

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
MAINE REPUBLICAN PARTY

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 BEN LOMBARD

Signature of Treasurer BEN LOMBARD [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MAINE REPUBLICAN PARTY**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="54222.66"/>	<input type="text" value="54222.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53076.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="90803.75"/>	<input type="text" value="208285.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="143879.86"/>	<input type="text" value="262508.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61972.44"/>	<input type="text" value="180600.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81907.42"/>	<input type="text" value="81907.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MAINE REPUBLICAN PARTY**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	44530.75	68299.00
(ii) Unitemized .....	42323.00	83975.07
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	86853.75	152274.07
(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) .....	86853.75	152274.07
12. Transfers From Affiliated/Other Party Committees.....	3950.00	20800.00
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	35211.37
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	35211.37
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	90803.75	208285.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	90803.75	173074.07

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	12300.35	34960.52
(ii) Non-Federal Share.....	46272.70	131518.11
(b) Other Federal Operating Expenditures .....	3399.39	14122.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	61972.44	180600.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	61972.44	180600.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15699.74	49082.57

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	86853.75	152274.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86853.75	152274.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15699.74	49082.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15699.74	49082.57

**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 OF 77
	<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

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)  
**MAINE REPUBLICAN PARTY**

**A. MS. MARY ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10

City GARLAND	State ME	Zip Code 04939
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
04 / 14 / 2014  
**Transaction ID : SA11AI.7031**

Amount of Each Receipt this Period  
50.00

**B. MS. MARY ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10

City GARLAND	State ME	Zip Code 04939
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Date of Receipt  
04 / 14 / 2014  
**Transaction ID : SA11AI.7032**

Amount of Each Receipt this Period  
50.00

**C. MS. MARY ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10

City GARLAND	State ME	Zip Code 04939
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Date of Receipt  
04 / 14 / 2014  
**Transaction ID : SA11AI.7033**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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 7 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MARY ALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 LAMOINE BEACH RD

City LAMOINE	State ME	Zip Code 04605
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation INTERIOR DECORATOR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SA11AI.7229**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 69 LAMOINE BEACH RD

City LAMOINE	State ME	Zip Code 04605
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation INTERIOR DECORATOR
-----------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SA11AI.7230**

Amount of Each Receipt this Period  
15.00

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

Mailing Address 69 LAMOINE BEACH RD

City LAMOINE	State ME	Zip Code 04605
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation INTERIOR DECORATOR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

**Transaction ID : SA11AI.7283**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 8 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. MARY ALLEY**

Mailing Address 69 LAMOINE BEACH RD

City LAMOINE      State ME      Zip Code 04605

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

Name of Employer SELF EMPLOYED      Occupation INTERIOR DECORATOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 17 / 2014  
**Transaction ID : SA11AI.7284**

Amount of Each Receipt this Period  
2014      15.00

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

Mailing Address 72 MAYFLOWER HEIGHTS DR

City OAKLAND      State ME      Zip Code 04963

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

Name of Employer INFORMATION REQUESTED      Occupation INFORMATION REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2014  
**Transaction ID : SA11AI.7910**

Amount of Each Receipt this Period  
2014      200.00

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

Mailing Address 54 BLACK SWAN DR

City SOUTH BERWICK      State ME      Zip Code 03908

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2014  
**Transaction ID : SA11AI.7122**

Amount of Each Receipt this Period  
2014      20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

**TOTAL** 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 9 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. LINDA BEAN**

Mailing Address 1185 US ROUTE 1 SUITE 3

City State Zip Code  
FREEPORT ME 04032

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

Name of Employer Occupation  
LINDA BEAN PERFECT MAINE LOBSTER OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5115.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : SA11AI.7751**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 124 SEWALL STREET

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer Occupation  
MAINE WOMEN'S LOBBY ADMINISTRATIVE ASSISTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.8059**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 278 MERRILL HILL ROAD

City State Zip Code  
HEBRON ME 04238

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7104**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5320.00

