

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

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

Jean Hay Bright US

ADDRESS (number and street) 4262 Kennebec Rd

Check if different than previously reported. (ACC)

Dixmont ME 04932

2. **FEC IDENTIFICATION NUMBER** C00411504

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

ME

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

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

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

Election on in the State of

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Bright

Signature of Treasurer Date

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jean Hay Bright US

Report Covering the Period:

From: To:

	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)).....	36971.21	66775.22
(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)).....	36971.21	66775.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	28863.65	71405.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	289.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28863.65	71115.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8227.32	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Jean Hay Bright US

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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).....

16064.00

23294.00

(ii) Unitemized.....

10251.21

28290.38

(iii) TOTAL of contributions

26315.21

51584.38

from individuals..... ▶

1250.00

1574.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

8900.00

11000.00

(d) The Candidate.....

506.00

2616.84

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

36971.21

66775.22

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

13159.84

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

13159.84

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

289.95

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)..... ▶

36971.21

80233.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28863.65	71405.13
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) ▶	28863.65	71905.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	119.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	36971.21
25. SUBTOTAL (add Line 23 and Line 24).....	37090.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28863.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8227.32

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial) Laurie V Adams Mailing Address P.O. Box 1094 City Camden State ME Zip Code 04843 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6776533 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	0		2	0	0	6														
250.00																							
Name of Employer self Occupation artist, jeweler Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

B. Full Name (Last, First, Middle Initial) Lu Bauer Mailing Address PO Box 457 City Windham State ME Zip Code 04062-0457 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6776496 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	3		2	0	0	6														
500.00																							
Name of Employer self Occupation CPA Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>750.00</td> </tr> </table>		750.00																					
750.00																							

C. Full Name (Last, First, Middle Initial) Ben Bernard Mailing Address PO Box 70 City Cliff Island State ME Zip Code 04019 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6837986 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	6	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	1		2	0	0	6														
100.00																							
Name of Employer Cliff Island Software Occupation Software Designer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>225.00</td> </tr> </table>		225.00																					
225.00																							

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jean Hay Bright US

<p>A. Full Name (Last, First, Middle Initial) Ben Bernard</p> <p>Mailing Address PO Box 70</p> <p>City State Zip Code Cliff Island ME 04019</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cliff Island Software Software Designer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6</p> <p>Transaction ID: C6764641</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Richard Burk</p> <p>Mailing Address 1156 US RT 1</p> <p>City State Zip Code Stockton Springs ME 04981</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Convergys Sr. Systems Analyst</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1125.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6</p> <p>Transaction ID: C6776548</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) John Christensen</p> <p>Mailing Address 4 Tarratine Drive</p> <p>City State Zip Code Brunswick ME 04011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bigelow Laboratory Oceanographer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6</p> <p>Transaction ID: C6776545</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. John William Collins M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 608 Neck Rd		Transaction ID: C6824460	
City State Zip Code China ME 04358-4135		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation US Dept of Veterans Affairs Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Randall P. Cutri, DMD		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006	
Mailing Address 27 Western Ave.		Transaction ID: C6833426	
City State Zip Code Hampden ME 04444		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Dentist			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Devine		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 200 Stevens Ave		Transaction ID: C6764233	
City State Zip Code Portland ME 04102		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a unemployed			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial) Mark Devine Mailing Address 200 Stevens Ave City Portland State ME Zip Code 04102 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6772505 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	4		2	0	0	6														
250.00																							
Name of Employer n/a Occupation unemployed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) Joanne Dunlap Mailing Address PO Box 946 City Rangeley State ME Zip Code 04970-0946 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6776525 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	6														
300.00																							
Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>		300.00																					
300.00																							

C. Full Name (Last, First, Middle Initial) Thomas Hagan Mailing Address 47 Harvard Street B202 City Charlestown State MA Zip Code 02129 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6779441 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	8		2	0	0	6														
250.00																							
Name of Employer Actioneer, Inc Occupation Executive Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

