24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
MAINE DEMOCRATIC PARTY	
	C C00179408
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Ads began on 9-30-19 \$10,000 threshold reached 10-17-19	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 310 E 46th St 4E	10 17 2010
3.0 2 10 0	Amount
City State Zip Code	6000.00
New York NY 10017	Transaction ID : WFT20199181456-1
	Date of Disbursement or Obligation
Purpose of Expenditure Incremental Digital Ads Category/ Type	M 10
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Collins, Susan, , ,	
Calendar Year-To-Date	Disbursement For: X Primary General
Per Election for Office Sought	2020 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District:
Oppos	se President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	6000.00
(a) CODIONIZ OF NOMIZED INDOPONDON EXPONDINGS	0000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(4) 002.01.2 0. 0	7 7 7
(c) TOTAL Independent Expenditures	6000 00
()	6000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Johnson, Betty, , , [Electronically Filed]	Date 10 19 2019
Signature	Date 10 19 2019