**TOTAL** 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 OF 77  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MRS. CATHERINE BRADISH</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address 369 N VILLAGE RD		<b>Transaction ID : SA11AI.6978</b>
City OGUNQUIT	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. CATHERINE BRADISH</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address 369 N VILLAGE RD		<b>Transaction ID : SA11AI.6981</b>
City OGUNQUIT	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. CATHERINE BRADISH</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014
Mailing Address 369 N VILLAGE RD		<b>Transaction ID : SA11AI.6982</b>
City OGUNQUIT	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<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 11 OF 77  
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MRS. CATHERINE BRADISH</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014 <b>Transaction ID : SA11AI.6984</b>
Mailing Address 369 N VILLAGE RD		Amount of Each Receipt this Period 30.00
City OGUNQUIT	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. CATHERINE BRADISH</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014 <b>Transaction ID : SA11AI.6989</b>
Mailing Address 369 N VILLAGE RD		Amount of Each Receipt this Period 15.00
City OGUNQUIT	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. CATHERINE BRADISH</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2014 <b>Transaction ID : SA11AI.6991</b>
Mailing Address 369 N VILLAGE RD		Amount of Each Receipt this Period 50.00
City OGUNQUIT	State ME	Zip Code 03907
FEC ID number of contributing federal political committee. C		
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<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 12 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. LUCINDA BRAKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 DEERFIELD RD  
 City State Zip Code  
 NEW GLOUCESTER ME 04260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.7442**  
 Amount of Each Receipt this Period  
 150.00

**B. LUCINDA BRAKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 DEERFIELD RD  
 City State Zip Code  
 NEW GLOUCESTER ME 04260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.7443**  
 Amount of Each Receipt this Period  
 30.00

**C. LUCINDA BRAKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 DEERFIELD RD  
 City State Zip Code  
 NEW GLOUCESTER ME 04260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.7444**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**TOTAL** 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 13 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. LUCINDA BRAKEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 115 DEERFIELD RD  
City NEW GLOUCESTER State ME Zip Code 04260  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 590.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : SA11AI.7893**  
Amount of Each Receipt this Period 200.00

**B. MAX BRENNINKMEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 152  
City SURRY State ME Zip Code 04684  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2014  
**Transaction ID : SA11AI.6456**  
Amount of Each Receipt this Period 500.00

**C. HONORABLE WILLIAM BROWNE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 793 WEBBER POND RD  
City VASSALBORO State ME Zip Code 04989  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : SA11AI.7734**  
Amount of Each Receipt this Period 70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 770.00  
**TOTAL** 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 14 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MRS. HOLLY BUONAIUTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 PLEASANT VALLEY AVENUE  
 City CAPE ELIZABETH State ME Zip Code 04107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 21 / 2014  
**Transaction ID : SA11AI.7649**  
 Amount of Each Receipt this Period 50.00

**B. RICHARD CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 RIVER RD  
 City ORRINGTON State ME Zip Code 04474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONSTRUCTION COORDINATES Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : SA11AI.7913**  
 Amount of Each Receipt this Period 440.00

**C. MR. ARTHUR CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 GOODEILL RD  
 City CHARLOTTE State ME Zip Code 04666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED - MILITARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 16 / 2014  
**Transaction ID : SA11AI.7236**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00  
**TOTAL** 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 15 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. JENNIFER CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 254

City WARREN State ME Zip Code 04864

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

Name of Employer GOOSE RIVER GOLF COURSE Occupation PRO SHOP RETAIL SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 04 / 14 / 2014  
**Transaction ID : SA11AI.6945**

Amount of Each Receipt this Period 50.00

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

Mailing Address PO BOX 254

City WARREN State ME Zip Code 04864

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 04 / 14 / 2014  
**Transaction ID : SA11AI.6941**

Amount of Each Receipt this Period 50.00

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

Mailing Address PO BOX 254

City WARREN State ME Zip Code 04864

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 04 / 28 / 2014  
**Transaction ID : SA11AI.7844**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** 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 16 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MRS. KATHLEEN CHASE</b>		Date of Receipt
Mailing Address 142 BRANCH RD		M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014
City	State	Zip Code
WELLS	ME	04090
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>SA11AI.7979</b>
Name of Employer STATE OF MAINE		Amount of Each Receipt this Period
Occupation LEGISLATOR		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	224.00	

Full Name (Last, First, Middle Initial) <b>B. MR. GEORGE COLBY SR.</b>		Date of Receipt
Mailing Address 44 SHAW ROAD		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014
City	State	Zip Code
NEW GLOUCESTER	ME	04260
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>SA11AI.7487</b>
Name of Employer INFORMATION REQUESTED		Amount of Each Receipt this Period
Occupation INFORMATION REQUESTED		35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	335.00	

