

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

JeanHayBright.US

ADDRESS (number and street)

4262 Kennebec Rd

Check if different than previously reported. (ACC)

Dixmont

ME

04932 - 3643

2. FEC IDENTIFICATION NUMBER

C 0 0 4 1 1 5 0 4

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

ME

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

05 / 25 / 2006

through

06 / 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 L. Bright

Signature of Treasurer

Date

07 / 14 / 2006

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

Write or Type Committee Name

**JeanHayBright.US**

Report Covering the Period: From: **05** / **25** / **2006** To: **06** / **30** / **2006**

	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))....	8,453.45	29,662.81
(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)).....	8,453.45	29,662.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13,570.06	42,501.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	275.00	289.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	13,295.06	42,211.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	119.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	12,659.84	

**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 12/2003)

Page 3

Write or Type Committee Name

**JeanHayBright.US**

Report Covering the Period: From: 05 / 25 / 2006 To: 06 / 30 / 2006

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1,100.00	7,230.00
(ii) Unitemized.....	5,062.79	18,039.17
(iii) TOTAL of contributions from individuals ▶	6,162.79	25,269.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2,100.00	2,100.00
(d) The Candidate.....	190.66	2,293.64
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8,453.45	29,662.81
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	<b>0.00</b>	<b>0.00</b>
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1,650.48	13,159.84
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1,650.48	13,159.84
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>275.00</b>	<b>289.95</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>0.00</b>	<b>8.64</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>10,378.93</b>	<b>43,121.24</b>

**DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13,570.06	42,501.48
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	13,570.06	43,001.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3,310.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10,378.93
25. SUBTOTAL (add Line 23 and Line 24).....	13,689.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13,570.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	119.76

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

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

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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

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

Mailing Address  
**608 Neck Rd.**

City State Zip Code  
**China ME 04358**

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

Name of Employer Occupation  
**U.S. Dept of Veterans Affairs physician**

Receipt For:  Primary  General  
 Other (specify) ▼

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

Date of Receipt  
**06 / 08 / 2006**

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

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

**B.** Full Name (Last, First, Middle Initial)  
**Lasell, John**

Mailing Address  
**PO Box 111**

City State Zip Code  
**Franklin ME 04634**

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

Name of Employer Occupation  
**unemployed builder**

Receipt For:  Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**6 0 0 . 0 0**

Date of Receipt  
**06 / 08 / 2006**

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

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

**C.** Full Name (Last, First, Middle Initial)  
**Rolde, Neil**

Mailing Address  
**PO Box 304**

City State Zip Code  
**York ME 03909**

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

Name of Employer Occupation  
**self author**

Receipt For:  Primary  General  
 Other (specify) ▼

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

Date of Receipt  
**05 / 26 / 2006**

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

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **9 0 0 . 0 0**

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

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

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

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

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

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

Mailing Address  
**19 Baird Rd**

City State Zip Code  
**Caribou ME 04736**

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

Name of Employer Occupation  
**University of Maine at Fort Kent professor**

Receipt For:  
 Primary  General  
 Other (specify) ▼

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

Date of Receipt  
**06 / 06 / 2006**

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

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
**r**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

**TOTAL** This Period (last page this line number only) ..... ▶ **1,1 0 0 . 0 0**

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

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

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

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

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

Mailing Address  
**3327 80TH ST Apt 31**

City **Jackson Heights** State **NY** Zip Code **11372**

FEC ID number of contributing federal political committee. **C 0 0 4 1 6 6 0 2**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2,100.00**

Date of Receipt  
**06 / 05 / 2006**

Amount of Each Receipt this Period  
**2,100.00**

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2,100.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **2,100.00**

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Miller for Governor Committee (room rental reimbursement)**

Mailing Address  
**208 Portland Rd**

City **Gray** State **ME** Zip Code **04039**

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

Name of Employer **n/a** Occupation **n/a**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2 7 5 . 0 0**

Date of Receipt  
**06 / 13 / 2006**

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

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<b>2 7 5 . 0 0</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<b>2 7 5 . 0 0</b>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. CitiBank</b>		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
Mailing Address <b>Forest Ave</b>		Amount of Each Disbursement this Period <input type="text" value="1000"/>
City <b>Portland</b>	State <b>ME</b>	
Zip Code <b>04101</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>cashier's check fee</b>		
Candidate Name <b>Jean Hay Bright</b>		Category/Type <input type="text" value="001"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Farm Family Insurance</b>		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
Mailing Address <b>98 Main St Suite 1</b>		Amount of Each Disbursement this Period <input type="text" value="12800"/>
City <b>Orland</b>	State <b>ME</b>	
Zip Code <b>04416</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>Liability insurance</b>		
Candidate Name <b>Jean Hay Bright</b>		Category/Type <input type="text" value="001"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Merrill Merchants Bank</b>		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
Mailing Address <b>201 Main St</b>		Amount of Each Disbursement this Period <input type="text" value="3597"/>
City <b>Bangor</b>	State	
Zip Code <b>04401</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>bank fees and interest</b>		
Candidate Name <b>Jean Hay Bright</b>		Category/Type <input type="text" value="001"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="17397"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. Postmaster Hampden**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: **04 / 15 / 2006**