<p>A. Full Name (Last, First, Middle Initial) edward t harwood</p> <p>Mailing Address 245 log cabin road</p> <p>City <u>arundel</u> State <u>ME</u> Zip Code <u>04046</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer <u>americare</u> Occupation <u>rn</u></p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6</p> <p>Transaction ID: C6753063</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Susan L. Higgins</p> <p>Mailing Address PO Box 720</p> <p>City <u>Brownville</u> State <u>ME</u> Zip Code <u>04414</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer <u>Information Requested</u> Occupation <u>Retired</u></p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6</p> <p>Transaction ID: C6834272</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Jennifer J. Joaquin</p> <p>Mailing Address 20 Edwards St</p> <p>City <u>South Portland</u> State <u>ME</u> Zip Code <u>04106-4805</u></p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer <u>Information Requested</u> Occupation <u>Information Requested</u></p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6</p> <p>Transaction ID: C6834302</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

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

Mailing Address HC 64 Box 2047

City Brooklin State ME Zip Code 04616

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2006
Transaction ID: C6834304
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Margaret H. Knutson

Mailing Address 691 Bay Rd.

City Brooklin State ME Zip Code 04616

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2006
Transaction ID: C6834305
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
John M. Lasell

Mailing Address PO Box 111

City Franklin State ME Zip Code 04634-0111

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

Name of Employer unemployed Occupation builder

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt 08 / 07 / 2006
Transaction ID: C6834308
 Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Steven J Meyer		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006		
Mailing Address 780 Boylston Street Apt. 14J		Transaction ID: C6740572		
City Boston State MA Zip Code 02199	Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Name of Employer Pragmatic C Software Corp. Occupation scientist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00			

Full Name (Last, First, Middle Initial) B. Steven J Meyer		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006		
Mailing Address 780 Boylston Street Apt. 14J		Transaction ID: C6825707		
City Boston State MA Zip Code 02199	Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Name of Employer Pragmatic C Software Corp. Occupation scientist		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00			

Full Name (Last, First, Middle Initial) C. Tom M. Muradian		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2006		
Mailing Address PO Box 8014		Transaction ID: C6776921		
City Winslow State ME Zip Code 04901-8014	Amount of Each Receipt this Period 100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Name of Employer self Occupation Veteran's advocate		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 420.00			

SUBTOTAL of Receipts This Page (optional) ▶	4300.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial) Tom M. Muradian Mailing Address PO Box 8014 City Winslow State ME Zip Code 04901-8014 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6776922 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	6	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	0		2	0	0	6														
20.00																							
Name of Employer self Occupation Veteran's advocate Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>420.00</td> </tr> </table>	420.00																				
420.00																							

B. Full Name (Last, First, Middle Initial) Tom M. Muradian Mailing Address PO Box 8014 City Winslow State ME Zip Code 04901-8014 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6776923 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
100.00																							
Name of Employer self Occupation Veteran's advocate Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>420.00</td> </tr> </table>	420.00																				
420.00																							

C. Full Name (Last, First, Middle Initial) Stephanie Nadeau Mailing Address P.O. Box 584 City Kennebunkport State ME Zip Code 04046 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6764756 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	7		2	0	0	6														
250.00																							
Name of Employer S & M Fisheries Occupation Lobster dealer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial) Kyle H Noble Mailing Address 56 Hills Beach Road City Biddeford State ME Zip Code 04005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006 Transaction ID: C6824956 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Noble Housewrights Inc. general contractor Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Patricia M. O'Day-Senior Mailing Address 180 Shore Acres Rd City Parsonsfield State ME Zip Code 04047-6860 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2006 Transaction ID: C6776505 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation teacher MSAD 57 Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 235.00		

C. Full Name (Last, First, Middle Initial) Theodore & Maria Pitas Mailing Address 3 Orchard Cir. City Westbrook State ME Zip Code 04092 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 Transaction ID: C6834342 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation American Carpentry Service Carpenter Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial)
Christopher Rheault