Full Name (Last, First, Middle Initial) <b>C. MR. GEORGE COLBY SR.</b>		Date of Receipt
Mailing Address 44 SHAW ROAD		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014
City	State	Zip Code
NEW GLOUCESTER	ME	04260
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>SA11AI.7488</b>
Name of Employer INFORMATION REQUESTED		Amount of Each Receipt this Period
Occupation INFORMATION REQUESTED		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 17 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. GEORGE COLBY SR.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2014
Mailing Address 44 SHAW ROAD		<b>Transaction ID : SA11AI.7489</b>
City NEW GLOUCESTER	State ME	Zip Code 04260
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR. BRUCE CONANT</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2014
Mailing Address 130 MERRILL HILL RD		<b>Transaction ID : SA11AI.7199</b>
City HEBRON	State ME	Zip Code 04238
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SELF EMPLOYED	Occupation BOOK DEALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. MR. BRUCE CONANT</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2014
Mailing Address 130 MERRILL HILL RD		<b>Transaction ID : SA11AI.7200</b>
City HEBRON	State ME	Zip Code 04238
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer SELF EMPLOYED	Occupation BOOK DEALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<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 18 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. KIMBERLY COUCH</b>		Date of Receipt
Mailing Address 17 INDIAN WAY		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code FALMOUTH ME 04105		<b>Transaction ID : SA11AI.8080</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer VERRILL DANA LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. SUZANNE CYR</b>		Date of Receipt
Mailing Address 284 BRUNSWICK ST		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code OLD TOWN ME 04468		<b>Transaction ID : SA11AI.7912</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer REQUESTED EMPLOYER INFORMATION	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BRYAN DENCH</b>		Date of Receipt
Mailing Address 295 FORESIDE RD		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code FALMOUTH ME 04105		<b>Transaction ID : SA11AI.7923</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer SKELTON TAINTOR & ABBOTT	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 19 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. BRYAN DENCH</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2014 <b>Transaction ID : SA11AI.7924</b>
Mailing Address 295 FORESIDE RD		Amount of Each Receipt this Period 100.00
City FALMOUTH	State ME	Zip Code 04105
FEC ID number of contributing federal political committee. C		
Name of Employer SKELTON TAINTOR & ABBOTT	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. LORRAINE DUFFY</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2014 <b>Transaction ID : SA11AI.8040</b>
Mailing Address PO BOX 653		Amount of Each Receipt this Period 600.00
City BLUE HILL	State ME	Zip Code 04614
FEC ID number of contributing federal political committee. C		
Name of Employer COMPASS POINT	Occupation REAL ESTATE BROKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

Full Name (Last, First, Middle Initial) <b>C. JON EAGLESON</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2014 <b>Transaction ID : SA11AI.7581</b>
Mailing Address 12 OAK ST		Amount of Each Receipt this Period 250.00
City KENNEBUNKPORT	State ME	Zip Code 04046
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<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 20 OF 77
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. CLIFTON EAMES</b>		Date of Receipt
Mailing Address 17 FAIRMOUNT PARK W		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
BANGOR	ME	04401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6908</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
N H BRAGG & SONS	BUSINESSMAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. PETER EDGECOMB</b>		Date of Receipt
Mailing Address 132 BAIRD RD		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
CARIBOU	ME	04736
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7289</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
STATE OF MAINE	LEGISLATOR	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MS. NICHI FARNHAM</b>		Date of Receipt
Mailing Address 11 FAIRMOUNT PARK W		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
BANGOR	ME	04401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8005</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MAINE AIR NATIONAL GUARD	PILOT	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<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: PAGE 21 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. ALLON FISH**

Mailing Address 35 DEER RUN ROAD

City State Zip Code  
GLENBURN ME 04401

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

Name of Employer Occupation  
BAFS INC. FOODSERVICE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11AI.8039**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 57 SHADY LN

City State Zip Code  
WELLS ME 04090

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : SA11AI.7113**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 57 SHADY LN

City State Zip Code  
WELLS ME 04090

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : SA11AI.7115**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265.00**

