

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

C00411504

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:

X 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

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

01 / 01 / 2006

through

03 / 31 / 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 L. Bright

Signature of Treasurer

Date

04 / 14 / 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

Write or Type Committee Name

**JeanHayBright.US**

Report Covering the Period: From: **01** / **01** / **2006** To: **03** / **31** / **2006**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	6,202.08	14,764.36
(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)).....	6,202.08	14,764.36
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	10,085.76	22,348.39
(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)).....	10,085.76	22,333.44
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>660.16</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>8,220.60</b>	

**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: 01 / 01 / 2006 To: 03 / 31 / 2006

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1,520.00	3,120.00
(ii) Unitemized.....	4,413.38	9,541.38
(iii) TOTAL of contributions from individuals ▶	5,933.38	12,661.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	268.70	2,102.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6,202.08	14,764.36
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	3,720.60	8,720.60
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3,720.60	8,720.60
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	14.95
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	8.64
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	9,922.68	23,508.55

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1 0 , 0 8 5 . 7 6	2 2 , 3 4 8 . 3 9
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0 . 0 0	0 . 0 0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0 . 0 0	5 0 0 . 0 0
(b) Of All Other Loans .....	0 . 0 0	0 . 0 0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0 . 0 0	5 0 0 . 0 0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0 . 0 0	0 . 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) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0 . 0 0	0 . 0 0
21. OTHER DISBURSEMENTS .....	0 . 0 0	0 . 0 0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1 0 , 0 8 5 . 7 6	2 2 , 8 4 8 . 3 9

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8 2 3 . 2 4
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9 , 9 2 2 . 6 8
25. SUBTOTAL (add Line 23 and Line 24).....	1 0 , 7 4 5 . 9 2
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1 0 , 0 8 5 . 7 6
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6 6 0 . 1 6

**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 3  
(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) **JeanHayBright.US**

**A.** Full Name (Last, First, Middle Initial)  
**Kaminski, John**

Mailing Address  
**15 Green Street**

City State Zip Code  
**Topsham ME 04086**

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

Name of Employer Occupation  
**Drummond, Woodsum attorney**

Receipt For:  Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2 5 0 . 0 0**

Date of Receipt  
**03 / 20 / 2006**

Amount of Each Receipt this Period  
**2 5 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)  
**Lasell, John M.**

Mailing Address  
**PO Box 111**

City State Zip Code  
**Franklin ME 04634**

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

Name of Employer Occupation  
**self construction superintendent**

Receipt For:  Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**3 0 0 . 0 0**

Date of Receipt  
**01 / 22 / 2006**

Amount of Each Receipt this Period  
**3 0 0 . 0 0**

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

**C.** Full Name (Last, First, Middle Initial)  
**Northrup, Christiane M.D.**

Mailing Address  
**24 Osprey Lane**

City State Zip Code  
**Yarmouth ME 04096**

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

Name of Employer Occupation  
**Illuminate, Inc. author & lecturer**

Receipt For:  Primary  General  
 Other (specify) ▼

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

Date of Receipt  
**03 / 30 / 2006**

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

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1,050.00**

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

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

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

FOR LINE NUMBER: PAGE 2 OF 3  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Pease, Carl**

Mailing Address  
**16 Elm Street West**

City **Hampden** State **ME** Zip Code **04444**

FEC ID number of contributing federal political committee. C

Name of Employer **Town of Windsor ME** Occupation **town manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2 5 0 . 0 0

Date of Receipt  
0 3 / 0 9 / 2 0 0 6

Amount of Each Receipt this Period  
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)  
**Senior, Mark**

Mailing Address  
**180 Shore Acres Rd**

City **Parsonsfield** State **ME** Zip Code **04047**

FEC ID number of contributing federal political committee. C

Name of Employer **self** Occupation **orchardist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4 0 0 . 0 0

Date of Receipt  
0 3 / 3 0 / 2 0 0 6

Amount of Each Receipt this Period  
3 0 0 . 0 0

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

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

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:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3 0 0 . 0 0

