

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 202 SAN JOSE AVENUE  
Check if different than previously reported. (ACC) CAPITOLA CA 95010

2. **FEC IDENTIFICATION NUMBER** C00393769  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 06 01 2008 through 06 30 2008

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 Wilmot

Signature of Treasurer Electronically Filed by David Wilmot Date 07 11 2008

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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		40609.82
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	22357.57									
(c) Total Receipts (from Line 19) .....	15000.00	20000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37357.57	60609.82								
7. Total Disbursements (from Line 31) .....	8121.79	31374.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29235.78	29235.78								
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) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	15000.00	20000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	15000.00	20000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15000.00	20000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15000.00	20000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15000.00	20000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	54.45	306.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	54.45	306.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8067.34	21067.34
24. Independent Expenditure (use Schedule E) .....	0.00	10000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8121.79	31374.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8121.79	31374.04

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	15000.00	20000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15000.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54.45	306.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54.45	306.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Alexandra Bauermeister		Date of Receipt
	Mailing Address 147 Sherman Street #104		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Cambridge	MA	02140
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Environmental Defense Fund		Occupation Project Manager	Transaction ID: SA11AI.4277
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> .00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Earmark to Tom Allen, Senate-ME
			<b>[MEMO ITEM]</b>

<b>B.</b>	Full Name (Last, First, Middle Initial) Priscilla M. Brooks		Date of Receipt
	Mailing Address 283 Argilla Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Ipswich	MA	01938
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.4270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> .00	Amount of Each Receipt this Period <input type="text"/> 100.00
			Earmark to Tom Allen, Senate-ME
			<b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) James L. Elder		Date of Receipt
	Mailing Address 14 Jersey Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Manchester	MA	01944
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Campaign for Environmental Lit		Occupation Campaign Director	Transaction ID: SA11AI.4275
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> .00	Amount of Each Receipt this Period <input type="text"/> 250.00
			Earmark to Tom Allen, Senate-ME
			<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane Garthwaite		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 348 Beacon Street #2		Transaction ID: SA11AI.4259
	City Boston	State MA	Zip Code 02116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self-employed	Occupation Landscape Designer	Earmark to Tom Allen, Senate-ME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>

<b>B.</b>	Full Name (Last, First, Middle Initial) Beulah Hartman		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 28 Banks Street		Transaction ID: SA11AI.4264
	City Cambridge	State MA	Zip Code 02138
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Retired	Occupation Retired	Earmark to Tom Allen, Senate-ME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Miller		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 62 Sunset Road		Transaction ID: SA11AI.4297
	City Key Largo	State FL	Zip Code 33037
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer Self-employed	Occupation Scientist	Earmark to Tom Allen, Senate-ME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) David D. Moir	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 50 Lochstead Avenue	<b>Transaction ID:</b> SA11AI.4273
	City State Zip Code Jamaica Plain MA 02130	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Earmark to Tom Allen, Senate-ME
Name of Employer Self-employed Occupation Land Development	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Rob Moir	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 15 Parrish Lane	<b>Transaction ID:</b> SA11AI.4261
	City State Zip Code W. Boxford MA 01885	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Earmark to Tom Allen, Senate-ME
Name of Employer Self-employed Occupation Consultant	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul W. Parker	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 210j Orleans Road	<b>Transaction ID:</b> SA11AI.4269
	City State Zip Code North Chatham MA 02650	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Earmark to Tom Allen, Senate-ME
Name of Employer CCCHFA Occupation Executive Director	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Randy Repass	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 500 Westridge Drive	<b>Transaction ID:</b> SA11AI.4308
	City State Zip Code Watsonville CA 95076	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer West Marine	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sally-Christine Rodgers	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 500 Westridge Drive	<b>Transaction ID:</b> SA11AI.4309
	City State Zip Code Watsonville CA 95076	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elizabeth A. Sullivan	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 1835D California Street NW	<b>Transaction ID:</b> SA11AI.4262
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Education Voters	Occupation President	Earmark to Tom Allen, Senate-ME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) David Wilmot		Date of Receipt		
	Mailing Address 202 San Jose Avenue		M M / D D / Y Y Y Y 06 / 17 / 2008		
	City Capitola	State CA	Zip Code 95010	Transaction ID: SA11AI.4258	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00		
	Name of Employer Ocean Champions	Occupation President	Earmark to Tom Allen, Senate-ME		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	15000.00

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: SB21B.4316
	Mailing Address P.O. Box 6995	Date of Disbursement MM / DD / YYYY 06 / 02 / 2008
	City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Bank Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: SB21B.4318
	Mailing Address P.O. Box 6995	Date of Disbursement MM / DD / YYYY 06 / 11 / 2008
	City Portland State OR Zip Code 97228	Amount of Each Disbursement this Period 38.50
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	48.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	48.50