**TOTAL** 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 22 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. NANCY FORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 128 BALD HILL RD

City Wells State ME Zip Code 04090

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2014

**Transaction ID : SA11AI.8022**

Amount of Each Receipt this Period  
 99.00

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

Mailing Address 355 RED SCHOOLHOUSE RD

City Farmington State ME Zip Code 04938

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

Name of Employer MIDDLESEX COUNTY COLLEGE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.7695**

Amount of Each Receipt this Period  
 145.00

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

Mailing Address 355 RED SCHOOLHOUSE RD

City Farmington State ME Zip Code 04938

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

Name of Employer MIDDLESEX COUNTY COLLEGE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.8082**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	274.00
<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 23 OF 77
	<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	

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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. DR. BRUCE FREME</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2014 <b>Transaction ID : SA11AI.7622</b>
Mailing Address 63 SUPERIOR DR		Amount of Each Receipt this Period 150.00
City CARIBOU	State ME	Zip Code 04736
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation DENTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA GAGNE</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : SA11AI.7110</b>
Mailing Address 16 BOBBY ST		Amount of Each Receipt this Period 100.00
City LEWISTON	State ME	Zip Code 04240
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA GAGNE</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : SA11AI.7111</b>
Mailing Address 16 BOBBY ST		Amount of Each Receipt this Period 30.00
City LEWISTON	State ME	Zip Code 04240
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<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 24 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA GAGNE</b>		Date of Receipt
Mailing Address 16 BOBBY ST		M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014
City	State	Zip Code
LEWISTON	ME	04240
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.7854	
	Amount of Each Receipt this Period	
	99.00	
Name of Employer	Occupation	
INFORMATION REQUESTED	INFORMATION REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		339.00

Full Name (Last, First, Middle Initial) <b>B. PATRICIA GAGNE</b>		Date of Receipt
Mailing Address 16 BOBBY ST		M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014
City	State	Zip Code
LEWISTON	ME	04240
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.7873	
	Amount of Each Receipt this Period	
	70.00	
Name of Employer	Occupation	
INFORMATION REQUESTED	INFORMATION REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		409.00

Full Name (Last, First, Middle Initial) <b>C. WILLIAM GARDINER</b>		Date of Receipt
Mailing Address 66 TIDEWATER LN		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2014
City	State	Zip Code
YARMOUTH	ME	04096
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.7056	
	Amount of Each Receipt this Period	
	35.00	
Name of Employer	Occupation	
MAINE DIRECTIONS INC	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		360.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	204.00
<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 25 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. WILLIAM GARDINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 HIGH HEAD RD

City HARPSWELL	State ME	Zip Code 04079
-------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation ENGINEER
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7063**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 24 HIGH HEAD RD

City HARPSWELL	State ME	Zip Code 04079
-------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation ENGINEER
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7064**

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 66 TIDEWATER LN

City YARMOUTH	State ME	Zip Code 04096
------------------	-------------	-------------------

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

Name of Employer MAINE DIRECTIONS INC	Occupation CONSULTANT
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014  
**Transaction ID : SA11AI.8078**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.00
<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 26 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MS. KAREN GERRISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 291

City LEBANON	State ME	Zip Code 04027
-----------------	-------------	-------------------

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

Name of Employer MSAD # 60	Occupation TEACHER
-------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7185**

Amount of Each Receipt this Period  
100.00

**B. MS. KAREN GERRISH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 291

City LEBANON	State ME	Zip Code 04027
-----------------	-------------	-------------------

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

Name of Employer MSAD # 60	Occupation TEACHER
-------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7186**

Amount of Each Receipt this Period  
15.00

**C. MRS. IRENE GIFFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 346 FROST STREET

City LINCOLN	State ME	Zip Code 04457
-----------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : SA11AI.7955**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 27 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. GEORGE GREENE</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014 <b>Transaction ID : SA11AI.7769</b>
Mailing Address 68 WILLOW LN		Amount of Each Receipt this Period 1075.00
City WISCASSET	State ME	Zip Code 04578
FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN GREENLEE</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014 <b>Transaction ID : SA11AI.6408</b>
Mailing Address 366 GRAMMAR RD		Amount of Each Receipt this Period 50.00
City SANFORD	State ME	Zip Code 04073
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. SUZANNE GROVER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014 <b>Transaction ID : SA11AI.7326</b>
Mailing Address PO BOX 223		Amount of Each Receipt this Period 180.00
City NORWAY	State ME	Zip Code 04268
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1305.00
<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 28 OF 77
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MRS. SUZANNE GROVER</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2014
Mailing Address PO BOX 223		<b>Transaction ID : SA11AI.7327</b>
City NORWAY	State ME	Zip Code 04268
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5360.00	

