

### 2015 CAMPAIGN FINANCE REPORT

#### FOR POLITICAL ACTION COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE	Maine Media Collective			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	75 Market St., suite 203			
CITY AND ZIP CODE	Portland 04101	TELEPHONE NUMBER	772-3373	
E-MAIL	jleonardi@themainemag.com			
NAME OF TREASURER	John Leonardi			<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET	75 Market St., suite 203			
CITY AND ZIP CODE	Portland 04101	TELEPHONE NUMBER	772-3373	
E-MAIL	jleonardi@themainemag.com			

Type of Report	Due Date	Dates of Report Period
<input type="checkbox"/> Initial	Date of Registration	January 1, 2015— date of registration
<input type="checkbox"/> April Quarterly	April 10, 2015	January 1, 2015—March 31, 2015
<input type="checkbox"/>	July 15, 2015	April 1, 2015---June 30, 2015
<input type="checkbox"/> October Quarterly	October 5, 2015	July 1, 2015—September 30, 2015
<input checked="" type="checkbox"/> 11-Day Pre-General	October 23, 2015	October 1, 2015—October 20, 2015
<input type="checkbox"/> 42-Day Post-General	December 15, 2015	13 days prior to Election Day- 35 Days After Election Day
<input type="checkbox"/> January Quarterly	January 15, 2016	October 1 2015—December 31, 2015
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.		
<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.		

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

Treasurer's Signature

10/26/2015

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

**Total cash contributions (this page only) ⇒**  
*(combined totals from all Schedule A pages must be listed on Schedule F)*

Ø

**Key Codes:**

- |                                |                                       |
|--------------------------------|---------------------------------------|
| 1 = Individuals                | 7 = Ballot Question Committee         |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees    |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer        |
| 5 = Political Action Committee | 12 = Contributors giving \$50 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution            |



**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 \$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 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)*

0

**Key Codes:**

- |                                |                                       |
|--------------------------------|---------------------------------------|
| 1 = Individuals                | 7 = Ballot Question Committee         |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees    |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer        |
| 5 = Political Action Committee | 12 = Contributors giving \$50 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution            |

**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 expenditures made in the 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 ballot 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		

*! Remark required for All expenditure types !*

DATE	PAYEE'S NAME AND ADDRESS	REMARKS (REQUIRED)	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)

0

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

DATE	PAYEE'S NAME AND ADDRESS	REMARKS (REQUIRED)	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"/> :			

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

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### 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
<b>LENDER'S NAME AND ADDRESS</b>	<b>LOAN BALANCE AT BEGINNING OF PERIOD</b>	<b>ACTIVITY THIS PERIOD (report amount and date)</b>			<b>LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4</b>
		<b>AMOUNT LOANED THIS PERIOD</b>	<b>AMOUNT REPAYD THIS PERIOD</b>	<b>AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)</b>	
		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	
<b>Totals for each column ⇒</b>		Enter on Schedule F, Line 3  Ø	Enter on Schedule F, Line 7  Ø	Ø	Enter on Schedule F, Line 14  Ø

**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 unpaid 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
10/20/15	LANE PRESS	INCREMENTAL PRINTING COST OF ISSUE	\$10,699

Total unpaid debts and obligations (this page only) ⇒ **\$10,699**  
(combined totals from all Schedule D pages must be listed on Schedule F)

**SCHEDULE F  
SUMMARY SCHEDULE**

**CASH ACTIVITY**

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

**CASH SUMMARY**

	Total for This Period
9. Cash Balance at Beginning of Period	21,000
10. Plus Total Receipts This Period (line 4 above)	Ø
11. Minus Total Payments This Period (line 8 above)	Ø
12. Cash Balance at End of Period	21,000

**OTHER ACTIVITY**

	Total for This Period
13. In-Kind Contributions (Schedule A-1)	Ø
14. Total Loan Balance at End of Period (Schedule C)	Ø
15. Total Unpaid Debts at End of Period (Schedule D)	10,699



# 2015 CAMPAIGN FINANCE REPORT

FOR MUNICIPAL POLITICAL ACTION COMMITTEES AND BALLOT QUESTION COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE	Maine Media Collective			☐ CHECK IF CHANGED FROM PREVIOUS REPORT
STREET	75 Market St. Suite 203			
CITY AND ZIP CODE	Portland 04101	TELEPHONE NUMBER	772-3373	
E-MAIL	jleonardi@themainemag.com			☐ CHECK IF CHANGED FROM PREVIOUS REPORT
NAME OF TREASURER	John Leonardi			
MAILING ADDRESS STREET	75 Market St. Suite 203			
CITY AND ZIP CODE	Portland 04101	TELEPHONE NUMBER	772-3373	☐ CHECK IF CHANGED FROM PREVIOUS REPORT
E-MAIL	jleonardi@themainemag.com			