Date of Receipt  
0 2 / 2 2 / 2 0 0 6

Amount of Each Receipt this Period  
1 0 0 . 0 0

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4 5 0 . 0 0

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

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

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

FOR LINE NUMBER: PAGE 3 OF 3  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Wathen, Marc**

Mailing Address  
**9 Myrtle St**

City **Augusta** State **ME** Zip Code **04330**

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

Name of Employer **Education & Manpower** Occupation **teacher**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2 1 4 . 0 0**

Date of Receipt  
**03 / 01 / 2006**

Amount of Each Receipt this Period  
**2 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 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)

**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)

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>2 0 . 0 0</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<b>1 , 5 2 0 . 0 0</b>

**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 0 , 0 6 5 . 9 8**

Date of Receipt  
**0 3 / 3 1 / 2 0 0 6**

Amount of Each Receipt this Period  
**1 1 . 1 0**

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 0 , 3 2 3 . 5 8**

Date of Receipt  
**0 3 / 3 1 / 2 0 0 6**

Amount of Each Receipt this Period  
**2 5 7 . 6 0**

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)

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>2 6 8 . 7 0</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<b>2 6 8 . 7 0</b>

**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  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Hay Bright, Jean M. (loan from personal funds of the candidate)**

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** Occupation **farmer and author**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6,992.49**

Date of Receipt  
**01 / 31 / 2006**

Amount of Each Receipt this Period  
**6,582.1**

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. (loan from personal funds of the candidate)**

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** Occupation **farmer and author**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**9,282.59**

Date of Receipt  
**02 / 28 / 2006**

Amount of Each Receipt this Period  
**1,790.10**

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

**C.** Full Name (Last, First, Middle Initial)  
**Hay Bright, Jean M. (loan from personal funds of the candidate)**

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** Occupation **farmer and author**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**10,554.88**

Date of Receipt  
**03 / 30 / 2006**

Amount of Each Receipt this Period  
**1,272.29**

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3,720.60**

**TOTAL** This Period (last page this line number only)..... ▶ **3,720.60**

**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 8	
	<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. Act Blue (3 transactions in the reporting period)**

Mailing Address  
**PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

Purpose of Disbursement  
**Fee for handling on-line contributions**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 31 / 2006**

Amount of Each Disbursement this Period: **5.81**

Category/Type: **003**

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

Full Name (Last, First, Middle Initial)

**B. Turo Dexter**

Mailing Address  
**10017 Lake Ave Apt 205**

City **Cleveland** State **OH** Zip Code **44102**

Purpose of Disbursement  
**Web page consulting (contribution in-kind)**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 22 / 2006**

Amount of Each Disbursement this Period: **1200.00**

Category/Type: **001**

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

Full Name (Last, First, Middle Initial)

**C. Changing Maine Conference**

Mailing Address  
**PO Box 766**

City **Monroe** State **ME** Zip Code **04951**

Purpose of Disbursement  
**conference registration**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **01 / 28 / 2006**

Amount of Each Disbursement this Period: **400.00**

Category/Type: **007**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **165.81**

**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 8	
	<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. Cumberland County Democratic Committee**

Mailing Address  
**504 Cottage Rd**

City **South Portland** State **ME** Zip Code **04106**

Purpose of Disbursement  
**advertisement**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **01 / 15 / 2006**

Amount of Each Disbursement this Period: **150.00**

Category/Type: **004**

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

Full Name (Last, First, Middle Initial)

**B. Farmington Town Democratic Committee**

Mailing Address  
**c/o Robin Lee Titcomb Hill Rd**

City **Farmington** State **ME** Zip Code **04938**

Purpose of Disbursement  
**pancake breakfast registration**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 04 / 2006**

Amount of Each Disbursement this Period: **100.00**

Category/Type: **007**

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

Full Name (Last, First, Middle Initial)