Full Name (Last, First, Middle Initial) <b>B. MR. WILLIAM GUAY</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2014
Mailing Address 33 WILDES DISTRICT ROAD		<b>Transaction ID : SA11AI.7747</b>
City KENNEBUNKPORT	State ME	Zip Code 04046
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SELF-EMPLOYED	Occupation ENTREPRENEUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. MR. WILLIAM GUAY</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2014
Mailing Address 33 WILDES DISTRICT ROAD		<b>Transaction ID : SA11AI.7748</b>
City KENNEBUNKPORT	State ME	Zip Code 04046
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer SELF-EMPLOYED	Occupation ENTREPRENEUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5130.00
<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 29 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. GEORGE HALL</b>		Date of Receipt
Mailing Address 1 JOHN DEERE RD		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
WINDHAM	ME	04062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.7783</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HALL IMPLEMENT CO	FARM EQUIPMENT DEALER	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="595.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. GEORGE HALL</b>		Date of Receipt
Mailing Address 1 JOHN DEERE RD		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
WINDHAM	ME	04062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.7909</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HALL IMPLEMENT CO	FARM EQUIPMENT DEALER	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="995.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM HAMILL</b>		Date of Receipt
Mailing Address PO BOX 480		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
YARMOUTH	ME	04096
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.8099</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5900.00"/>
<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 30 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. ROBERT HARMON**

Mailing Address **PO BOX 490**

City **RAYMOND** State **ME** Zip Code **04071**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7901**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **2241 N PALERMO RD**

City **PALERMO** State **ME** Zip Code **04354**

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

Name of Employer **STATE OF MAINE** Occupation **STATE REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7904**

Amount of Each Receipt this Period  
**400.00**

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

Mailing Address **195 MASSACHUSETTS AVE  
APT 1**

City **PORTLAND** State **ME** Zip Code **04102**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**04 / 17 / 2014**

**Transaction ID : SA11AI.7377**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **635.00**

**TOTAL** 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 31 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. BARBARA HARVEY**

Mailing Address 195 MASSACHUSETTS AVE  
APT 1

City PORTLAND State ME Zip Code 04102

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.7378**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 195 MASSACHUSETTS AVE  
APT 1

City PORTLAND State ME Zip Code 04102

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.7379**

Amount of Each Receipt this Period  
15.00

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

Mailing Address 15 PIPER RD  
APT J308

City SCARBOROUGH State ME Zip Code 04074

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

Name of Employer Occupation  
JENSEN BAIRD GOODNER & HENRY LAWYER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2014  
**Transaction ID : SA11AI.6412**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**TOTAL** 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 32 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. MERTON HENRY</b>		Date of Receipt
Mailing Address 15 PIPER RD APT J308		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
SCARBOROUGH	ME	04074
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7274</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
JENSEN BAIRD GOODNER & HENRY	LAWYER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="355.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. MERTON HENRY</b>		Date of Receipt
Mailing Address 15 PIPER RD APT J308		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
SCARBOROUGH	ME	04074
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7275</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
JENSEN BAIRD GOODNER & HENRY	LAWYER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="405.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. MERTON HENRY</b>		Date of Receipt
Mailing Address 15 PIPER RD APT J308		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
SCARBOROUGH	ME	04074
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7276</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
JENSEN BAIRD GOODNER & HENRY	LAWYER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="95.00"/>
<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 33 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. WESLEY HURST</b>		Date of Receipt
Mailing Address 1 TUNIS AVE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLD ORCHARD BEACH	ME	04064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7825</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="70.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. WESLEY HURST</b>		Date of Receipt
Mailing Address 1 TUNIS AVE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLD ORCHARD BEACH	ME	04064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7826</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. WESLEY HURST</b>		Date of Receipt
Mailing Address 1 TUNIS AVE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLD ORCHARD BEACH	ME	04064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7827</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 34 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. WESLEY HURST**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 TUNIS AVE

