

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Jean Hay Bright US

ADDRESS (number and street) 4262 Kennebec Rd Check if different than previously reported. (ACC) Dixmont ME 04932

2. FEC IDENTIFICATION NUMBER C00411504 CITY STATE ZIP CODE STATE DISTRICT 3. IS THIS REPORT NEW OR AMENDED ME

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 07 2006 in the State of ME

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer David Bright Signature of Treasurer Date 12 04 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Jean Hay Bright US

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	18494.65	98811.18
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18494.65	98811.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	33487.87	115424.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	289.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33487.87	115134.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	720.24	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	14659.84	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Jean Hay Bright US

Report Covering the Period: From:    To:

**I. RECEIPTS**

	<b>COLUMN A Total this Period</b>	<b>COLUMN B Election Cycle Total as of</b>		<b>COLUMN C Total for</b>
11. CONTRIBUTIONS (other than loans) FROM:		<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)		<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
(a) Individuals/Persons Other than Political Committees			<b>through</b>	<input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(i) Itemized (Use Schedule A)	<input type="text" value="9228.33"/>			
(ii) Unitemized	<input type="text" value="8266.32"/>			
(iii) Total of contributions from individuals	<input type="text" value="17494.65"/>	<input type="text" value="82853.34"/>		<input type="text" value="2547.02"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="1341.00"/>		<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="1000.00"/>	<input type="text" value="12000.00"/>		<input type="text" value="0.00"/>

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	2616.84	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
18494.65	98811.18	2547.02
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
2000.00	13159.84	2000.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
2000.00	13159.84	2000.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	289.95	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	8.64	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
20494.65	112269.61	4547.02

Image# 4.000000

POST ELECTION DETAILED SUMMARY PAGE

5 / 44

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Jean Hay Bright US

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
33487.87	115424.07	3204.03
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	500.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	500.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

33487.87	115924.07	3204.03
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

18494.65	98811.18	2547.02
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

33487.87	115134.12	3204.03
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	13713.46
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	20494.65
25. SUBTOTAL(add Line 23 and Line 24) .....	34208.11
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	33487.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	720.24

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

<p><b>A.</b> Full Name (Last, First, Middle Initial) Laurie V Adams</p> <p>Mailing Address P.O. Box 1094 579 Belfast Rd.</p> <p>City State Zip Code Camden ME 04843</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation self artist, jeweler</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">3100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 7 / 2 0 0 6</span></p> <p><b>Transaction ID:</b> C7525868</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Ben Bernard</p> <p>Mailing Address PO Box 70</p> <p>City State Zip Code Cliff Island ME 04019</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cliff Island Software Occupation Cliff Island Software Software Designer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 6</span></p> <p><b>Transaction ID:</b> C7519380</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard F. Bernard</p> <p>Mailing Address 5 E Street</p> <p>City State Zip Code South Portland ME 04106</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Information Requested Occupation Information Requested Information Requested</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 9 / 2 0 0 6</span></p> <p><b>Transaction ID:</b> C7525957</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1075.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Muriel F. Campaglia</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1077 30th St NW # 409		<b>Transaction ID: C6842094</b>
City State Zip Code Washington DC 20007-3823		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. John Christensen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 4 Tarratine Drive		<b>Transaction ID: C7528286</b>
City State Zip Code Brunswick ME 04011		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Bigelow Laboratory	Occupation Information Requested Oceanographer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. Susan J Cook</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 418 Washington Street		<b>Transaction ID: C6848396</b>
City State Zip Code Bath ME 04530		Amount of Each Receipt this Period 216.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 341.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2366.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Suzanne G Cusick</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address 171 Young Road		<b>Transaction ID: C6844394</b>	
City State Zip Code Augusta ME 04330	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer New York University	Occupation university professor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Carmen Decarlo</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 8 Monson Junction Ln		<b>Transaction ID: C7528285</b>	
City State Zip Code Abbot ME 04406-3602	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Information Requested	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Arthur Dexter</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 10017 Lake Ave Apt 205		<b>Transaction ID: C7524532</b>	
City State Zip Code Cleveland OH 44102	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self	Occupation Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 265.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	340.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Jeffrey T. Eastment</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 9 Scittery Gussett Dr.		<b>Transaction ID: C7522685</b>
City State Zip Code Falmouth ME 04105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self employed Occupation residential design and construction		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Carolyn C. Foster</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 215 Martin Point Rd		<b>Transaction ID: C7528292</b>
City State Zip Code Friendship ME 04547-4322	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy R. Glover</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address 26 Donahue Dr		<b>Transaction ID: C6844088</b>
City State Zip Code South Thomaston ME 04858-3109	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PenBay Hospital Occupation registered nurse		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas George Hagan		Date of Receipt MM / DD / YYYY 11 / 04 / 2006
Mailing Address 47 Harvard Street B202		<b>Transaction ID:</b> C7522900
City Charlestown	State MA	Zip Code 02129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Actioneer, Inc.	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Harkins		Date of Receipt MM / DD / YYYY 11 / 04 / 2006
Mailing Address PO Box 61		<b>Transaction ID:</b> C7522904
City Westbrook	State ME	Zip Code 04098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Jiangxi Science & Technology Normal Un	Occupation ESL Teacher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Herbert J. Hoffman		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address P.O. Box 18/42 Juniper Lane		<b>Transaction ID:</b> C6842529
City Ogunquit	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**A.** Full Name (Last, First, Middle Initial)  
Herbert J. Hoffman

