

**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 11 07 2006 in the State of ME

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

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

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 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 10 23 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jean Hay Bright US

Report Covering the Period: From: 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))..... | 16358.33 | 83133.55 |
| (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))..... | 16358.33 | 83133.55 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 10872.19 | 82277.32 |
| (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))..... | 10872.19 | 81987.37 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 13713.46 | |
| 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)..... | 12659.84 | |

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 |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 8 |

| | | | |
|---|---|---|---|
| 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).....

9515.00

32809.00

(ii) Unitemized.....

6806.33

35096.71

(iii) TOTAL of contributions

16321.33

67905.71

from individuals..... ▶

37.00

1611.00

(b) Political Party Committees.....

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

0.00

11000.00

(d) The Candidate.....

0.00

2616.84

(e) TOTAL CONTRIBUTIONS (other than loans)

16358.33

83133.55

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

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

0.00

0.00

13. LOANS

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

0.00

13818.05

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

13818.05

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

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)..... ▶

16358.33

97250.19

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 10872.19 | 82277.32 |
| 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) ▶ | 10872.19 | 82777.32 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 8227.32 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 16358.33 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 24585.65 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 10872.19 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 13713.46 |

**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 1 / 8 |
| | <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) Laurie V Adams | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6 | |
| Mailing Address P.O. Box 1094 | | Transaction ID: C6844438 | |
| City State Zip Code Camden ME 04843 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer self Occupation self artist, jeweler | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2100.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Laurie V Adams | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6 | |
| Mailing Address P.O. Box 1094 | | Transaction ID: C6844439 | |
| City State Zip Code Camden ME 04843 | | Amount of Each Receipt this Period 850.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer self Occupation self artist, jeweler | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2100.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Frances Bliss | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 | |
| Mailing Address 375 Taylor Hill Rd | | Transaction ID: C6845161 | |
| City State Zip Code New Vineyard ME 04956-3124 | | Amount of Each Receipt this Period 150.00 | |
| 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 retired Occupation retired Information Requested | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| 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 2 / 8 |
| | <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) Richard Burk Mailing Address 1156 US RT 1 City State Zip Code Stockton Springs ME 04981 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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6844454 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 | 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Convergys Sr. Systems Analyst Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 2225.00 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Richard Burk Mailing Address 1156 US RT 1 City State Zip Code Stockton Springs ME 04981 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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6844455 Amount of Each Receipt this Period <table border="1"> <tr> <td>600.00</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 | 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | 600.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 600.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Convergys Sr. Systems Analyst Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 2225.00 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Sara Burk Mailing Address 1156 US RT 1 City State Zip Code Stockton Springs ME 04981 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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6844446 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 | 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation self poet Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 2100.00 | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1600.00 |
| 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 3 / 8 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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) Sara Burk Mailing Address 1156 US RT 1 City State Zip Code Stockton Springs ME 04981 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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6844448 Amount of Each Receipt this Period <table border="1"> <tr> <td>1600.00</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 | 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | 1600.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1600.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self Occupation self poet 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>2100.00</td> </tr> </table> | 2100.00 | | | | | | | | | | | | | | | | | | | | |
| 2100.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Melvin Burke Mailing Address 1096 Main Rd City State Zip Code Milford ME 04461-3230 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>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6837189 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 | 1 | 0 | | 1 | 1 | | 2 | 0 | 0 | 6 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Information Requested Occupation Information Requested 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) John Christensen Mailing Address 4 Tarratine Drive City State Zip Code Brunswick ME 04011 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>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6836693 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 | 1 | 0 | | 0 | 3 | | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 3 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Bigelow Laboratory Oceanographer 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>700.00</td> </tr> </table> | 700.00 | | | | | | | | | | | | | | | | | | | | |
| 700.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2200.00 |
| 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 4 / 8 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. John Christensen | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6 | |
| Mailing Address 4 Tarratine Drive | | Transaction ID: C6845158 | |
| City Brunswick | State ME | Zip Code 04011 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Bigelow Laboratory | Occupation Oceanographer | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 700.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Andrew Creelman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 | |
| Mailing Address PO Box 805 1 Wharfs Quarry Rd | | Transaction ID: C6836708 | |
| City Vinalhaven | State ME | Zip Code 04863-0805 | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 350.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Mark Devine | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 | |
| Mailing Address 200 Stevens Ave | | Transaction ID: C6842169 | |
| City Portland | State ME | Zip Code 04102 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 1000.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 950.00 |
| 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 5 / 8
(check only one)
 1 1a 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)
Arthur Dexter
Mailing Address 10017 Lake Ave Apt 205
City Cleveland State OH Zip Code 44102
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Consultant
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 6
Transaction ID: C6829298
Amount of Each Receipt this Period
50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jacob W. Gerritsen
Mailing Address 55 Clay Brook Rd
City Camden State ME Zip Code 04843-4527
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation artist
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 6
Transaction ID: C6844434
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)
Kathleen K Hacker
Mailing Address 55 Summer St
City Kennebunk State ME Zip Code 04043-6637
FEC ID number of contributing federal political committee. **C**
Name of Employer Senate Energy Cmte Occupation Retired?
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 6
Transaction ID: C6837240
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) ▶ 325.00
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 / 8 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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) John M. Lasell | | 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>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| Mailing Address PO Box 111 | | Transaction ID: C6845146 | | | | | | | | | | | | | | | | | | | | |
| City State Zip Code Franklin ME 04634-0111 | Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> | | 300.00 | | | | | | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table> | C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer unemployed Occupation builder | <input type="checkbox"/> Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1200.00</td> </tr> </table> | | 1200.00 | | | | | | | | | | | | | | | | | | | |
| 1200.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Clyde Macdonald | | 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>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| Mailing Address 310 Main Rd N | | Transaction ID: C6844415 | | | | | | | | | | | | | | | | | | | | |
| City State Zip Code Hampden ME 04444-1708 | Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> | | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table> | C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer none Occupation retired | <input type="checkbox"/> Election Cycle-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table> | | 300.00 | | | | | | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Patricia McLean | | 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>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| Mailing Address PO Box 307 | | Transaction ID: C6844409 | | | | | | | | | | | | | | | | | | | | |
| City State Zip Code Camden ME 04843-0307 | Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <table border="1"> <tr> <td>C</td> </tr> </table> | C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | | | | | | | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Information Requested Occupation Information Requested | <input type="checkbox"/> Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | <table border="1"> <tr> <td>650.00</td> </tr> </table> | 650.00 |
| 650.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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 / 8 |
| | <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) 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>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6837151 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</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 | 1 | 0 | | 1 | 0 | | 2 | 0 | 0 | 6 | 200.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self Occupation Veteran's advocate 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>620.00</td> </tr> </table> | 620.00 | | | | | | | | | | | | | | | | | | | | |
| 620.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| 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 <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>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6837236 Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</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 | 1 | 0 | | 0 | 9 | | 2 | 0 | 0 | 6 | 40.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 9 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 40.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer teacher Occupation MSAD 57 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>275.00</td> </tr> </table> | 275.00 | | | | | | | | | | | | | | | | | | | | |
| 275.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) Jim Olson, sr. Mailing Address 450 Southern Bay RD. City Penobscot State ME Zip Code 04476 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>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C6833102 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</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 | 1 | 0 | | 0 | 6 | | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | | 0 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer N/A Occupation retired 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>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1240.00 |
| 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 8 / 8 |
| | (check only one) |
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Alison P Smith</p> <p>Mailing Address 43 Carleton Street</p> <p>City State Zip Code Portland ME 04102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self consultant</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2006</p> <p>Transaction ID: C6840274</p> <p>Amount of Each Receipt this Period 200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Judith Steinhauer</p> <p>Mailing Address 138 Neal Street Portland ME 0410</p> <p>City State Zip Code Portland ME 04102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation N/A</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2006</p> <p>Transaction ID: C6828903</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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|--|--|
| <p>C. Full Name (Last, First, Middle Initial) C.A.A. Storer</p> <p>Mailing Address 1 Willow St</p> <p>City State Zip Code Ellsworth ME 04605-2226</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self Independent Scholar</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2006</p> <p>Transaction ID: C6837175</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> |
|--|--|