City OLD ORCHARD BEACH State ME Zip Code 04064

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 28 / 2014**

**Transaction ID : SA11AI.7828**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 13 POND SHORE RD

City CUMBERLAND CENTER State ME Zip Code 04021

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : SA11AI.6967**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 12 SWAN RD  
PO BOX 6156

City HERMON State ME Zip Code 04401

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

Name of Employer RSJ ELECTRIC, INC. - SELF EMPL Occupation ELECTRICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : SA11AI.7315**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.00**

**TOTAL** 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 35 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MS. EVELYN JOOST**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 628

City BUCKSPORT State ME Zip Code 04416

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

Name of Employer BED & BREAKFAST INN Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.7641**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address P.O. BOX 628

City BUCKSPORT State ME Zip Code 04416

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

Name of Employer BED & BREAKFAST INN Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.7643**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address P.O. BOX 628

City BUCKSPORT State ME Zip Code 04416

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

Name of Employer BED & BREAKFAST INN Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.7647**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<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 36 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MS. EVELYN JOOST</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2014 <b>Transaction ID : SA11AI.7651</b>
Mailing Address P.O. BOX 628		Amount of Each Receipt this Period 35.00
City BUCKSPORT	State ME	Zip Code 04416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer BED & BREAKFAST INN	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1215.00	

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN KILBOURNE</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2014 <b>Transaction ID : SA11AI.7762</b>
Mailing Address 760 MERE POINT ROAD		Amount of Each Receipt this Period 200.00
City BRUNSWICK	State ME	Zip Code 04011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN KILBOURNE</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2014 <b>Transaction ID : SA11AI.7763</b>
Mailing Address 760 MERE POINT ROAD		Amount of Each Receipt this Period 30.00
City BRUNSWICK	State ME	Zip Code 04011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.00
<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 37 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. JOHN KILBOURNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 MERE POINT ROAD

City BRUNSWICK State ME Zip Code 04011

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : SA11AI.7764**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 110 UPLAND RD

City LISBON FALLS State ME Zip Code 04252

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

Name of Employer LONZA Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.6909**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 110 UPLAND RD

City LISBON FALLS State ME Zip Code 04252

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

Name of Employer LONZA Occupation MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.6910**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</b>
<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 38 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. PETER LAVERDIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 BLACK ISLAND ROAD  
 City OXFORD State ME Zip Code 04270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2014  
**Transaction ID : SA11AI.6491**  
 Amount of Each Receipt this Period  
 250.00

**B. MR. PETER LAVERDIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 BLACK ISLAND ROAD  
 City OXFORD State ME Zip Code 04270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7042**  
 Amount of Each Receipt this Period  
 35.00

**C. MR. PETER LAVERDIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 BLACK ISLAND ROAD  
 City OXFORD State ME Zip Code 04270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7043**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00  
**TOTAL** 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 39 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. PETER LAVERDIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 BLACK ISLAND ROAD  
 City OXFORD State ME Zip Code 04270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7044**  
 Amount of Each Receipt this Period  
 15.00

**B. MR. PETER LAVERDIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 BLACK ISLAND ROAD  
 City OXFORD State ME Zip Code 04270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7045**  
 Amount of Each Receipt this Period  
 35.00

**C. MR. PETER LAVERDIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 BLACK ISLAND ROAD  
 City OXFORD State ME Zip Code 04270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1410.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7046**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** 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 40 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. PETER LAVERDIERE**  
Full Name (Last, First, Middle Initial)

Mailing Address 88 BLACK ISLAND ROAD

City OXFORD State ME Zip Code 04270

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7047**

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 2745 ATHENS ROAD

City HARTLAND State ME Zip Code 04943

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014  
**Transaction ID : SA11AI.7676**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address P.O. BOX 100

City NEW SHARON State ME Zip Code 04955

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : SA11AI.6725**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.00