Mailing Address 16 Cobbs Bridge Rd

City State Zip Code
New Gloucester ME 04260

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

Name of Employer self Occupation
teacher

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

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: C6764642

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Roger A. Roy

Mailing Address 19 Baird Rd

City State Zip Code
Caribou ME 04736-3970

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

Name of Employer professor Occupation
UMFK

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

Date of Receipt
MM / DD / YYYY
09 / 09 / 2006

Transaction ID: C6834355

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 57 High St

City State Zip Code
Belfast ME 04915-6245

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

Name of Employer self Occupation
retired

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

Date of Receipt
MM / DD / YYYY
07 / 09 / 2006

Transaction ID: C6834361

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Judith Sapp		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2006	
Mailing Address 111 West Street		Transaction ID: C6772494	
City State Zip Code Portland ME 04102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Komondorok LLC Attorney			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) B. Patrick J. Scanlon		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 24 Washington Ave		Transaction ID: C6777538	
City State Zip Code Andover MA 01810-1724		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Scanlon associates consultant			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Patrick J. Scanlon		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 24 Washington Ave		Transaction ID: C6834364	
City State Zip Code Andover MA 01810-1724		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Scanlon associates consultant			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial) Mark P. Senior Mailing Address 180 Shore Acres Rd City Parsonsfield State ME Zip Code 04047 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> Transaction ID: C6779443 Amount of Each Receipt this Period <table border="1"> <tr><td>150.00</td></tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	6	150.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	8		2	0	0	6														
150.00																							
Name of Employer self Occupation orchardist Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr><td>660.00</td></tr> </table>	660.00																				
660.00																							

B. Full Name (Last, First, Middle Initial) Martha Spiess Mailing Address 7 Tidal Brook Road City Freeport State ME Zip Code 04032 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> Transaction ID: C6776537 Amount of Each Receipt this Period <table border="1"> <tr><td>500.00</td></tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	9		2	0	0	6														
500.00																							
Name of Employer self Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr><td>500.00</td></tr> </table>	500.00																				
500.00																							

C. Full Name (Last, First, Middle Initial) Judith Steinhauer Mailing Address 138 Neal Street Portland ME 0410 City Portland State ME Zip Code 04102 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> Transaction ID: C6777482 Amount of Each Receipt this Period <table border="1"> <tr><td>500.00</td></tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	3		2	0	0	6														
500.00																							
Name of Employer N/A Occupation N/A Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr><td>800.00</td></tr> </table>	800.00																				
800.00																							

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial)
Jeremy Strater
Mailing Address 202 Taft Point Rd.
City Gouldsboro State ME Zip Code 04607
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 6
Transaction ID: C6834378
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeremy Strater
Mailing Address 202 Taft Point Rd.
City Gouldsboro State ME Zip Code 04607
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 6
Transaction ID: C6834377
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jeremy Strater
Mailing Address 202 Taft Point Rd.
City Gouldsboro State ME Zip Code 04607
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Retired
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 6
Transaction ID: C6834376
Amount of Each Receipt this Period
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00
TOTAL This Period (last page this line number only) ▶

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial)
David A. Taylor

Mailing Address 94 Atlantic Ave

City State Zip Code
Boothbay Harbor ME 04538

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

Name of Employer Occupation
n/a retired

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

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: C6826753

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Marc F. F. Wathen

Mailing Address 9 Myrtle St

City State Zip Code
Augusta ME 04330-4708

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

Name of Employer Occupation
Education&Manpower Bureau Teacher

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

Date of Receipt
MM / DD / YYYY
07 / 18 / 2006

Transaction ID: C6837983

Amount of Each Receipt this Period
20.00

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

C. Full Name (Last, First, Middle Initial)
Marc F. F. Wathen

Mailing Address 9 Myrtle St

City State Zip Code
Augusta ME 04330-4708

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

Name of Employer Occupation
Education&Manpower Bureau Teacher

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

Date of Receipt
MM / DD / YYYY
08 / 15 / 2006

Transaction ID: C6763901

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **545.00**

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

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

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

Mailing Address 9 Myrtle St

City State Zip Code
Augusta ME 04330-4708

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

Name of Employer Occupation
Education&Manpower Bureau Teacher

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

354.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: C6779584

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 5214F Diamond Hts Blvd #731