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Bakers Best Catering	Transaction ID: SB23.4312 Date of Disbursement 06 / 17 / 2008
	Mailing Address 27 Lincoln Street	Amount of Each Disbursement this Period 250.20
	City Newton State MA Zip Code 02461	
	Purpose of Disbursement In-kind: Catering	Category/Type
	Candidate Name THOMAS H ALLEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW	Transaction ID: SB23.4299 Date of Disbursement 06 / 02 / 2008
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name JOHN J BARROW	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: SB23.4305 Date of Disbursement 06 / 19 / 2008
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name MARK STEVEN KIRK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2250.20
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) O'Neill & Associates <hr/> Mailing Address 31 New Chardon Street <hr/> City Boston State MA Zip Code 02114 <hr/> Purpose of Disbursement In-kind: Facility Rental Candidate Name THOMAS H ALLEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4310 Date of Disbursement 06 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Ocean Champions <hr/> Mailing Address 202 San Jose Avenue <hr/> City Capitola State CA Zip Code 95010 <hr/> Purpose of Disbursement In-kind: Postage & Printing Candidate Name THOMAS H ALLEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4314 Date of Disbursement 06 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 117.14
<b>C.</b>	Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement Contribution Candidate Name HILDA SOLIS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4302 Date of Disbursement 06 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 500.00

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

817.14

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE	Transaction ID: SB23.4300 Date of Disbursement
	Mailing Address 550 FOREST AVE SUITE 101	<input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City PORTLAND State ME Zip Code 04101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name THOMAS H ALLEN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE	Transaction ID: SB23.4287 Date of Disbursement
	Mailing Address 550 FOREST AVE SUITE 101	<input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City PORTLAND State ME Zip Code 04101	Amount of Each Disbursement this Period
	Purpose of Disbursement Ermk by Contrib Ck: Wilmot, David B.	<input type="text" value="200.00"/>
	Candidate Name THOMAS H ALLEN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE	Transaction ID: SB23.4288 Date of Disbursement
	Mailing Address 550 FOREST AVE SUITE 101	<input type="text" value="06"/> <input type="text" value="21"/> / <input type="text" value="2008"/>
	City PORTLAND State ME Zip Code 04101	Amount of Each Disbursement this Period
	Purpose of Disbursement Ermk by Contrib Ck: Garthwaite, Diane	<input type="text" value="500.00"/>
	Candidate Name THOMAS H ALLEN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>TOM ALLEN FOR SENATE</b>	<b>Transaction ID:</b> SB23.4289 Date of Disbursement 06 / 21 / 2008	
	Mailing Address 550 FOREST AVE SUITE 101		
	City: PORTLAND      State: ME      Zip Code: 04101	Amount of Each Disbursement this Period	2300.00
	Purpose of Disbursement Ermk by Contrib Ck: Moir, Rob	<b>[MEMO ITEM]</b>	
	Candidate Name THOMAS H ALLEN		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME      District: 00		
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>TOM ALLEN FOR SENATE</b>	<b>Transaction ID:</b> SB23.4290 Date of Disbursement 06 / 21 / 2008	
	Mailing Address 550 FOREST AVE SUITE 101		
	City: PORTLAND      State: ME      Zip Code: 04101	Amount of Each Disbursement this Period	100.00
	Purpose of Disbursement Ermk by Contrib Ck: Sullivan, Elizabeth	<b>[MEMO ITEM]</b>	
	Candidate Name THOMAS H ALLEN		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME      District: 00		
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>TOM ALLEN FOR SENATE</b>	<b>Transaction ID:</b> SB23.4291 Date of Disbursement 06 / 21 / 2008	
	Mailing Address 550 FOREST AVE SUITE 101		
	City: PORTLAND      State: ME      Zip Code: 04101	Amount of Each Disbursement this Period	250.00
	Purpose of Disbursement Ermk by Contrib Ck: Hartman, Beulah	<b>[MEMO ITEM]</b>	
	Candidate Name THOMAS H ALLEN		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME      District: 00		
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OCEAN CHAMPIONS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE <hr/> Mailing Address 550 FOREST AVE SUITE 101 <hr/> City PORTLAND State ME Zip Code 04101 <hr/> Purpose of Disbursement Ermk by Contrib Ck: Elder, James L. Candidate Name THOMAS H ALLEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4295 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2008
	Amount of Each Disbursement this Period 250.00  [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) TOM ALLEN FOR SENATE <hr/> Mailing Address 550 FOREST AVE SUITE 101 <hr/> City PORTLAND State ME Zip Code 04101 <hr/> Purpose of Disbursement Ermk by Contrib Ck: Bauermeister, Alexan Candidate Name THOMAS H ALLEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4296 Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2008
	Amount of Each Disbursement this Period 50.00  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	8067.34