All Reports Must Be Filed With The Municipal Clerk.  
 Reporting Periods Begin With End of Previously-filed Report's Reporting Period.  
*Italicized Reports Only Required if Committee is Participating in Applicable Election.*

Ver:  
02/10/15

Type of Report	Due Date	Dates of Report Period
<input checked="" type="checkbox"/> Initial	Date of Registration	January 1, 2015 — date of registration
<input type="checkbox"/> April Quarterly	April 10, 2015	Date of registration or January 1, 2015—March 31, 2015
<input type="checkbox"/> 11-Day Pre-June Election	May 29, 2015	April 1, 2015—May 26, 2015
<input type="checkbox"/> July Quarterly (Not required if participating in and filing June Election Reports)	July 15, 2015	April 1, 2015—June 30, 2015
<input type="checkbox"/> 42-Day Post-June Election	July 21, 2015	May 27, 2015—July 14, 2015
<input type="checkbox"/> October Quarterly	October 5, 2015	July 1, 2015 or previous—September 30, 2015
<input type="checkbox"/> 11-Day Pre-November Election	October 23, 2015	October 1, 2015—October 20, 2015
<input type="checkbox"/> 42-Day Post-November Election	December 15, 2015	October 21, 2015—December 8, 2015
<input type="checkbox"/> January Quarterly	January 15, 2016	October 1, 2015 or previous—December 31, 2015
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well. Only this first page is required.		
<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.		

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

10/7/15

**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
10/1/15	Capozza Tile & Floor Covering 267 Warren Ave. Portland, ME 04103	Information Requested	2	1,000
10/1/15	The Press Hotel 119 Exchange St. Portland, ME 04101	"	2	1,000
10/1/15	Legacy Properties Sotheby's International Realty 2 City Center Portland, ME 04101	"	2	1,000
10/1/15	Scott Simons Architects 75 York St. # 4 Portland, ME 04101	"	2	1,000
9/30/15	Allen Insurance 34 Elm St. Camden, ME 04843	"	2	1,000
9/30/15	Distinctive Tiled Design 334 Forest Ave. Portland, ME 04101	"	2	1,000
9/30/15	Benchmark Real Estate 100 Congress St. Portland, ME 04101	"	2	1,000
<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>7,000</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 |

**SCHEDULE A (continued)  
CASH CONTRIBUTIONS**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
9/30/15	David's Restaurant 22 Monument Way Portland, ME 04101	Information Requested	2	1,000
9/30/15	Portland Dry Goods 237 Commercial St. Portland, ME 04101	"	2	1,000
9/30/15	CBRE / The Boulos Company 1 Canal Plaza #500 Portland, ME 04101	"	2	1,000
10/1/15	Catherine York and John Powers Portland, ME 04101	"	1	1,000
9/30/15	Portland's Future PAC P.O. Box 11117 Portland, ME 04107	"	3	9,000
10/1/15	East Brown Cow 100 Commercial St. #306 Portland, ME 04101	"	2	500
10/1/15	Broadreach Public Relations 19 Commercial St. Portland, ME 04101	"	2	500

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

**14,500**

**Key Codes:**

1 = Individuals

2 = Commercial Source

3 = Political Action Committees

4 = Party Committee

5 = Candidate Committees

6 = Unitemized Contributions of \$50 or less

**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 \$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 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)
<b>Total in-kind contributions (this page only) ⇒</b> <i>(combined totals from all Schedule A-1 pages must be listed on Schedule F)</i>					$\emptyset$

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			
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		

*All expenditures require remarks.*

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)

0

**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"/> :			

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

0

## SCHEDULE B - 1 OPERATING EXPENSES

List all operational expenditures made to a single payee or creditor that were made during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided that the time period of the expenditure be identified in the remark section..