City State Zip Code
San Francisco CA 94131

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

Name of Employer Occupation
self computer engineer

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

398.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2006

Transaction ID: C6837794A

Amount of Each Receipt this Period
199.00

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

* Earmarked Contribution:
See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: 1,859.86

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

.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2006

Transaction ID: C6837794AB

Amount of Each Receipt this Period
199.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ► 224.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial)
Judith Sapp

Mailing Address 111 West Street

City State Zip Code
Portland ME 04102

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

Name of Employer Occupation
Komondorok LLC Attorney

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

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: C6837804A

Amount of Each Receipt this Period
1000.00

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

* Earmarked Contribution:
See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: 1,859.86

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

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

Transaction ID: C6837804AB

Amount of Each Receipt this Period
1000.00

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

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	16064.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 41
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Androscoggin County Democratic Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 6
Mailing Address 456 East Ave		Transaction ID: C6837981
City Lewiston	State ME	Zip Code 04240-4740
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Maine Democratic Party		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 6
Mailing Address PO Box 5358		Transaction ID: C6834327
City Augusta	State ME	Zip Code 04332-5358
FEC ID number of contributing federal political committee.	C C00179408	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1324.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	1250.00

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 22 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

A. Full Name (Last, First, Middle Initial)
ImpeachPAC

Mailing Address BOX 721066

City State Zip Code
JACKSON HEIGHTS NY 11372

FEC ID number of contributing federal political committee. **C** C00416602

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2006

Transaction ID: C6832556

Amount of Each Receipt this Period
2900.00

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

B. Full Name (Last, First, Middle Initial)
Mill to the Hill PAC

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00410936

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: C6834331

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Committee for an Effective Congress

Mailing Address 122 C St NW Ste 650

City State Zip Code
Washington DC 20001-2151

FEC ID number of contributing federal political committee. **C** C00003558

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: C6778605

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 8900.00

TOTAL This Period (last page this line number only) ► 8900.00

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

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

FOR LINE NUMBER: PAGE 23 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

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

Mailing Address 4262 Kennebec Rd

City Dixmont State ME Zip Code 04932-3643

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

Name of Employer self Occupation farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15776.68

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

Transaction ID: C6837984

Amount of Each Receipt this Period
506.00

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

* In-Kind: Candidate's books given away

SUBTOTAL of Receipts This Page (optional)	▶	506.00
TOTAL This Period (last page this line number only)	▶	506.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Donnelly/Colt		Transaction ID: D129023 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 188			
City Hampton	State CT	Zip Code 06247	
Purpose of Disbursement bumper stickers		006 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Lynn Ellis		Transaction ID: D129062 Date of Disbursement 09 / 16 / 2006	
Mailing Address 47 Sunset Ave			
City Wilton	State ME	Zip Code 04294-4829	
Purpose of Disbursement Food for JJ reception		007 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

* in-kind received

Full Name (Last, First, Middle Initial) C. Lynn Ellis		Transaction ID: D129063 Date of Disbursement 09 / 16 / 2006	
Mailing Address 47 Sunset Ave			
City Wilton	State ME	Zip Code 04294-4829	
Purpose of Disbursement Food for JJ reception		007 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	677.48
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Betsy Garrold		Transaction ID: D129071	
Mailing Address PO Box 309		Date of Disbursement 08 / 31 / 2006	
City Brooks	State ME	Zip Code 04921	Amount of Each Disbursement this Period 12.77
Purpose of Disbursement telephone toll calls		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gossamer Press		Transaction ID: D129056	
Mailing Address 259 Main St		Date of Disbursement 07 / 12 / 2006	
City Old Town	State ME	Zip Code 04468-1530	Amount of Each Disbursement this Period 299.25
Purpose of Disbursement 5000 calling cards		006 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gossamer Press		Transaction ID: D129057	
Mailing Address 259 Main St		Date of Disbursement 08 / 18 / 2006	
City Old Town	State ME	Zip Code 04468-1530	Amount of Each Disbursement this Period 399.00
Purpose of Disbursement 5000 cards, 1000 brochures		006 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	711.02
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Gossamer Press		Transaction ID: D129058	
Mailing Address 259 Main St		Date of Disbursement 09 / 13 / 2006	
City Old Town	State ME	Zip Code 04468-1530	Amount of Each Disbursement this Period 177.45
Purpose of Disbursement 1000 envelopes, 500 pamphlets	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type 006	