Mailing Address P.O. Box 18/42 Juniper Lane

City State Zip Code  
Ogunquit ME 03907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

**Transaction ID:** C6848420

Amount of Each Receipt this Period  
600.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John and Kathryn Kazenski

Mailing Address 252 Broadturn Rd

City State Zip Code  
Scarborough ME 04074-8487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

**Transaction ID:** C7520244

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Patrisha McLean

Mailing Address PO Box 307

City State Zip Code  
Camden ME 04843-0307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
self photographer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

**Transaction ID:** C7524666

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Patricia M. O'Day-Senior</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 180 Shore Acres Rd		<b>Transaction ID: C7525865</b>	
City State Zip Code Parsonsfield ME 04047-6860		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer teacher	Occupation MSAD 57		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B. Carl B. Page</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5214F Diamond Hts Blvd #731		<b>Transaction ID: C8288491</b>	
City State Zip Code San Francisco CA 94131		Amount of Each Receipt this Period 199.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation computer engineer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 597.00		

Full Name (Last, First, Middle Initial) <b>C. Charles Rodrigues</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 425 Gilman Falls Ave. #3		<b>Transaction ID: C7525797A</b>	
City State Zip Code Old Town ME 04468		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer university of maine	Occupation forester		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	349.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Charles Rodrigues</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6
Mailing Address 425 Gilman Falls Ave. #3		Transaction ID: C7523100
City State Zip Code Old Town ME 04468	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer university of maine Occupation forester	Election Cycle-to-Date ▼ 255.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jane Sanford</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 57 High St		Transaction ID: C7520258
City State Zip Code Belfast ME 04915-6245	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation retired	Election Cycle-to-Date ▼ 425.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patrick J. Scanlon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 24 Washington Ave		Transaction ID: C6848397
City State Zip Code Andover MA 01810-1724	Amount of Each Receipt this Period 61.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Scanlon associates Occupation consultant	Election Cycle-to-Date ▼ 461.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	166.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Abraham Smith</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 35 Royal Ccrest Drive Apt 2		<b>Transaction ID: C7519258</b>
City Marlborough State MA Zip Code 01752	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Intel Coporation Occupation Engineer	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Halsey W. Snow, PhD.</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6 Mystical Way		<b>Transaction ID: C7524679</b>
City Cumberland State ME Zip Code 04021-3022	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Educator	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Eugenie Sotiropoulos-Foss</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1983 Post Road		<b>Transaction ID: C6848421</b>
City Wells State ME Zip Code 04090	Amount of Each Receipt this Period 307.33	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested	Election Cycle-to-Date ▼ 307.33	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	907.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Arthur E Spellissy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 5 Cheehaak Rd		<b>Transaction ID: C6848417</b>
City State Zip Code Freeport ME 04032-6122	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Back Cove Resources	Occupation gemologist	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Judith Steinhauer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 138 Neal Street Portland ME 0410		<b>Transaction ID: C6849206</b>
City State Zip Code Portland ME 04102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation N/A	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1550.00	