| | |
|---|-----------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>550.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p>9515.00</p> |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 1 / 1 |
| | (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"/> 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)
Waldo County Democratic Committee

Mailing Address 9B Beaver St

City Belfast State ME Zip Code 04915-6455

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
37.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 0 | 6 |

Transaction ID: C6844464

Amount of Each Receipt this Period
37.00

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

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 37.00 |
| TOTAL This Period (last page this line number only) | ▶ | 37.00 |

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

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

FOR LINE NUMBER: (check only one)

PAGE 2 / 6

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

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NAME OF COMMITTEE (In Full)
Jean Hay Bright US

| | | | | | |
|--|--|--|--|---|--|
| A. First Data | | Full Name (Last, First, Middle Initial) | | Transaction ID: D130219 | |
| Mailing Address 6200 S Quebec St | | Date of Disbursement | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> | |
| City Greenwood Village State CO Zip Code 80111-4729 | | Purpose of Disbursement credit card fees -MC | | Amount of Each Disbursement this Period | |
| Candidate Name | | <input type="text" value="003"/> Category/Type | | <input type="text" value="27.85"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2006 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| State: District: | | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | | | |
|--|--|--|--|---|--|
| B. First Data | | Full Name (Last, First, Middle Initial) | | Transaction ID: D130220 | |
| Mailing Address 6200 S Quebec St | | Date of Disbursement | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> | |
| City Greenwood Village State CO Zip Code 80111-4729 | | Purpose of Disbursement credit card fees - DISC | | Amount of Each Disbursement this Period | |
| Candidate Name | | <input type="text" value="003"/> Category/Type | | <input type="text" value="0.28"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2006 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| State: District: | | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | | | |
|--|--|--|--|---|--|
| C. Gossamer Press | | Full Name (Last, First, Middle Initial) | | Transaction ID: D129055 | |
| Mailing Address 259 Main St | | Date of Disbursement | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> | |
| City Old Town State ME Zip Code 04468-1530 | | Purpose of Disbursement 7000 brochures | | Amount of Each Disbursement this Period | |
| Candidate Name | | <input type="text" value="006"/> Category/Type | | <input type="text" value="341.78"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2006 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| State: District: | | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | |
|--|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | | <input type="text" value="369.91"/> |
| 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)

