

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

JeanHayBright.US

ADDRESS (number and street)

4262 Kennebec Rd

Check if different than previously reported. (ACC)

Dixmont

ME

04932 - 3643

2. FEC IDENTIFICATION NUMBER

C 0 0 4 1 1 5 0 4

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

ME

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

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

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

07 / 01 / 2005

through

09 / 30 / 2005

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 L. Bright

Signature of Treasurer

Date

10 / 14 / 2005

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JeanHayBright.US

Report Covering the Period: From: **07 / 01 / 2005** To: **09 / 30 / 2005**

	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))....	1,894.04	5,039.48
(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)).....	1,894.04	5,039.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3,458.51	8,200.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	14.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3,458.51	8,185.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1,362.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4,500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

JeanHayBright.US

Report Covering the Period: From: 0 7 / 0 1 / 2 0 0 5 To: 0 9 / 3 0 / 2 0 0 5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 . 0 0	2 0 0 . 0 0
(ii) Unitemized.....	1 , 7 1 6 . 0 0	3 , 1 8 8 . 0 0
(iii) TOTAL of contributions from individuals ▶	1 , 7 1 6 . 0 0	3 , 3 8 8 . 0 0
(b) Political Party Committees.....	0 . 0 0	0 . 0 0
(c) Other Political Committees (such as PACs).....	0 . 0 0	0 . 0 0
(d) The Candidate.....	1 7 8 . 0 4	1 , 6 5 1 . 4 8
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1 , 8 9 4 . 0 4	5 , 0 3 9 . 4 8
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0 . 0 0	0 . 0 0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2 , 5 0 0 . 0 0	5 , 0 0 0 . 0 0
(b) All Other Loans.....	0 . 0 0	0 . 0 0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2 , 5 0 0 . 0 0	5 , 0 0 0 . 0 0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0 . 0 0	1 4 . 9 5
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0 . 0 0	8 . 6 4
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4 , 3 9 4 . 0 4	1 0 , 0 6 3 . 0 7

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3,458.51	8,200.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	500.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3,458.51	8,700.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	427.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4,394.04
25. SUBTOTAL (add Line 23 and Line 24).....	4,821.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,458.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,362.87

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 1 OF 1

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) **JeanHayBright.US**

A. Full Name (Last, First, Middle Initial)
Hay Bright, Jean M. (in-kind contribution of candidate's books)

Mailing Address
4262 Kennebec Rd.

City **Dixmont** State **ME** Zip Code **04932**

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

Name of Employer **self-employed** Occupation **farmer / writer**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ **1,613.74**

Date of Receipt **09 / 30 / 2005**

Amount of Each Receipt this Period **1,403.00**

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

B. Full Name (Last, First, Middle Initial)
Hay Bright, Jean M. (in-kind contribution of candidate's books)

Mailing Address
4262 Kennebec Rd

City **Dixmont** State **ME** Zip Code **04932**

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

Name of Employer **self-employed** Occupation **farmer / writer**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ **1,651.48**

Date of Receipt **09 / 30 / 2005**

Amount of Each Receipt this Period **377.40**

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

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional)..... ▶	1,780.40
TOTAL This Period (last page this line number only)..... ▶	1,780.40

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

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 1 OF 1

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NAME OF COMMITTEE (In Full) **JeanHayBright.US**

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

Mailing Address
4262 Kennebec Rd.

City **Dixmont** State **ME** Zip Code **04932**

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

Name of Employer **self-employed** Occupation **farmer / writer**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5 0 0 0 . 0 0

Date of Receipt
09 / 30 / 2005

Amount of Each Receipt this Period
2 5 0 0 . 0 0

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

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer **self-employed** Occupation **farmer / writer**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional) ▶ **2 5 0 0 . 0 0**

TOTAL This Period (last page this line number only) ▶ **2 5 0 0 . 0 0**

**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 1 OF 5
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)

A. Modern Screenprint

Date of Disbursement: 07 / 01 / 2005

Mailing Address: 69 Hillside Ave.

City: Bangor State: ME Zip Code: 04401

Purpose of Disbursement: parade banner Category/Type: 006

Candidate Name: Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ME District:

Amount of Each Disbursement this Period: 162.75

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

Full Name (Last, First, Middle Initial)

B. Gossamer Press

Date of Disbursement: 07 / 15 / 2005

Mailing Address: 259 Main St.

