

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Maine Peoples Alliance Campaign Maine</i>	FEC IDENTIFICATION NUMBER <i>C00371484</i>
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Maine Peoples Alliance</i>	Date <i>10 27 2008</i>
Mailing Address <i>565 Congress St #200</i>	Amount <i>750.00</i>
City <i>Portland</i> State <i>ME</i> Zip Code <i>04101</i>	

Purpose of Expenditure <i>Phone bank</i>	Category/Type <i>007</i>	Office Sought: <input type="checkbox"/> House    State: <i>ME</i> <input type="checkbox"/> Senate    District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Barack Obama</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>2,430.39</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Maine Peoples Alliance</i>	Date <i>10 27 2008</i>
Mailing Address <i>565 Congress St #200</i>	Amount <i>750.</i>
City <i>Portland</i> State <i>ME</i> Zip Code <i>04101</i>	

Purpose of Expenditure <i>Phone bank</i>	Category/Type <i>007</i>	Office Sought: <input type="checkbox"/> House    State: <i>ME</i> <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Tom Allen</i>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>1,310.11</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures <i>Pg 1</i>	Amount <i>1,500.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.

Signature *[Handwritten Signature]*      Date *10 27 2008*

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