

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)
October 15 Quarterly Report (Q3)
X 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 MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

10 / 01 / 2005 through 12 / 31 / 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

01 / 29 / 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.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

Write or Type Committee Name

JeanHayBright.US

Report Covering the Period: From: **10** / **01** / **2005** To: **12** / **31** / **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))....	3,522.80	8,562.28
(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)).....	3,522.80	8,562.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4,062.43	12,262.63
(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)).....	4,062.43	12,247.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	823.24	
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

Write or Type Committee Name

JeanHayBright.US

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2005 To: M M / D D / Y Y Y Y 12 / 31 / 2005

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).....	1,400.00	1,600.00
(ii) Unitemized.....	1,940.00	5,128.00
(iii) TOTAL of contributions from individuals ▶	3,340.00	6,728.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1,822.80	1,834.28
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3,522.80	8,562.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5,000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	14.95
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	8.64
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3,522.80	13,585.87

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4,062.43	12,262.63
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) ▶	4,062.43	12,762.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,362.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3,522.80
25. SUBTOTAL (add Line 23 and Line 24).....	4,885.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,062.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	823.24

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)
 11a 12 11b 13a 11c 13b 11d 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) **JeanHayBright.US**

A. Full Name (Last, First, Middle Initial)
Hacker, Kathleen

Mailing Address
252 Pool St.

City **Biddeford** State **ME** Zip Code **04005**

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

Name of Employer **currently unemployed** Occupation **none**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1,100.00

Date of Receipt
10 / 18 / 2005

Amount of Each Receipt this Period
1,000.00

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

B. Full Name (Last, First, Middle Initial)
Krantz, Roy D.

Mailing Address
59 McBride St.

City **Jamacia Plain** State **MA** Zip Code **02130**

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

Name of Employer **Krantz Form LLC** Occupation **consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
12 / 20 / 2005

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Lancaster, Frederick W.

Mailing Address
PO Box 611

City **Falmouth** State **ME** Zip Code **04105**

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

Name of Employer **self employed** Occupation **non-profit develoment**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
12 / 30 / 2005

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,400.00**

TOTAL This Period (last page this line number only)..... ▶ **1,400.00**

**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

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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 ▼ **1,742.54**

Date of Receipt **12 / 31 / 2005**

Amount of Each Receipt this Period **128.80**

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 ▼ **1,796.54**

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

Amount of Each Receipt this Period **54.00**

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)..... ▶	182.80
TOTAL This Period (last page this line number only)..... ▶	182.80

**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 11	
	<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)		Date of Disbursement
A. Newtek Merchant Solutions		1 0 / 0 3 / 2 0 0 5
Mailing Address 744 North 4th St		Amount of Each Disbursement this Period 1 5 . 9 0
City Milwaukee	State WI	
Zip Code 53203		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement VISA fee for contributions		
Candidate Name Jean Hay Bright		Category/Type 0 0 3
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)		Date of Disbursement
B. Maine Labor News		1 0 / 0 7 / 2 0 0 5
Mailing Address PO Box 3472		Amount of Each Disbursement this Period 1 0 0 0 . 0 0
City Portland	State ME	
Zip Code 04104		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement newspaper advertisement		
Candidate Name Jean Hay Bright		Category/Type 0 0 4
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)		Date of Disbursement
C. Unitel		1 0 / 0 8 / 2 0 0 5
Mailing Address PO Box 165		Amount of Each Disbursement this Period 3 . 7 4
City Unity	State ME	
Zip Code 04988		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement telephone service		
Candidate Name Jean Hay Bright		Category/Type 0 0 1
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).....▶	1 1 9 . 6 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 2 OF 11	
	<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. Postmaster Dixmont

Mailing Address
Western Ave

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

Purpose of Disbursement
postage

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 0 / 15 / 2005**

Amount of Each Disbursement this Period: **4.30**

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

Full Name (Last, First, Middle Initial)

B. Merrill Merchants Bank

Mailing Address
201 Main St

City **Bangor** State **ME** Zip Code **04401**

Purpose of Disbursement
checks and deposit slips

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 0 / 1 1 / 2005**

Amount of Each Disbursement this Period: **8.50**

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

Full Name (Last, First, Middle Initial)

C. Jean Hay Bright

Mailing Address
4262 Kennebec Rd

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

Purpose of Disbursement
September travel reimbursment

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 0 / 0 1 / 2005**

Amount of Each Disbursement this Period: **625.17**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **637.97**