**C. Gossamer Press (3 invoices this reporting period)**

Mailing Address  
**259 Center St**

City **Old Town** State **ME** Zip Code **04468**

Purpose of Disbursement  
**printing campaign materials**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 30 / 2006**

Amount of Each Disbursement this Period: **681.45**

Category/Type: **006**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **841.45**

**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 8		
	<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 (3 invoices this quarter)**

Mailing Address  
**4262 Kennebec Rd**

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

Purpose of Disbursement  
**travel expenses**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 31 / 2006**

Amount of Each Disbursement this Period: **3,720.60**

Category/Type: **002**

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

Full Name (Last, First, Middle Initial)

**B. Jean Hay Bright (2 invoices this quarter)**

Mailing Address  
**4262 Kennebec Rd**

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

Purpose of Disbursement  
**distribution of in-kind contribution of candidate books**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 31 / 2006**

Amount of Each Disbursement this Period: **268.70**

Category/Type: **006**

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

Full Name (Last, First, Middle Initial)

**C. Maine Center for Economic Policy**

Mailing Address  
**PO Box 437**

City **Augusta** State **ME** Zip Code **04332-0437**

Purpose of Disbursement  
**conference registration**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **01 / 03 / 2006**

Amount of Each Disbursement this Period: **200.00**

Category/Type: **007**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **4,009.30**

**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 8		
	<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
<b>A. The Maine Democrat</b>		<b>03 / 11 / 2006</b>
Mailing Address <b>PO Box 311</b>		Amount of Each Disbursement this Period <b>3 0 0 0 . 0 0</b>
City <b>Solon</b>	State <b>ME</b>	
Zip Code <b>04979</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>advertising</b>	Category/Type <b>0 0 4</b>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Merrill Merchants Bank</b>		<b>02 / 21 / 2006</b>
Mailing Address <b>201 Main St</b>		Amount of Each Disbursement this Period <b>4 1 6 4</b>
City <b>Bangor</b>	State <b>ME</b>	
Zip Code <b>04401</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>banking and credit card fees</b>	Category/Type <b>0 0 1</b>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Nassau Broadcasting (5 invoices in this quarter)</b>		<b>03 / 31 / 2006</b>
Mailing Address <b>PO Box 14017</b>		Amount of Each Disbursement this Period <b>3,000.00</b>
City <b>Lewiston</b>	State <b>ME</b>	
Zip Code <b>04243-9544</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>radio advertising</b>	Category/Type <b>0 0 6</b>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>3,341.64</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 5 OF 8	
	<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. Newtek Merchant Solutions (3 transactions this quarter)**

Mailing Address: **744 North 4th St**

City: **Milwaukee** State: **WI** Zip Code: **53203**

Purpose of Disbursement: **fee for handling VISA transactions** Category/Type: **0 0 3**

Candidate Name: **Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 06 / 2006**

Amount of Each Disbursement this Period: **4 6 . 2 0**

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

Full Name (Last, First, Middle Initial)

**B. Northeast Reprographics (5 invoices this quarter)**

Mailing Address: **80 Central St**

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

Purpose of Disbursement: **nomination petitions** Category/Type: **0 0 1**

Candidate Name: **Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **02 / 21 / 2006**

Amount of Each Disbursement this Period: **1 6 2 . 7 5**

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

Full Name (Last, First, Middle Initial)

**C. PayPal (42 invoices in this quarter)**

Mailing Address: **2211 N. 1st St.**

City: **San Jose** State: **CA** Zip Code: **95131**

Purpose of Disbursement: **fees for handling on-line contributions** Category/Type: **0 0 3**

Candidate Name: **Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **03 / 31 / 2006**

Amount of Each Disbursement this Period: **5 8 . 8 0**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2 6 7 . 7 5**

