Schedule A-1 Only

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 \$200, 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 \$200 or less, you may 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 \$200 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)
8/24/13	AFL-CIO LOPE PAC 21 GABRIEL DR. AUGUSTA, ME 04330	/	staff	3	1338.24
Total In-kind contributions (this page only) => (combined totals from all Schedule A-1 pages must be listed on Schedule F)					1338.24

Key Codes:

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of \$200 or less

Duplicate as needed.

Party Name Maine Democratic Spak Cmmt

Page 1 of 2
Schedule B Only

**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			
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		

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

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
8/16/13	CD2 Consulting 9 Miccaskyl Drive New Gloucester, ME 04260		RAD	14590-
	Payment to support <input checked="" type="checkbox"/> or to oppose <input type="checkbox"/> : Eloise Vitelli			
8/16/13	CD2 Consulting 9 Miccaskyl Dr. New Gloucester, ME 04260		RAD	14590-
	Payment to support <input type="checkbox"/> or to oppose <input checked="" type="checkbox"/> : Paula Benoit			
8/14/13	Durso Beychok 362 Napoleon St. Baton Rouge, LA 70802		MHS	1600-
	Payment to support <input checked="" type="checkbox"/> or to oppose <input type="checkbox"/> : Eloise Vitelli			
8/14/13	Durso Beychok 362 Napoleon St. Baton Rouge, LA 70802		MHS	1600-
	Payment to support <input type="checkbox"/> or to oppose <input checked="" type="checkbox"/> : Paula Benoit			

Total expenditures this page only ⇒ **32380**
(combined totals from all Schedule B pages must be listed on Schedule F)

Party Name MAINE DEMOCRATIC STATE COMMITTEE

Page 2 of 3
Schedule B Only

SCHEDULE B (continued)
EXPENDITURES TO SUPPORT OR OPPOSE

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
8/15/13	Durso Beychok 352 Napoleon St. Baton Rouge, LA 70802		MHS	1600-
	Payment to support <input checked="" type="checkbox"/> or to oppose <input :<br="" type="checkbox"/> Eloise Vitelli			
8/15/13	Durso Beychok 352 Napoleon St. Baton Rouge, LA 70802		MHS	1600-
	Payment to support <input type="checkbox"/> or to oppose <input :<br="" checked="" type="checkbox"/> Paula Benoit			
8/16/13	Durso Beychok 352 Napoleon St Baton Rouge, LA 70802		MHS	1600-
	Payment to support <input checked="" type="checkbox"/> or to oppose <input :<br="" type="checkbox"/> Eloise Vitelli			
8/16/13	Durso Beychok 352 Napoleon St Baton Rouge, LA 70802		MHS	1600-
	Payment to support <input type="checkbox"/> or to oppose <input :<br="" checked="" type="checkbox"/> Paula Benoit			
8/20/13	Stones' Phones 41-750 Rancho Las Palmas Dr Ste E-3 Rancho Mirage, LA 92290		PHO	422.62
	Payment to support <input checked="" type="checkbox"/> or to oppose <input :<br="" type="checkbox"/> Eloise Vitelli			
8/22/13	CDZ Consulting 9 Miecasky Dr New Gloucester, ME 04260		RAD	2497.50
	Payment to support <input checked="" type="checkbox"/> or to oppose <input :<br="" type="checkbox"/> Eloise Vitelli			

Total expenditures this page only => 9320.12
(combined totals from all Schedule B pages must be listed on Schedule F)

Party Name Maine Democratic State Comm

Page 3 of 3
Schedule B Only

SCHEDULE B (continued)
EXPENDITURES TO SUPPORT OR OPPOSE

DATE	PAYEE'S NAME AND ADDRESS	REMARKS	TYPE	AMOUNT
8/20/13	OURSO BEYCHOK 352 Napoleon St Baton Rouge, LA 70802		MHS	3000.00
	Payment to support <input checked="" type="checkbox"/> or to oppose <input type="checkbox"/> : Eloise Vitelli			
8/22/13	CDZ CONSULTING 9 MIECASKYI DR NEW BLOUCESTER, ME 04260		RAD	2497.50
	Payment to support <input type="checkbox"/> or to oppose <input checked="" type="checkbox"/> : PAVLA BENOIT			
	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)

5497.50

Party Name Maine Democratic State Cmmt

Page 1 of 1
Schedule B-1 Only

**SCHEDULE B - 1
OPERATING EXPENSES**

List all expenditures made to a single payee or creditor for this election and that were made during this reporting period.

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		

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
8/15/13	Maxwell Rush 120 Water St. Apt #3 Hallowell, ME 04347	SAL	Office staff	1167.92
8/30/13	Maxwell Rush 120 Water St Apt #3 Hallowell, ME 04347	SAL	Office staff	908.41
9/11/13	Maxwell Rush 120 Water St Apt #3 Hallowell, ME 04347	SAL	Office staff	461.78

Total expenditures (this page only) ⇒ **2538.11**
(combined totals from all Schedule B-1 pages must be listed on Schedule F)

**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 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	
		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

Party Name Maine Democratic State Comm

Page 1 of 1
Schedule D Only

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

Party Name Maine Democratic State Cmmt

**SCHEDULE F
SUMMARY SCHEDULE**

CASH ACTIVITY

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	36000 —
2. Other Cash Receipts (Interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	36000 —
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	47197.02
6. Operating Expenditures (Schedule B-1)	2538.11
7. Loan Repayment (Schedule C)	
8. Total Payments (lines 5 + 6 + 7)	49735.73

CASH SUMMARY

	Total for This Period
9. Cash Balance at Beginning of Period	18117.59
10. Plus Total Receipts This Period (line 4 above)	36000.00
11. Minus Total Payments This Period (line 8 above)	49735.73
12. Cash Balance at End of Period	4381.86

OTHER ACTIVITY

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	1338.24
14. Total Loan Balance at End of Period (Schedule C)	
15. Total Unpaid Debts at End of Period (Schedule D)	