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 11	
	<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. The Aroostook Democrat		1 0 / 2 2 / 2 0 0 5
Mailing Address 19 Baird Rd		Amount of Each Disbursement this Period 7 5 . 0 0
City Caribou	State Zip Code ME 04736	
Purpose of Disbursement newspaper advertisement		<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 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:		Category/Type 0 0 4

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Sagadahoc County Democratic Committee		1 1 / 0 5 / 2 0 0 5
Mailing Address 73 Newtown Rd		Amount of Each Disbursement this Period 4 0 . 0 0
City Arrowsic	State Zip Code ME 04530	
Purpose of Disbursement dinner 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 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:		Category/Type 0 0 7

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Jean Hay Bright		1 1 / 0 6 / 2 0 0 5
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period 9 7 1 . 7 9
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement October travel reimbursement		<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 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:		Category/Type 0 0 2

SUBTOTAL of Disbursements This Page (optional).....▶	1,086.79
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 11			
	<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. Bangor Photo

Mailing Address
559 Union St

City **Bangor** State **ME** Zip Code **04401**

Purpose of Disbursement
film processing

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 0 / 0 7 / 2 0 0 5**

Amount of Each Disbursement this Period: **4 3 . 4 7**

Category/Type: **0 0 6**

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

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address
1131 Union St.

City **Bangor** State **ME** Zip Code **04401**

Purpose of Disbursement
paper

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 0 / 1 8 / 2 0 0 5**

Amount of Each Disbursement this Period: **4 1 . 5 1**

Category/Type: **0 0 6**

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

Full Name (Last, First, Middle Initial)

C. U.S. Airways

Mailing Address
111 West Rio Salado Parkway

City **Tempe** State **AZ** Zip Code **85281**

Purpose of Disbursement
airfare

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 0 / 1 5 / 2 0 0 5**

Amount of Each Disbursement this Period: **2 9 1 . 9 0**

Category/Type: **0 0 2**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3 7 6 . 8 8**

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 11	
	<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. Newtek Merchant SolutionsSta		1 1 / 0 3 / 2 0 0 5
Mailing Address 744 North 4th St		Amount of Each Disbursement this Period 1 5 . 0 0
City Milwaukke	State WII	
Zip Code 53203		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement VISA fee for contributions	Category/Type 0 0 3	
Candidate Name Jean Hay Bright		
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)		Date of Disbursement
B. Staples		1 0 / 1 6 / 2 0 0 5
Mailing Address 1131 Union St.		Amount of Each Disbursement this Period 1 4 4 . 2 7
City Bangor	State ME	
Zip Code 04401		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement paper	Category/Type 0 0 6	
Candidate Name Jean Hay Bright		
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)		Date of Disbursement
C. U.S. Cellular		1 1 / 0 6 / 2 0 0 5
Mailing Address PO 371345		Amount of Each Disbursement this Period 8 9 . 2 0
City Pittsburgh	State PA	
Zip Code 15250		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement telephone service	Category/Type 0 0 1	
Candidate Name Jean Hay Bright		
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 4 8 . 4 7
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 6 OF 11	
	<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. Newtek Merchant Solutions		1 1 / 0 3 / 2 0 0 5
Mailing Address 744 North 4th St		Amount of Each Disbursement this Period 1 5 . 0 0
City Milwaukee	State Zip Code WI 53203	
Purpose of Disbursement VISA fee for contributions		<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. David Bright		1 1 / 0 6 / 2 0 0 5
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period 1 8 7 . 3 2
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement travel reimbursement		<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. Palermo Fish & Game		1 1 / 0 5 / 2 0 0 5
Mailing Address Route 3		Amount of Each Disbursement this Period 3 5 . 0 0
City Palermo	State Zip Code ME 04354	
Purpose of Disbursement room rental		<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).....▶	2 3 7 . 3 2
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 7 OF 11
	<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. Postmaster Dixmont		1 1 / 0 9 / 2 0 0 5
Mailing Address Western Ave		Amount of Each Disbursement this Period
City State Zip Code Dixmont ME 04932		
Purpose of Disbursement postage		4 . 4 2
Candidate Name Jean Hay Bright		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
<input 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. Unitel		1 1 / 1 4 / 2 0 0 5
Mailing Address PO Box 165		Amount of Each Disbursement this Period
City State Zip Code Unity ME 04988		
Purpose of Disbursement phone service		3 . 7 4
Candidate Name Jean Hay Bright		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
<input 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. Kennebec County Democratic committee		1 1 / 1 8 / 2 0 0 5
Mailing Address 21 mechanic Row		Amount of Each Disbursement this Period
City State Zip Code Winthrop ME 04364		
Purpose of Disbursement room rental		5 0 . 0 0
Candidate Name Jean Hay Bright		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	Disbursement For:	
<input 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).....▶	5 8 . 1 6
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 8 OF 11	
	<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. PayPal		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address 2211 N. 1st St		Amount of Each Disbursement this Period <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="6"/>
City San Jose	State CA	
Zip Code 95131		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement fund- raising fees	Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/>	
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)		Date of Disbursement
B. Newtek Merchant Solutions		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address 744 North 4th St		Amount of Each Disbursement this Period <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/>
City Milwaukee	State WI	
Zip Code 53203		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement VISA fee for contributions	Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/>	
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)		Date of Disbursement
C. Katahdin Institute		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address PO Box 1706		Amount of Each Disbursement this Period <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>
City Portland	State ME	
Zip Code 04112		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Conference fees	Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>	
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="7"/> <input type="text" value="6"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 9 OF 11	
	<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. U.S. Cellular		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address PO 371345		Amount of Each Disbursement this Period <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="4"/>
City Pittsburgh	State PA	
Zip Code 15250		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phone service	Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	
Candidate Name Jean Hay Bright	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Unitel		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address PO Box 165		Amount of Each Disbursement this Period <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="4"/>
City Unity	State ME	
Zip Code 04988		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phone service	Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	
Candidate Name Jean Hay Bright	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Act Blue		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address PO Box 382110		Amount of Each Disbursement this Period <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/>
City Cambridge	State MA	
Zip Code 02238		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fund-raising fee	Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/>	
Candidate Name Jean Hay Bright	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="8"/> <input type="text" value="7"/> <input type="text" value="2"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 10 OF 11			
	<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**