Full Name (Last, First, Middle Initial) <b>C. Judith Steinhauer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 138 Neal Street Portland ME 0410		<b>Transaction ID: C7519255</b>
City State Zip Code Portland ME 04102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation N/A	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 44  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**A.** Full Name (Last, First, Middle Initial)  
Lucy E Stinson

Mailing Address 2 Schooner Ridge #18

City Bath State ME Zip Code 04530

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2006  
**Transaction ID: C6848408**  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jeremy Strater

Mailing Address 202 Taft Point Rd.

City Gouldsboro State ME Zip Code 04607-4023

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 11 / 15 / 2006  
**Transaction ID: C7525644**  
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Rufus Wanning

Mailing Address PO Box 315

City Orland State ME Zip Code 04472

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation arborist

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 11 / 11 / 2006  
**Transaction ID: C7524576**  
 Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **9228.33**

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**A.** Full Name (Last, First, Middle Initial)  
Tom Allen For Congress

Mailing Address PO Box 17766

City State Zip Code  
Portland ME 04112-8766

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 6

**Transaction ID: C6848395**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 44
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial)  
Jean M. Hay Bright

Mailing Address 4262 Kennebec Rd

City Dixmont State ME Zip Code 04932-3643

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
17776.68

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	6

Transaction ID: C8288492

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 20 / 44

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**A. ActBlue**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing fee  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: D132267**  
Date of Disbursement  
10 / 22 / 2006

Amount of Each Disbursement this Period  
11.53

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

003  
Category/Type

**B. ActBlue**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing fee  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: D132268**  
Date of Disbursement  
10 / 29 / 2006

Amount of Each Disbursement this Period  
12.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

003  
Category/Type

**C. ActBlue**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing fee  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: D132269**  
Date of Disbursement  
11 / 05 / 2006

Amount of Each Disbursement this Period  
11.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

003  
Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 35.55

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 21 / 44

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

<p><b>A. ActBlue</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 382110</p> <p>City Cambridge State MA Zip Code 02238-2110</p> <p>Purpose of Disbursement Processing fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D132270 <b>Date of Disbursement</b> 11 / 07 / 2006</p> <p><b>Amount of Each Disbursement this Period</b> 1.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p><b>B. ActBlue</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 382110</p> <p>City Cambridge State MA Zip Code 02238-2110</p> <p>Purpose of Disbursement Processing fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D132271 <b>Date of Disbursement</b> 11 / 12 / 2006</p> <p><b>Amount of Each Disbursement this Period</b> 1.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
--	--

<p><b>C. ActBlue</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 382110</p> <p>City Cambridge State MA Zip Code 02238-2110</p> <p>Purpose of Disbursement fee for Carl Page 5/16/2006 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D134685 <b>Date of Disbursement</b> 10 / 20 / 2006</p> <p><b>Amount of Each Disbursement this Period</b> 6.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 22 / 44

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Channel X</b>		Transaction ID: D132156 Date of Disbursement 10 / 30 / 2006	
Mailing Address 152 E Green Ridge Rd		Amount of Each Disbursement this Period 600.00	
City Caribou	State ME	Zip Code 04736-3737	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement rdio ads		Category/Type 004	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Clear Channel Radio</b>		Transaction ID: D132180 Date of Disbursement 11 / 02 / 2006	
Mailing Address Target Industrial Park		Amount of Each Disbursement this Period 617.00	
City Bangor	State ME	Zip Code 04401	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement radio ads		Category/Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Continental Airlines</b>		Transaction ID: D134678 Date of Disbursement 10 / 19 / 2006	
Mailing Address 1600 Smith St		Amount of Each Disbursement this Period 1552.80	
City Houston	State TX	Zip Code 77002-7362	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement airline tickets		Category/Type 003	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2769.80
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 44