City: Old Town State: ME Zip Code: 04468

Purpose of Disbursement: calling cards Category/Type: 006

Candidate Name: Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ME District:

Amount of Each Disbursement this Period: 152.25

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

Full Name (Last, First, Middle Initial)

C. Gossamer Press

Date of Disbursement: 09 / 16 / 2005

Mailing Address: 259 Main St.

City: Old Town State: ME Zip Code: 04468

Purpose of Disbursement: calling cards Category/Type: 006

Candidate Name: Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ME District:

Amount of Each Disbursement this Period: 204.75

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

SUBTOTAL of Disbursements This Page (optional) ▶ 519.75

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 2 OF 5	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Gossamer Press		09 / 22 / 2005
Mailing Address 259 Main St.		Amount of Each Disbursement this Period 124.95
City Old Town	State Zip Code ME 04468	
Purpose of Disbursement contribution envelopes		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Modern Screenprint		09 / 22 / 2005
Mailing Address 69 Hillside Ave.		Amount of Each Disbursement this Period 606.90
City Bangor	State Zip Code ME 04401	
Purpose of Disbursement bumper stickers		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Maine Democratic Party		08 / 07 / 2005
Mailing Address PO Box 5258		Amount of Each Disbursement this Period 600.00
City Augusta	State Zip Code ME 04332	
Purpose of Disbursement event fee		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	791.85
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 3 OF 5		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full) **JeanHayBright.US**

Full Name (Last, First, Middle Initial) A. Jean Hay Bright		Date of Disbursement 09 / 30 / 2005
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period 1 4 0 . 3 0
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement distribution of in-kind contribution of candidate books		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright	Category/Type 0 0 6	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

Full Name (Last, First, Middle Initial) B. Jean Hay Bright		Date of Disbursement 09 / 30 / 2005
Mailing Address 4262 Kennebec Rd.		Amount of Each Disbursement this Period 3 7 . 7 4
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement distribution of in-kind contribution of candidate books		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright	Category/Type 0 0 6	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

Full Name (Last, First, Middle Initial) C. Maine Democratic Party		Date of Disbursement 09 / 26 / 2005
Mailing Address PO Box 5258		Amount of Each Disbursement this Period 1 5 0 . 0 0
City Augusta	State Zip Code ME 04332	
Purpose of Disbursement program ad		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright	Category/Type 0 0 4	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3 2 8 . 0 4
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 4 OF 5	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial) A. Jean Hay Bright		Date of Disbursement 09 / 30 / 2005
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period 1 4 6 . 0 0
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement reimbursement for fair and event tickets		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

Full Name (Last, First, Middle Initial) B. Jean Hay Bright		Date of Disbursement 08 / 31 / 2005
Mailing Address 4262 Kennebec Rd.		Amount of Each Disbursement this Period 6 5 6 . 4 4
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement June travel expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

Full Name (Last, First, Middle Initial) C. Jean Hay Bright		Date of Disbursement 09 / 30 / 2005
Mailing Address 4262 Kennebec		Amount of Each Disbursement this Period 4 9 8 . 5 0
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement July travel expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1,300.94
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 5 OF 5			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full) **JeanHayBright.US**

Full Name (Last, First, Middle Initial) A. Jean Hay Bright		Date of Disbursement MM / DD / YYYY 09 / 30 / 2005
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period 2 7 3 . 3 5
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement August travel expenses	Category/Type 0 0 2	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: ME District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: ME District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: ME District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2 7 3 . 3 5
TOTAL This Period (last page this line number only).....▶	3, 2 1 3 . 9 3

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)

JeanHayBright.US

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

Hay Bright, Jean M. (from personal funds)

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

4262 Kennebec Rd

City

Dixmont

State

ME

ZIP Code

04932

Original Amount of Loan

2,500.00

Cumulative Payment To Date

500.00

Balance Outstanding at Close of This Period

2,000.00

TERMS

Date Incurred

06 / 30 / 2005

Date Due

06 / 30 / 2006

Interest Rate

none % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

2,000.00

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

PAGE 2 OF 2
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full) **JeanHayBright.US**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Hay Bright, Jean M. (from personal funds)**
Election: Primary
 General
 Other (specify) ▼

Mailing Address **4262 Kennebec Rd**
City **Dixmont** State **ME** ZIP Code **04932**

Original Amount of Loan **2,500.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **2,500.00**

TERMS Date Incurred **09 / 30 / 2005** Date Due **06 / 30 / 2006** Interest Rate **none** % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. 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)..... **2,500.00**
TOTALS This Period (last page in this line only)..... **4,500.00**

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JeanHayBright.US

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	4,500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4,500.00