Full Name (Last, First, Middle Initial) B. Cash Contribution Hancock County Democ		Transaction ID: D129119	
Mailing Address 756 Bayside Rd		Date of Disbursement 09 / 08 / 2006	
City Ellsworth	State ME	Zip Code 04605-3826	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Noel Stooky fundraiser	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type 007	

Full Name (Last, First, Middle Initial) C. Hilton Garden Inn		Transaction ID: D129072	
Mailing Address 65 Commercial St		Date of Disbursement 08 / 26 / 2006	
City Portland	State ME	Zip Code 04101	Amount of Each Disbursement this Period 11.00
Purpose of Disbursement parking	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Category/Type 002	

SUBTOTAL of Disbursements This Page (optional)	238.45
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

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Hilton Garden Inn		Transaction ID: D129073	
Mailing Address 65 Commercial St		Date of Disbursement 08 / 27 / 2006	
City Portland	State ME	Zip Code 04101	Amount of Each Disbursement this Period 41.58
Purpose of Disbursement parking, meal		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jean M. Hay Bright		Transaction ID: D129069	
Mailing Address 4262 Kennebec Rd		Date of Disbursement 08 / 29 / 2006	
City Dixmont	State ME	Zip Code 04932-3643	Amount of Each Disbursement this Period 1287.79
Purpose of Disbursement June travel		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean M. Hay Bright			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District:			

Full Name (Last, First, Middle Initial) C. Jean M. Hay Bright		Transaction ID: D129070	
Mailing Address 4262 Kennebec Rd		Date of Disbursement 08 / 29 / 2006	
City Dixmont	State ME	Zip Code 04932-3643	Amount of Each Disbursement this Period 435.17
Purpose of Disbursement June travel		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean M. Hay Bright			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District:			

SUBTOTAL of Disbursements This Page (optional)	1764.54
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)

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Maine Public Broadcasting Network		Transaction ID: D129024 Date of Disbursement
Mailing Address 65 Texas Avenue		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Bangor	State ME	Zip Code 04401
Purpose of Disbursement DVD	<input type="text" value="007"/> Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Marriott Sable Oaks		Transaction ID: D129066 Date of Disbursement
Mailing Address 200 Sable Oaks Dr		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City South Portland	State ME	Zip Code 04106-3278
Purpose of Disbursement Lodging	<input type="text" value="002"/> Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Merrill Merchants Bank		Transaction ID: D129113 Date of Disbursement
Mailing Address 201 Main St		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City Bangor	State ME	Zip Code 04401-6402
Purpose of Disbursement new checks	<input type="text" value="001"/> Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="334.03"/>
TOTAL 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)