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

<b>A. First Data</b> Full Name (Last, First, Middle Initial) Mailing Address 6200 S Quebec St City Greenwood Village State CO Zip Code 80111-4729 Purpose of Disbursement credit card fees - VISA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D134681 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 145.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>B. First Data</b> Full Name (Last, First, Middle Initial) Mailing Address 6200 S Quebec St City Greenwood Village State CO Zip Code 80111-4729 Purpose of Disbursement credit card fees - MC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D134682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 86.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>C. First Data</b> Full Name (Last, First, Middle Initial) Mailing Address 6200 S Quebec St City Greenwood Village State CO Zip Code 80111-4729 Purpose of Disbursement credit card fees - DISC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> D134683 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 15.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	247.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 24 / 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Gossamer Press</b>		Transaction ID: D132249 Date of Disbursement 11 / 15 / 2006
Mailing Address 259 Main St		Amount of Each Disbursement this Period 479.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Old Town	State ME	
Zip Code 04468-1530		
Purpose of Disbursement letterheads Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Gossamer Press</b>		Transaction ID: D132250 Date of Disbursement 11 / 15 / 2006
Mailing Address 259 Main St		Amount of Each Disbursement this Period 408.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Old Town	State ME	
Zip Code 04468-1530		
Purpose of Disbursement envelopes Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. Gossamer Press</b>		Transaction ID: D132171 Date of Disbursement 10 / 26 / 2006
Mailing Address 259 Main St		Amount of Each Disbursement this Period 99.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Old Town	State ME	
Zip Code 04468-1530		
Purpose of Disbursement brochures Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 006		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	987.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 25 / 44

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Jean M. Hay Bright</b>		<b>Transaction ID: D132178</b> Date of Disbursement 11 / 01 / 2006	
Mailing Address    4262 Kennebec Rd			
City Dixmont	State ME	Zip Code 04932-3643	
Purpose of Disbursement Sept 2006 travel		002 Category/ Type	
Candidate Name Jean M. Hay Bright			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME    District:			

Amount of Each Disbursement this Period  
1937.50  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Jean M. Hay Bright</b>		<b>Transaction ID: D134673</b> Date of Disbursement 11 / 27 / 2006	
Mailing Address    4262 Kennebec Rd			
City Dixmont	State ME	Zip Code 04932-3643	
Purpose of Disbursement non-travel expenses		001 Category/ Type	
Candidate Name Jean M. Hay Bright			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME    District:			

Amount of Each Disbursement this Period  
236.00  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. KaneLewis Productions</b>		<b>Transaction ID: D132160</b> Date of Disbursement 10 / 25 / 2006	
Mailing Address    189 Rope Ferry Rd			
City Sedgwick	State ME	Zip Code 04676	
Purpose of Disbursement TV ad production		004 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:    District:			

Amount of Each Disbursement this Period  
1126.25  
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3299.75</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 26 / 44

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. KaneLewis Productions</b>		<b>Transaction ID: D132161</b> Date of Disbursement 11 / 04 / 2006	
Mailing Address    189 Rope Ferry Rd		Amount of Each Disbursement this Period 731.50	
City Sedgwick	State ME	Zip Code 04676	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TV ad production		Category/Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>B. Merrill Merchants Bank</b>		<b>Transaction ID: D134679</b> Date of Disbursement 11 / 27 / 2006	
Mailing Address    201 Main St		Amount of Each Disbursement this Period 78.78	
City Bangor	State ME	Zip Code 04401-6402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement interest payment		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>C. Modern Screenprint</b>		<b>Transaction ID: D130377</b> Date of Disbursement 10 / 19 / 2006	
Mailing Address    69 Hillside Ave		Amount of Each Disbursement this Period 639.45	
City Bangor	State ME	Zip Code 04401-3233	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement bumper stickers, banner		Category/Type 006	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1449.73</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 27 / 44