Mailing Address: **Western Ave**

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

Purpose of Disbursement: **postage** Category/Type: **001**

Candidate Name: **Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District: \_\_\_\_\_

Amount of Each Disbursement this Period: **4.55**

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

**B. Postmaster Hampden**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: **06 / 22 / 2006**

Mailing Address: **Western Ave**

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

Purpose of Disbursement: **postage** Category/Type: **001**

Candidate Name: **Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District: \_\_\_\_\_

Amount of Each Disbursement this Period: **39.00**

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

**C. Radio Shack**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: **06 / 11 / 2006**

Mailing Address: **Maine Mall Rd**

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

Purpose of Disbursement: **meeting supplies** Category/Type: **001**

Candidate Name: **Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District: \_\_\_\_\_

Amount of Each Disbursement this Period: **52.99**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **96.54**

**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)		PAGE 3 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)

**A. Unitel**

Mailing Address: 129 Main St  
City: Unity State: ME Zip Code: 04988

Purpose of Disbursement: phone service  
Candidate Name: Jean Hay Bright  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: ME District:

Date of Disbursement: 06 / 01 / 2006

Amount of Each Disbursement this Period: 3.74

Category/Type: 001

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

Full Name (Last, First, Middle Initial)

**B. Voice Pulse**

Mailing Address: 1095 Cranbury South River Rd Suite 16  
City: Jamesburg State: NJ Zip Code: 08831

Purpose of Disbursement: telephone service  
Candidate Name: Jean Hay Bright  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: ME District:

Date of Disbursement: 06 / 09 / 2006

Amount of Each Disbursement this Period: 49.94

Category/Type: 001

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

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address: Civic Center Blvd  
City: Augusta State: ME Zip Code: 04430

Purpose of Disbursement: toner and ink cartridges  
Candidate Name: Jean Hay Bright  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: ME District:

Date of Disbursement: 06 / 01 / 2006

Amount of Each Disbursement this Period: 491.75

Category/Type: 001

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 545.43

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)

**A. Roger Roy dba Fieldstone Cabins**

Mailing Address  
**19 Baird Rd**

City **Caribou** State **ME** Zip Code **04736**

Purpose of Disbursement  
**lodging (in-kind contribution)** **0 0 2** Category/Type

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

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

Amount of Each Disbursement this Period: **2 0 0 0 0**

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

Full Name (Last, First, Middle Initial)

**B. Jean Hay Bright**

Mailing Address  
**4262 Kennebec Rd**

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

Purpose of Disbursement  
**May travel expenses** **0 0 2** Category/Type

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 30 / 2006**

Amount of Each Disbursement this Period: **1,650.48**

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

Full Name (Last, First, Middle Initial)

**C. Act Blue**

Mailing Address  
**PO Box 382110**

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

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

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 25 / 2006**

Amount of Each Disbursement this Period: **2.22**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1,852.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)

**A. Newtek Merchant Solutions**

Mailing Address  
**744 N 4th St**

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

Purpose of Disbursement  
**credit card handling fees**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 05 / 2006**

Amount of Each Disbursement this Period: **1560**

Category/Type: **003**

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

Full Name (Last, First, Middle Initial)

**B. PayPal (4 transactions this reporting period for primary cycle)**

Mailing Address  
**2211 N 1st St**

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

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

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 11 / 2006**

Amount of Each Disbursement this Period: **571**

Category/Type: **003**

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

Full Name (Last, First, Middle Initial)

**C. Sheraton Hotel**

Mailing Address  
**363 Maine Mall Rd**

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

Purpose of Disbursement  
**lodging**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 19 / 2006**