**TOTAL** 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 41 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. HARRY MADEIRA</b>		Date of Receipt
Mailing Address PO BOX 506		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
NORTHEAST HARBOR	ME	04662
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6611</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BUSHMASTER	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. ROGER MALLAR</b>		Date of Receipt
Mailing Address PO BOX 111		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
HALLOWELL	ME	04347
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7795</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MALLAR ASSOCIATES CONSULTANT	CONSULTANT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. IRVINE MARSTERS</b>		Date of Receipt
Mailing Address 8 BEECH GROVE AVE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
GLENBURN	ME	04401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7765</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BANGOR LETTER SHOP, INC.	PRINTER	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2150.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<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 42 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. IRVINE MARSTERS</b>		Date of Receipt
Mailing Address 8 BEECH GROVE AVE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
GLENBURN	ME	04401
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7766</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
BANGOR LETTER SHOP, INC.	PRINTER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2180.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MS. JANET MARTENS STAPLES</b>		Date of Receipt
Mailing Address 27 TRUNDY RD		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
CAPE ELIZABETH	ME	04107
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.6822</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="275.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MS. JANET MARTENS STAPLES</b>		Date of Receipt
Mailing Address 27 TRUNDY RD		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
CAPE ELIZABETH	ME	04107
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7149</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="305.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="335.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 43 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MS. JANET MARTENS STAPLES</b>		Date of Receipt
Mailing Address 27 TRUNDY RD		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
CAPE ELIZABETH	ME	04107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7150</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	CONSULTANT	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="355.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MS. GERALDINE MARTIN</b>		Date of Receipt
Mailing Address 55 PAGE ROAD		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
FORT FAIRFIELD	ME	04742
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7510</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="205.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MS. GERALDINE MARTIN</b>		Date of Receipt
Mailing Address 55 PAGE ROAD		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
FORT FAIRFIELD	ME	04742
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7511</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="255.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<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 44 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. GARRETT MASON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 395

City LIBSON FALLS State ME Zip Code 04252

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

Name of Employer STATE OF MAINE Occupation STATE SENATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : SA11AI.6771**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 58 HIGH RIDGE ROAD

City NORWAY State ME Zip Code 04268

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 07 / 2014**

**Transaction ID : SA11AI.6603**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 58 HIGH RIDGE ROAD

City NORWAY State ME Zip Code 04268

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **9000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11AI.7566**

Amount of Each Receipt this Period  
**8000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>9300.00</b>
<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 45 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MS. PIRKKO MCBRIDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 HIGH RIDGE ROAD

City NORWAY State ME Zip Code 04268

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014  
**Transaction ID : SA11AI.7568**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 37 GOLDEN GUERNSEY DR

City WATERFORD State ME Zip Code 04088

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

Name of Employer STATE OF MAINE Occupation LEGISLATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : SA11AI.7804**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address PO BOX 7829

City PORTLAND State ME Zip Code 04112

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

Name of Employer MHPC Occupation DIRECTOR OF BUSINESS STUDIES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.8034**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<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 46 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MS. JANICE MORRISON</b>		Date of Receipt
Mailing Address 20 EAST ELM STREET		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code YARMOUTH ME 04096		<b>Transaction ID : SA11AI.7916</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED		<input type="text" value="99.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="219.00"/>

Full Name (Last, First, Middle Initial) <b>B. MS. JANICE MORRISON</b>		Date of Receipt
Mailing Address 20 EAST ELM STREET		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code YARMOUTH ME 04096		<b>Transaction ID : SA11AI.8028</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED		<input type="text" value="99.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="318.00"/>

Full Name (Last, First, Middle Initial) <b>C. SARAH MORRISON</b>		Date of Receipt
Mailing Address 58 GLEASON COVE RD		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code PERRY ME 04667		<b>Transaction ID : SA11AI.7813</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="348.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 47 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. MS. DOROTHY MURRAY**

Mailing Address **66 CONANT AVE**

City **AUBURN**      State **ME**      Zip Code **04210**

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

Name of Employer **RETIRED**      Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**04 / 15 / 2014**

**Transaction ID : SA11AI.7082**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **164 ROBERTS ROAD**

City **BOWDOIN**      State **ME**      Zip Code **04287**

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

Name of Employer **L.L. BEAN**      Occupation **ANALYST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **449.75**

Date of Receipt  
**04 / 12 / 2014**

**Transaction ID : SA11AI.6826**

Amount of Each Receipt this Period  
**375.00**

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

Mailing Address **164 ROBERTS ROAD**

City **BOWDOIN**      State **ME**      Zip Code **04287**

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

Name of Employer **L.L. BEAN**      Occupation **ANALYST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **484.75**