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Modern Postcard		Transaction ID: D129029 Date of Disbursement 09 / 07 / 2006	
Mailing Address 1675 Faraday Avenue		Amount of Each Disbursement this Period 2138.00	
City Carlsbad	State ME	Zip Code 92008	006 Category/ Type
Purpose of Disbursement palm cards		006 Category/ Type	
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Modern Screenprint		Transaction ID: D129081 Date of Disbursement 09 / 22 / 2006	
Mailing Address 69 Hillside Ave		Amount of Each Disbursement this Period 970.52	
City Bangor	State ME	Zip Code 04401-3233	006 Category/ Type
Purpose of Disbursement 1,000 rainbow bumper stickers		006 Category/ Type	
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Modern Screenprint		Transaction ID: D129082 Date of Disbursement 08 / 08 / 2006	
Mailing Address 69 Hillside Ave		Amount of Each Disbursement this Period 970.52	
City Bangor	State ME	Zip Code 04401-3233	006 Category/ Type
Purpose of Disbursement 1,000 rainbow bumper stickers		006 Category/ Type	
Candidate Name			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	4079.04
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Modern Screenprint		Transaction ID: D129083 Date of Disbursement 08 / 10 / 2006	
Mailing Address 69 Hillside Ave		Amount of Each Disbursement this Period 606.90	
City Bangor	State ME	Zip Code 04401-3233	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement 1,000 small stripes bumper stickers		Category/Type 006	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. National Committee for an Effective Congress		Transaction ID: D126373 Date of Disbursement 09 / 15 / 2006	
Mailing Address 122 C St NW Ste 650		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20001-2151	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Precinct Targeting		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Newtek Merchant Solutions		Transaction ID: D129110 Date of Disbursement 07 / 03 / 2006	
Mailing Address 744 N 4th St		Amount of Each Disbursement this Period 15.00	
City Milwaukee	State WI	Zip Code 53203-2112	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement bank fees		Category/Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5621.90
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Newtek Merchant Solutions		Transaction ID: D129115 Date of Disbursement 08 / 04 / 2006	
Mailing Address 744 N 4th St		Amount of Each Disbursement this Period 15.00	
City Milwaukee	State WI	Zip Code 53203-2112	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement credit card fees		003 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. NGP Software Inc.		Transaction ID: D129022 Date of Disbursement 07 / 02 / 2006	
Mailing Address 1101 Vermont Ave Suite 710		Amount of Each Disbursement this Period 4994.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement software		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Northeast Historic Films		Transaction ID: D129026 Date of Disbursement 08 / 01 / 2006	
Mailing Address 85 Main St PO Box 185		Amount of Each Disbursement this Period 28.25	
City Bucksport	State ME	Zip Code 04416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DVD		007 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	5037.25
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. PC Signs.Com		Transaction ID: D129025	
Mailing Address 2534 Commerce Blvd		Date of Disbursement 07 / 31 / 2006	
City Cincinatti	State OH	Zip Code 45241	Amount of Each Disbursement this Period 4615.76
Purpose of Disbursement lawn signs	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	006 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Postmaster Dixmont		Transaction ID: D129074	
Mailing Address Western Ave		Date of Disbursement 07 / 03 / 2006	
City Dixmont	State ME	Zip Code 04932	Amount of Each Disbursement this Period 23.50
Purpose of Disbursement postage	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Postmaster Dixmont		Transaction ID: D129075	
Mailing Address Western Ave		Date of Disbursement 07 / 14 / 2006	
City Dixmont	State ME	Zip Code 04932	Amount of Each Disbursement this Period 4.55
Purpose of Disbursement postage	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4643.81
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Postmaster Dixmont		Transaction ID: D129076 Date of Disbursement MM / DD / YYYY 08 / 18 / 2006
Mailing Address Western Ave		Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dixmont State ME Zip Code 04932		
Purpose of Disbursement postage Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Postmaster Dixmont		Transaction ID: D129079 Date of Disbursement MM / DD / YYYY 08 / 17 / 2006
Mailing Address Western Ave		Amount of Each Disbursement this Period 19.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dixmont State ME Zip Code 04932		
Purpose of Disbursement postage Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. South Portland Auditorium		Transaction ID: D129122 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006
Mailing Address 637 Highland Ave		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Portland State ME Zip Code 04106-6425		
Purpose of Disbursement facilities rental Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	349.50
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D129114 Date of Disbursement 07 / 21 / 2006	
Mailing Address 1131 Union St		Amount of Each Disbursement this Period 75.60	
City Bangor	State ME	Zip Code 04401-3012	
Purpose of Disbursement banners		006 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D129067 Date of Disbursement 08 / 14 / 2006	
Mailing Address 1131 Union St		Amount of Each Disbursement this Period 13.95	
City Bangor	State ME	Zip Code 04401-3012	
Purpose of Disbursement office supplies		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D129030 Date of Disbursement 09 / 08 / 2006	
Mailing Address 1131 Union St		Amount of Each Disbursement this Period 161.28	
City Bangor	State ME	Zip Code 04401-3012	
Purpose of Disbursement office supplies		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	250.83
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D129031 Date of Disbursement 09 / 15 / 2006	
Mailing Address 1131 Union St		Amount of Each Disbursement this Period 129.63	
City Bangor State ME Zip Code 04401-3012	Purpose of Disbursement office supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D129027 Date of Disbursement 08 / 18 / 2006	
Mailing Address 1131 Union St		Amount of Each Disbursement this Period 16.47	
City Bangor State ME Zip Code 04401-3012	Purpose of Disbursement office supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Vernon Company		Transaction ID: D129054 Date of Disbursement 09 / 12 / 2006	
Mailing Address 1 Promotion Drive PO Box 600		Amount of Each Disbursement this Period 811.15	
City Newton State IA Zip Code 50208-2065	Purpose of Disbursement stickers Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	957.25
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Full Name (Last, First, Middle Initial) A. Jim Trott		Transaction ID: D129120 Date of Disbursement 09 / 17 / 2006	
Mailing Address 166 Murray St			
City Portland	State ME	Zip Code 04103-4210	
Purpose of Disbursement stakes		006 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Twin Cities Air Service		Transaction ID: D129068 Date of Disbursement 08 / 25 / 2006	
Mailing Address 81 Airport Dr			
City Auburn	State ME	Zip Code 04210-8996	
Purpose of Disbursement air fare		007 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Unitel		Transaction ID: D129059 Date of Disbursement 08 / 08 / 2006	
Mailing Address 129 Main St			
City Unity	State ME	Zip Code 04988-3731	
Purpose of Disbursement telephone service		001 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1112.99
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)