**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 8	
	<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
<b>A. Peace Action Maine</b>		<b>01 / 18 / 2006</b>
Mailing Address <b>PO Box 3842</b>		Amount of Each Disbursement this Period <b>55.00</b>
City <b>Portland</b>	State Zip Code <b>ME 04104</b>	
Purpose of Disbursement <b>meal fees and tabling fee</b>		Category/Type <b>007</b>
Candidate Name <b>Jean Hay Bright</b>		
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Postmaster Dixmont (2 invoices this quarter)</b>		<b>01 / 30 / 2006</b>
Mailing Address <b>Western Ave</b>		Amount of Each Disbursement this Period <b>46.55</b>
City <b>Dixmont</b>	State Zip Code <b>ME 04932</b>	
Purpose of Disbursement <b>postage</b>		Category/Type <b>001</b>
Candidate Name <b>Jean Hay Bright</b>		
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Postmaster Hampden (5 invoices this quarter)</b>		<b>02 / 23 / 2006</b>
Mailing Address <b>Western Ave</b>		Amount of Each Disbursement this Period <b>550.20</b>
City <b>Hampden</b>	State Zip Code <b>ME 04444</b>	
Purpose of Disbursement <b>fees for handling on-line contributions</b>		Category/Type <b>001</b>
Candidate Name <b>Jean Hay Bright</b>		
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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>651.75</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 7 OF 8	
	<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
<b>A. Staples (12 invoices this quarter)</b>		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
Mailing Address <b>1131 Union St</b>		Amount of Each Disbursement this Period <input type="text" value="592.02"/>
City <b>Bangor</b>	State <b>ME</b>	
Zip Code <b>04401</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>office supplies</b>	Category/Type <input type="text" value="001"/>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. York County Democratic Committee</b>		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
Mailing Address <b>4 Meadow Lane</b>		Amount of Each Disbursement this Period <input type="text" value="15.00"/>
City <b>Saco</b>	State <b>ME</b>	
Zip Code <b>04072</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>meal registration</b>	Category/Type <input type="text" value="007"/>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Unitel (3 invoices this quarter)</b>		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
Mailing Address <b>PO Box 165</b>		Amount of Each Disbursement this Period <input type="text" value="11.22"/>
City <b>Unity</b>	State <b>ME</b>	
Zip Code <b>04988</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>ringmate telephone service</b>	Category/Type <input type="text" value="001"/>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="618.24"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 8	
	<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
<b>A. University of Southern Maine</b>		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
Mailing Address <b>51 Westminster St</b>		Amount of Each Disbursement this Period <input type="text" value="4000"/>
City <b>Lewiston</b>	State <b>ME</b>	
Zip Code <b>0240</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>table rental</b>	Category/Type <input type="text" value="007"/>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Voice Pulse (3 invoices this quarter)</b>		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
Mailing Address <b>1095 Cranbury South River Rd Suite 16</b>		Amount of Each Disbursement this Period <input type="text" value="14982"/>
City <b>Jamesburg</b>	State <b>NJ</b>	
Zip Code <b>08831</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>telephone service</b>	Category/Type <input type="text" value="001"/>	
Candidate Name <b>Jean Hay Bright</b>		
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: <b>ME</b>	District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="18982"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1008576"/>

**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 5  
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).....

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 3 OF 5  
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 **6 5 8 . 2 1** Cumulative Payment To Date **0 . 0 0** Balance Outstanding at Close of This Period **6 5 8 . 2 1**

**TERMS** Date Incurred **0 1 / 3 1 / 2 0 0 6** Date Due **0 7 / 3 1 / 2 0 0 6** 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)..... **6 5 8 . 2 1**

**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 4 OF 5  
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 **1,790.10** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1,790.10**

**TERMS** Date Incurred **02 / 28 / 2006** Date Due **07 / 31 / 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)..... **1,790.10**  
**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 5 OF 5  
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 **1,272.29** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1,272.29**

**TERMS** Date Incurred **03 / 30 / 2006** Date Due **07 / 31 / 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)..... **1,272.29**  
**TOTALS** This Period (last page in this line only)..... **8,220.60**

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

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	8,220.60
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	8,220.60