Amount of Each Disbursement this Period: **24246**

Category/Type: **002**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **26377**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PayPal (16 transactions this reporting period for general cycle)</b>		M M / D D / Y Y Y Y <b>06 / 30 / 2006</b>
Mailing Address <b>2211 N 1st St</b>		Amount of Each Disbursement this Period <b>4 1 . 4 1</b>
City <b>San Jose</b>	State Zip Code <b>CA 95131</b>	
Purpose of Disbursement <b>fee for handling on-line contributions</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Channel X (WCXX)</b>		M M / D D / Y Y Y Y <b>06 / 07 / 2006</b>
Mailing Address <b>152 East Green Ridge Rd</b>		Amount of Each Disbursement this Period <b>4 1 3 . 0 0</b>
City <b>Caribou</b>	State Zip Code <b>ME 04736</b>	
Purpose of Disbursement <b>radio advertising</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. St. John Valley Times</b>		M M / D D / Y Y Y Y <b>04 / 14 / 2006</b>
Mailing Address <b>PO Box 419</b>		Amount of Each Disbursement this Period <b>2 3 2 . 5 0</b>
City <b>Madawaska</b>	State Zip Code <b>ME 04756</b>	
Purpose of Disbursement <b>newspaper advertising</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>6 8 6 . 9 1</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Nassau Broadcasting</b>		<b>05 / 26 / 2006</b>
Mailing Address <b>PO Box 14017</b>		Amount of Each Disbursement this Period <b>6 5 6 . 0 0</b>
City <b>Lewiston</b>	State Zip Code <b>ME 04243</b>	
Purpose of Disbursement <b>radio advertising</b>	<b>0 0 4</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Nassau Broadcasting</b>		<b>06 / 08 / 2006</b>
Mailing Address <b>PO Box 14017</b>		Amount of Each Disbursement this Period <b>6 4 8 . 0 0</b>
City <b>Lewiston</b>	State Zip Code <b>ME 04243</b>	
Purpose of Disbursement <b>radio advertising</b>	<b>0 0 4</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Gossamer Press</b>		<b>06 / 01 / 2006</b>
Mailing Address <b>259 Main St.</b>		Amount of Each Disbursement this Period <b>1, 1 0 5 . 1 3</b>
City <b>Old Town</b>	State Zip Code <b>ME 04468</b>	
Purpose of Disbursement <b>printing brochures and pamphlets</b>	<b>0 0 6</b>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>2, 4 0 9 . 1 3</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Kane Lewis Productions</b>		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
Mailing Address <b>Rope Ferry Rd</b>		Amount of Each Disbursement this Period <input type="text" value="400.00"/>
City <b>Sedgwick</b>	State <b>ME</b>	
Zip Code <b>04676</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>television production</b>	Category/Type <input type="text" value="004"/>	
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. WCSH - TV</b>		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
Mailing Address <b>1 Congress Square</b>		Amount of Each Disbursement this Period <input type="text" value="1,117.75"/>
City <b>Portland</b>	State <b>ME</b>	
Zip Code <b>04101</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>television time</b>	Category/Type <input type="text" value="004"/>	
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. WLBZ - TV</b>		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
Mailing Address <b>329 Mount Hope Ave</b>		Amount of Each Disbursement this Period <input type="text" value="637.50"/>
City <b>Bangor</b>	State <b>ME</b>	
Zip Code <b>04401</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>television time</b>	Category/Type <input type="text" value="004"/>	
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="2,155.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)

**A. WGME- TV**

Mailing Address  
**1335 Washington Avenue**

City **Portland** State **ME** Zip Code **04332**

Purpose of Disbursement  
**television time**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 12 / 2006**

Amount of Each Disbursement this Period: **725.00**

Category/Type: **004**

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

Full Name (Last, First, Middle Initial)

**B. Brilliant Digital Entertainment**

Mailing Address  
**14011 Ventura Boulevard, Suite 501**

City **Sherman Oaks** State **CA** Zip Code **91423**

Purpose of Disbursement  
**music rights**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **05 / 27 / 2006**

Amount of Each Disbursement this Period: **0.99**

Category/Type: **006**

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

Full Name (Last, First, Middle Initial)

**C. Gossamer Press**

Mailing Address  
**259 Main St.**

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

Purpose of Disbursement  
**printing**

Candidate Name  
**Jean Hay Bright**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **ME** District:

Date of Disbursement: **06 / 30 / 2006**

Amount of Each Disbursement this Period: **99.75**

Category/Type: **006**

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **825.74**

**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 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Auciello, Shlomit</b>		M M / D D / Y Y Y Y <b>06 / 01 / 2006</b>
Mailing Address <b>1032 Walton Mill Rd</b>		Amount of Each Disbursement this Period <b>6 2 4 . 9 6</b>
City <b>Warren</b>	State Zip Code <b>ME 04864</b>	
Purpose of Disbursement <b>distribution of in-kind contributions of food and drink</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Jean Hay Bright (2 invoices this reporting period)</b>		M M / D D / Y Y Y Y <b>06 / 13 / 2006</b>
Mailing Address <b>4262 Kennebec Rd</b>		Amount of Each Disbursement this Period <b>1 9 0 . 6 6</b>
City <b>Dixmont</b>	State Zip Code <b>ME 04932</b>	
Purpose of Disbursement <b>distribution of in-kind contribution of candidate books</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Patrick Scanlon</b>		M M / D D / Y Y Y Y <b>06 / 30 / 2006</b>
Mailing Address <b>24 Washington Ave.</b>		Amount of Each Disbursement this Period <b>1 0 0 . 0 0</b>
City <b>Andover</b>	State Zip Code <b>MA 01810</b>	
Purpose of Disbursement <b>distribution of in-kind contribution of music CDs</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>9 1 5 . 6 2</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Staples</b>		M M / D D / Y Y Y Y <b>06 / 02 / 2006</b>
Mailing Address <b>Civic Center Blvd</b>		Amount of Each Disbursement this Period <b>4 1 4 . 5 1</b>
City <b>Augusta</b>	State Zip Code <b>ME 04330</b>	
Purpose of Disbursement <b>printing</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought:	Disbursement For:	Category/Type <b>0 0 6</b>
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. The Ground Round (3 invoices in this period)</b>		M M / D D / Y Y Y Y <b>06 / 03 / 2006</b>
Mailing Address <b>110 Community Drive</b>		Amount of Each Disbursement this Period <b>1 5 2 9 . 4 8</b>
City <b>Augusta</b>	State Zip Code <b>ME 04330</b>	
Purpose of Disbursement <b>hospitality suite</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought:	Disbursement For:	Category/Type <b>0 0 7</b>
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Holiday Inn</b>		M M / D D / Y Y Y Y <b>06 / 04 / 2006</b>
Mailing Address <b>110 Community Drive</b>		Amount of Each Disbursement this Period <b>7 6 6 . 9 6</b>
City <b>Augusta</b>	State Zip Code <b>ME 04330</b>	
Purpose of Disbursement <b>lodging</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Jean Hay Bright</b>		
Office Sought:	Disbursement For:	Category/Type <b>0 0 2</b>
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>2 7 1 0 . 9 5</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Maine Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2006</b>
Mailing Address <b>PO Box 5358</b>		Amount of Each Disbursement this Period <b>7 5 . 0 0</b>
City <b>Augusta</b>	State Zip Code <b>ME 04330</b>	
Purpose of Disbursement <b>convention registration</b>		Category/Type <b>0 0 7</b>
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
State: <b>ME</b> District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2006</b>
Mailing Address <b>Civic Center Blvd</b>		Amount of Each Disbursement this Period <b>7 5 . 4 0</b>
City <b>Augusta</b>	State Zip Code <b>ME 04330</b>	
Purpose of Disbursement <b>convention supplies</b>		Category/Type <b>0 0 7</b>
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
State: <b>ME</b> District:		

Full Name (Last, First, Middle Initial) <b>C. Bruno's Restaurant &amp; Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2006</b>
Mailing Address <b>33 Allen St</b>		Amount of Each Disbursement this Period <b>5 6 2 . 5 0</b>
City <b>Portland</b>	State Zip Code <b>04103</b>	
Purpose of Disbursement <b>function room and catering</b>		Category/Type <b>0 0 7</b>
Candidate Name <b>Jean Hay Bright</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
State: <b>ME</b> District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>7 1 2 . 9 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. BJ's Wholesale Club</b>		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
Mailing Address <b>513 Warren St</b>		Amount of Each Disbursement this Period <input type="text" value="181.15"/>
City <b>Portland</b>	State <b>ME</b>	
Zip Code <b>04103</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>supplies for hospitality suite</b>		
Candidate Name		<input type="text" value="007"/> Category/Type
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Mesa Verde Restaurant</b>		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
Mailing Address <b>618 Congress St</b>		Amount of Each Disbursement this Period <input type="text" value="100.00"/>
City <b>Portland</b>	State <b>ME</b>	
Zip Code <b>04101</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>tip for waitstaff at Air America event</b>		
Candidate Name <b>Jean Hay Bright</b>		<input type="text" value="007"/> Category/Type
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. WERU</b>		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
Mailing Address <b>PO Box 170</b>		Amount of Each Disbursement this Period <input type="text" value="300.00"/>
City <b>East Orland</b>	State	
Zip Code <b>04431</b>		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>booth rental at Full Circle Fair</b>		
Candidate Name <b>Jean Hay Bright</b>		<input type="text" value="007"/> Category/Type
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ME</b>	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="221.15"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="13570.06"/>

**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 **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**

<b>LOAN SOURCE</b> 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 04 / 06 / 2006	Date Due 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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶ 1,271.91
<b>TOTALS</b> 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 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**

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

<b>LOAN SOURCE</b> 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 1,650.48	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1,650.48
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**TERMS**

Date Incurred 06 / 30 / 2006	Date Due 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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶ 1,650.48
<b>TOTALS</b> 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.