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

<p>A. Unitel</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 129 Main St</p>		<p>Transaction ID: D129060 Date of Disbursement 08 / 25 / 2006</p>
<p>City Unity State ME Zip Code 04988-3731</p>	<p>Amount of Each Disbursement this Period 3.79</p>	
<p>Purpose of Disbursement telephone service Candidate Name</p>	<p>001 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Unitel</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 129 Main St</p>		<p>Transaction ID: D129061 Date of Disbursement 09 / 12 / 2006</p>
<p>City Unity State ME Zip Code 04988-3731</p>	<p>Amount of Each Disbursement this Period 3.79</p>	
<p>Purpose of Disbursement telephone service Candidate Name</p>	<p>001 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. BestWay Promotions (ButtonsRUs)</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 200 Westgate Drive</p>		<p>Transaction ID: D129028 Date of Disbursement 08 / 21 / 2006</p>
<p>City Houston State MN Zip Code 55943</p>	<p>Amount of Each Disbursement this Period 362.00</p>	
<p>Purpose of Disbursement buttons Candidate Name</p>	<p>006 Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>369.58</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>28863.65</p>

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 1 OF 8
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 **11 / 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)..... **2,000.00**

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 8
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 **11 / 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

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

1 2 / 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:

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)..... ▶

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 8
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 **12 / 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

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

12 / 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:

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)..... ▶

1,272.29

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

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
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Original Amount of Loan 1,271.91	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,271.91
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TERMS

Date Incurred MM / DD / YYYY 04 / 06 / 2006	Date Due MM / DD / YYYY 12 / 31 / 2006	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)..... 1,271.91

TOTALS This Period (last page in this line only)..... 1,271.91

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 7 OF 8
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 **1,516.85** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1,516.85**

TERMS Date Incurred **05 / 06 / 2006** Date Due **12 / 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)..... **1,516.85**

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

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

1,650.48

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1,650.48

TERMS

Date Incurred

06 / 30 / 2006

Date Due

12 / 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:

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)..... ▶

1,650.48

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

12,659.84

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