PAGE 3 / 6

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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: D130202 Date of Disbursement 10 / 17 / 2006 |
| Mailing Address 259 Main St | | Amount of Each Disbursement this Period 960.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Old Town | State ME Zip Code 04468-1530 | |
| Purpose of Disbursement letters envelopes | 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: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hilton Garden Inn | | Transaction ID: D129018 Date of Disbursement 10 / 09 / 2006 |
| Mailing Address 65 Commercial St | | Amount of Each Disbursement this Period 266.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland | State ME Zip Code 04101 | |
| Purpose of Disbursement Lodging | 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. Jean M. Hay Bright | | Transaction ID: D130214 Date of Disbursement 10 / 03 / 2006 |
| Mailing Address 4262 Kennebec Rd | | Amount of Each Disbursement this Period 1549.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dixmont | State ME Zip Code 04932-3643 | |
| Purpose of Disbursement August travel | Category/Type 002 | |
| Candidate Name Jean M. Hay Bright | | |
| Office Sought: <input checked="" 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: ME District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2777.28 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER: (check only one)

PAGE 5 / 6

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. Modern Postcard</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1675 Faraday Avenue</p> | | <p>Transaction ID: D130208 Date of Disbursement 10 / 10 / 2006</p> |
| <p>City Carlsbad State ME Zip Code 92008</p> | <p>Purpose of Disbursement palm cards</p> | <p>Amount of Each Disbursement this Period 2103.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Candidate Name</p> | <p>Category/Type 006</p> | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |
| <p>State: District:</p> | | |

| | | |
|---|---|---|
| <p>B. Nassau Broadcasting</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 14107</p> | | <p>Transaction ID: D130260 Date of Disbursement 10 / 17 / 2006</p> |
| <p>City Lewiston State ME Zip Code 04243</p> | <p>Purpose of Disbursement advertising</p> | <p>Amount of Each Disbursement this Period 3580.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Candidate Name</p> | <p>Category/Type 004</p> | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |
| <p>State: District:</p> | | |

| | | |
|--|---|---|
| <p>C. Newtek Merchant Solutions</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 744 N 4th St</p> | | <p>Transaction ID: D130212 Date of Disbursement 10 / 03 / 2006</p> |
| <p>City Milwaukee State WI Zip Code 53203-2112</p> | <p>Purpose of Disbursement credit card processing</p> | <p>Amount of Each Disbursement this Period 15.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Candidate Name</p> | <p>Category/Type 003</p> | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |
| <p>State: District:</p> | | |

SUBTOTAL of Disbursements This Page (optional) ▶

5698.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 6 / 6

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 - Winterport | | Transaction ID: D130199 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 6 | |
| Mailing Address Main Rd | | Amount of Each Disbursement this Period 199.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Winterport | State ME | | Zip Code 04496 |
| Purpose of Disbursement postage | Category/Type 001 | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|---------------------|
| Full Name (Last, First, Middle Initial) B. South Portland Auditorium | | Transaction ID: D129123 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6 | |
| Mailing Address 637 Highland Ave | | Amount of Each Disbursement this Period 60.00 <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 | Category/Type 007 | | |
| 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. Voice Pulse | | Transaction ID: D130226 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6 | |
| Mailing Address 1095 Cranbury South River Rd Ste 16 | | Amount of Each Disbursement this Period 149.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Jamesburg | State NJ | | Zip Code 08831-3411 |
| Purpose of Disbursement telephone service | Category/Type 001 | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 409.37 |
| TOTAL This Period (last page this line number only) ▶ | 10872.19 |

SCHEDULE C (FEC Form 3)

LOANS

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

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

NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Transaction ID: L405

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

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

TERMS

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

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

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

| | |
|---|--------|
| SUBTOTALS This Period This Page (optional) | 658.21 |
| TOTALS This Period (last page in this line only) | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

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

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

NAME OF COMMITTEE (In Full)
Jean Hay Bright US

Transaction ID: L406

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

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

TERMS

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

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

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

| | | |
|--|---|---------|
| SUBTOTALS This Period This Page (optional) | ▶ | 1650.48 |
| TOTALS This Period (last page in this line only) | ▶ | 2308.69 |
| 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

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:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

2,000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 2 OF 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 State ZIP Code
Dixmont ME 04932

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

TERMS Date Incurred Date Due Interest Rate Secured:
09 / 30 / 2005 11 / 30 / 2006 none % (apr) 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

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

1,271.91

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1,271.91

TERMS

Date Incurred

04 / 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:

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)..... ▶

1,271.91

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

1,516.85

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:

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)..... ▶

1,516.85

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.