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Nassau Broadcasting</b>		<b>Transaction ID: D132177</b>	
Mailing Address PO Box 14107		Date of Disbursement 10 / 31 / 2006	
City Lewiston	State ME	Zip Code 04243	Amount of Each Disbursement this Period 587.50
Purpose of Disbursement Radio ads		Category/ Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Newtek Merchant Solutions</b>		<b>Transaction ID: D132181</b>	
Mailing Address 744 N 4th St		Date of Disbursement 11 / 03 / 2006	
City Milwaukee	State WI	Zip Code 53203-2112	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement credit card processing		Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. People's Email Network</b>		<b>Transaction ID: D134684</b>	
Mailing Address PO Box 35022		Date of Disbursement 11 / 17 / 2006	
City Los Angeles	State CA	Zip Code 90035-0022	Amount of Each Disbursement this Period 450.00
Purpose of Disbursement fundraising commission		Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1052.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 28 / 44

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Postmaster Dixmont</b>		<b>Transaction ID: D132251</b> Date of Disbursement 10 / 29 / 2006	
Mailing Address    975 Western Ave			
City Dixmont	State ME	Zip Code 04932	
Purpose of Disbursement overnight mail		Amount of Each Disbursement this Period 14.40	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		Category/Type 004	

Full Name (Last, First, Middle Initial) <b>B. Postmaster Dixmont</b>		<b>Transaction ID: D130376</b> Date of Disbursement 10 / 23 / 2006	
Mailing Address    975 Western Ave			
City Dixmont	State ME	Zip Code 04932	
Purpose of Disbursement postage		Amount of Each Disbursement this Period 472.55	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		Category/Type 003	

Full Name (Last, First, Middle Initial) <b>C. Postmaster Dixmont</b>		<b>Transaction ID: D132154</b> Date of Disbursement 11 / 02 / 2006	
Mailing Address    975 Western Ave			
City Dixmont	State ME	Zip Code 04932	
Purpose of Disbursement postage		Amount of Each Disbursement this Period 117.00	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:    2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	603.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 29 / 44

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Postmaster Dixmont</b>		<b>Transaction ID: D132155</b>	
Mailing Address 975 Western Ave		Date of Disbursement 10 / 26 / 2006	
City Dixmont	State ME	Zip Code 04932	Amount of Each Disbursement this Period 1170.00
Purpose of Disbursement postage		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Postmaster Dixmont</b>		<b>Transaction ID: D132162</b>	
Mailing Address 975 Western Ave		Date of Disbursement 11 / 03 / 2006	
City Dixmont	State ME	Zip Code 04932	Amount of Each Disbursement this Period 28.80
Purpose of Disbursement postage		003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Postmaster Dixmont</b>		<b>Transaction ID: D132163</b>	
Mailing Address 975 Western Ave		Date of Disbursement 11 / 13 / 2006	
City Dixmont	State ME	Zip Code 04932	Amount of Each Disbursement this Period 78.39
Purpose of Disbursement postage		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1277.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 31 / 44

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. Time Warner Cable</b>		Transaction ID: D132165 Date of Disbursement 10 / 24 / 2006	
Mailing Address 477 Congress St		Amount of Each Disbursement this Period 2011.00	
City Portland	State ME	Zip Code 04101	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement TV ads		004 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		Transaction ID: D132166 Date of Disbursement 11 / 03 / 2006	
Mailing Address 477 Congress St		Amount of Each Disbursement this Period 1062.00	
City Portland	State ME	Zip Code 04101	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement TV ads		004 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Jim Trott</b>		Transaction ID: D132326 Date of Disbursement 11 / 22 / 2006	
Mailing Address 166 Murray St		Amount of Each Disbursement this Period 774.95	
City Portland	State ME	Zip Code 04103-4210	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement stakes		006 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3847.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	





**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**A. WABI-TV**

Full Name (Last, First, Middle Initial)  
Mailing Address Hildreth Ave

City Bangor State ME Zip Code 04401

Purpose of Disbursement TV ads  
Candidate Name Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D132172  
Date of Disbursement 10 / 26 / 2006

Amount of Each Disbursement this Period 3230.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B. WABI-TV**

Full Name (Last, First, Middle Initial)  
Mailing Address Hildreth Ave

City Bangor State ME Zip Code 04401

Purpose of Disbursement TV ads  
Candidate Name Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D132173  
Date of Disbursement 11 / 02 / 2006