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		
<i>All expenditures require remarks.</i>			

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

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

DATE	PAYEE NAME & ADDRESS	TYPE	REMARK (if the expenditure type requires a re- mark, describe all goods and services purchased)	AMOUNT
Total expenditures (this page only) ⇒ (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 REPAYD 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	
Totals for each column ⇒	ϕ	Enter on Schedule F, Line 3 ϕ	Enter on Schedule F, Line 7 ϕ	ϕ	Enter on Schedule F, Line 14 ϕ

**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>			

**SCHEDULE F  
SUMMARY SCHEDULE**

**CASH ACTIVITY**

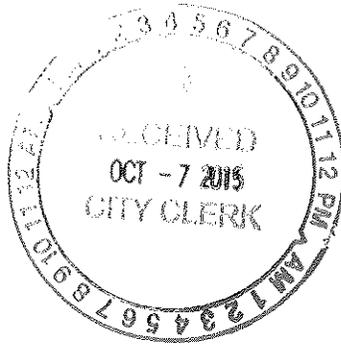
Receipts	Total for this Period
1. Cash Contributions (Schedule A)	21,000
2. Other Cash Receipts (interest, etc.)	Ø
3. Loans (Schedule C)	Ø
4. Total Receipts (lines 1 + 2 + 3)	21,000
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	Ø
6. Operating Expenditures (Schedule B-1)	Ø
7. Loan Repayment (Schedule C)	Ø
8. Total Payments (lines 5 + 6 + 7)	Ø

**CASH SUMMARY**

	Total for This Period
9. Cash Balance at Beginning of Period	Ø
10. Plus Total Receipts This Period (line 4 above)	21,000
11. Minus Total Payments This Period (line 8 above)	Ø
12. Cash Balance at End of Period	21,000

**OTHER ACTIVITY**

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



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES  
 Mail: 135 State House Station, Augusta, Maine 04333  
 Office: 45 Memorial Circle, 2<sup>nd</sup> floor, Augusta, Maine

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

## REGISTRATION: BALLOT QUESTION COMMITTEES

### For Persons and Organizations Other than PACs Involved in Ballot Question Elections

Any person not defined as a political action committee who receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$5,000 for the purpose of initiating or influencing a ballot question shall register with the Commission as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5,000. (21-A M.R.S.A. §1056-B)

An Initial Campaign Finance Report must accompany this form. Ballot Question Committees must report all contributions and expenditures, whether cash or in-kind, made from the beginning of the campaign. Be sure to include expenditures such as those associated with the collection of signatures, paid staff time, travel reimbursement, and fundraising expenses.

Is this an amendment?  Yes  No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

COMMITTEE INFORMATION	
Committee name Maine Media Collective	Acronym
Mailing address 75 Market Street, Suite 203	Phone 207-772-3373
City, state, zip code Portland, ME, 04101	Fax
E-mail jleonardi@themainemag.com	Website www.mainemediacollective.com
TREASURER INFORMATION	
Name John Leonard	Phone 207-772-3373
Mailing address 75 Market Street, Suite 203	
City, state, zip code Portland, ME, 04101	E-mail jleonardi@themainemag.com
PRINCIPAL OFFICER INFORMATION	
Name Emily McConnell	Title Assistant Publisher
Mailing address 75 Market Street, Suite 203	Phone 207-772-3373
City, state, zip code Portland, ME, 04101	E-mail emcconnell@themainemag.com
Name	Title
Mailing address	Phone
City, state, zip code	E-mail

**ALTERNATE E-MAIL ADDRESSES**

To receive filing reminders and important information from the Commission

1.	2.
----	----

**PRIMARY FUNDRAISERS AND DECISION MAKING**

Identify any candidates, Legislators or other individuals who are the primary fundraisers and decision makers for the committee.

1.	2.
3.	4.
5.	6.

**FORM OF ORGANIZATION**

Name the form or structure of organization, i.e., cooperative, corporation, voluntary association, partnership, etc.

Form of organization LLC	Date of origin/incorporation April 21, 2009
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**STATEMENT OF SUPPORT OR OPPOSITION**

Indicate which ballot question the committee supports or opposes. If the ballot question has not been printed at the time of registration, please indicate whether the committee is involved in a citizen initiative or people's veto and the subject matter.

Support	

Oppose	Question 2 on November 3rd ballot

**SIGNATURE OF PRINCIPAL OFFICER, TREASURER OR OTHER AUTHORIZED INDIVIDUAL**

Signature 	Title TREASURER
Print name JOHN J LEONARD I	Date 10/7/15

**IMPORTANT NOTICE:**

An initial campaign finance report must be filed with the Commission at the time of registration.