A. Voice Plus

Full Name (Last, First, Middle Initial)

Mailing Address
1095 Cranbury South River Road, Suite 16

City **Jamesburg** State **NJ** Zip Code **08831**

Purpose of Disbursement
telephone service

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 2 / 2 1 / 2 0 0 5**

Amount of Each Disbursement this Period: **1 1 4 . 2 4**

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

B. Postmaster Dixmont

Full Name (Last, First, Middle Initial)

Mailing Address
Western Ave

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

Purpose of Disbursement
postage

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 2 / 2 8 / 2 0 0 5**

Amount of Each Disbursement this Period: **3 7 . 0 0**

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

C. Jean Hay Bright

Full Name (Last, First, Middle Initial)

Mailing Address
4262 Kennebec Rd

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

Purpose of Disbursement
November travel reimbursement

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **1 2 / 2 8 / 2 0 0 5**

Amount of Each Disbursement this Period: **7 9 9 . 6 8**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **9 5 0 . 9 2**

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 11 OF 11	
	<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. Jean Hay Bright		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="."/> <input type="text" value="8"/> <input type="text" value="0"/>
City Dixmont	State ME	
Zip Code 04932		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement distribution of in-kind contribution of candidate books		
Candidate Name Jean Hay Bright		Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
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)		Date of Disbursement
B. Jean Hay Bright		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="."/> <input type="text" value="0"/> <input type="text" value="0"/>
City Dixmont	State ME	
Zip Code 04932		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement distribution of in-kind contribution of candidate books		
Candidate Name Jean Hay Bright		Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
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)		Date of Disbursement
C. Postmaster Dixmont		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/>
Mailing Address Western Ave		Amount of Each Disbursement this Period <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="."/> <input type="text" value="0"/> <input type="text" value="0"/>
City Dixmont	State ME	
Zip Code —		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage		
Candidate Name Jean Hay Bright		Category/Type <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="."/> <input type="text" value="8"/> <input type="text" value="0"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="."/> <input type="text" value="4"/> <input type="text" value="3"/>

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) JeanHayBright.US

LOAN SOURCE Full Name (Last, First, Middle Initial) Hay Bright, Jean M. (from 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
-----------------	-------------	-------------------

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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

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)

<input type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

JeanHayBright.US

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

FEC FORM 3Z-1

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate Jean Hay Bright		Candidate ID Number S 6 M E 0 0 2 2 5
Name of Principal Campaign Committee JeanHayBright.US		Committee ID Number C 0 0 4 1 1 5 0 4
Committee Address 4262 Kennebec Rd		
City Dixmont	State ME	ZIP 04932-36443
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees.....	1 3 , 5 8 5 . 8 7	0 . 0 0
2. Aggregate amount of contributions from personal funds of the candidate ...	1 , 8 3 4 . 2 8	0 . 0 0
3. Gross receipts minus the candidate's personal contributions.....	1 2 , 7 5 1 . 5 9	0 . 0 0