Amount of Each Disbursement this Period 1389.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C. WBGR -TV**

Full Name (Last, First, Middle Initial)  
Mailing Address 2881 Ohio Street Suite 6

City Bangor State ME Zip Code 04401

Purpose of Disbursement TV advertising  
Candidate Name Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D132164  
Date of Disbursement 10 / 22 / 2006

Amount of Each Disbursement this Period 250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 4869.75

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 34 / 44

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

<p><b>A. WCSH-TV</b></p> <p>Full Name (Last, First, Middle Initial) Jean Hay Bright US</p> <p>Mailing Address 1 Congress Sq</p> <p>City Portland State ME Zip Code 04101-3801</p> <p>Purpose of Disbursement TV ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D132169</p> <p>Date of Disbursement 10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 3514.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B. WCSH-TV</b></p> <p>Full Name (Last, First, Middle Initial) Jean Hay Bright US</p> <p>Mailing Address 1 Congress Sq</p> <p>City Portland State ME Zip Code 04101-3801</p> <p>Purpose of Disbursement TV ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D132170</p> <p>Date of Disbursement 11 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 1666.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C. WGME-TV</b></p> <p>Full Name (Last, First, Middle Initial) Jean Hay Bright US</p> <p>Mailing Address 81 Northport Drive</p> <p>City Portland State ME Zip Code 04103</p> <p>Purpose of Disbursement TV ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D132174</p> <p>Date of Disbursement 10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 3548.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8729.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 35 / 44

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Full Name (Last, First, Middle Initial) <b>A. WGME-TV</b>		<b>Transaction ID:</b> D132175 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 81 Northport Drive		Amount of Each Disbursement this Period 786.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State ME Zip Code 04103		
Purpose of Disbursement TV ads Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WLBZ-TV</b>		<b>Transaction ID:</b> D132167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 200 Mount Hope Ave		Amount of Each Disbursement this Period 1980.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bangor State ME Zip Code 04401-4139		
Purpose of Disbursement TV ads Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WLBZ-TV</b>		<b>Transaction ID:</b> D132168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 200 Mount Hope Ave		Amount of Each Disbursement this Period 964.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bangor State ME Zip Code 04401-4139		
Purpose of Disbursement TV ads Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3731.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>33487.87</b>

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Transaction ID: L406

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1650.48	0.00	1650.48

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 2006	12/31/2006	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1650.48
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L434**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1271.91	0.00	1271.91

**TERMS**

Date Incurred M M 04 D D 06 Y Y Y Y 2006	Date Due 12/31/2006	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1271.91
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L436**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd	
City Dixmont State ME ZIP Code 04932-3643	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	500.00	2000.00

**TERMS**

Date Incurred M M 06 D D 30 Y Y Y Y 2005	Date Due 12/31/2006	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3 )**

Use separate schedule(s) for each category of the Detailed Summary Page

**LOANS**

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L437**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 30 Y Y Y Y 2005	12/31/2006	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	2500.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L438**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Jean M. Hay Bright (Personal Funds)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 4262 Kennebec Rd

City Dixmont State ME ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1272.29	0.00	1272.29

**TERMS**

Date Incurred:    Date Due:  Interest Rate:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) .....

**TOTALS** This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L439**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
658.21	0.00	658.21

**TERMS**

Date Incurred M M 0 1 D D 3 1 Y Y Y Y 2 0 0 6	Date Due 12/31/2006	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	------------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="658.21"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L440**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1790.10	0.00	1790.10

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 2 8 Y Y Y Y 2 0 0 6	12/31/2006	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1790.10
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3 )**

Use separate schedule(s) for each category of the Detailed Summary Page

**LOANS**

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

**Transaction ID: L441**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1516.85	0.00	1516.85

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 06 Y Y Y Y 2006	12/31/2006	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1516.85
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Jean Hay Bright US

Transaction ID: L442

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Jean M. Hay Bright (Personal Funds)		Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP Code 04932-3643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 2 7 Y Y Y Y 2 0 0 6	12/31/2006	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	2000.00
<b>TOTALS</b> This Period (last page in this line only) .....	14659.84
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	