Date of Receipt  
**04 / 21 / 2014**

**Transaction ID : SA11AI.7601**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **510.00**

**TOTAL** 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 48 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA NESBIT</b>		Date of Receipt
Mailing Address 164 ROBERTS ROAD		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code BOWDOIN ME 04287		<b>Transaction ID : SA11AI.7602</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer L.L. BEAN	Occupation ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="514.75"/>	

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA NESBIT</b>		Date of Receipt
Mailing Address 164 ROBERTS ROAD		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code BOWDOIN ME 04287		<b>Transaction ID : SA11AI.7603</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer L.L. BEAN	Occupation ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="564.75"/>	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA NESBIT</b>		Date of Receipt
Mailing Address 164 ROBERTS ROAD		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City State Zip Code BOWDOIN ME 04287		<b>Transaction ID : SA11AI.7604</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer L.L. BEAN	Occupation ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="579.75"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="95.00"/>
<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 49 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. REP ROBERT NUTTING</b>			Date of Receipt
Mailing Address PO BOX 100			<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.6880</b>
OAKLAND	ME	04963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
STATE OF MAINE	REP.		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="284.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. REP ROBERT NUTTING</b>			Date of Receipt
Mailing Address PO BOX 100			<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.6881</b>
OAKLAND	ME	04963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
STATE OF MAINE	REP.		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="314.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MS. CHERYL PARKMAN</b>			Date of Receipt
Mailing Address 381 JONES RD 4345			<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.7514</b>
GARDINER	ME	04345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
STATE OF MAINE	LEGISLATIVE AIDE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 50 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. GEORGE PHELPS</b>		Date of Receipt
Mailing Address 118 LINCOLN AVE		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
GARDINER	ME	04345
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.6417</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
TARGET ELECTRIC	ELECTRICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="320.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MS. LESLIE PHELPS</b>		Date of Receipt
Mailing Address 91 WASHBURN ROAD		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHBURN	ME	04786
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7921</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DOLORES PILLSBURY</b>		Date of Receipt
Mailing Address 73 DEERVALE RD		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
DURHAM	ME	04222
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7126</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="204.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<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 51 OF 77
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**MAINE REPUBLICAN PARTY**

**A. DOLORES PILLSBURY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 DEERVALE RD  
 City DURHAM State ME Zip Code 04222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 214.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7127**  
 Amount of Each Receipt this Period  
 10.00

**B. KENNETH QUINN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 SUNSET AVE  
 City LISBON FALLS State ME Zip Code 04252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2014  
**Transaction ID : SA11AI.6825**  
 Amount of Each Receipt this Period  
 300.00

**C. MR. FRED RICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 284 NICOLIN ROAD  
 City ELLSWORTH State ME Zip Code 04605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED INFORMATION REQUESTED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.7007**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<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 52 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. FRED RICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 284 NICOLIN ROAD

City ELLSWORTH State ME Zip Code 04605

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.7008**

Amount of Each Receipt this Period  
15.00

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

Mailing Address 217 PROSPECT STREET

City PORTLAND State ME Zip Code 04103

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.6920**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 217 PROSPECT STREET

City PORTLAND State ME Zip Code 04103

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

**Transaction ID : SA11AI.6921**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**TOTAL** 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 53 OF 77  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MRS. DORIS RUSSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 63  
 City CASTINE State ME Zip Code 04421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : SA11AI.7234**  
 Amount of Each Receipt this Period  
 15.00

**B. MR. GRACE SHEA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 SCHOOL ST  
 City ELLSWORTH State ME Zip Code 04605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.6994**  
 Amount of Each Receipt this Period  
 50.00

**C. MR. GRACE SHEA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 SCHOOL ST  
 City ELLSWORTH State ME Zip Code 04605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.6995**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** 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 54 OF 77
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. LINDA SLAVEN</b>		Date of Receipt
Mailing Address PO BOX 597		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
BLUE HILL	ME	04614
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	NAVAL OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	
		Transaction ID : SA11AI.7425
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. LINDA SLAVEN</b>		Date of Receipt
Mailing Address PO BOX 597		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
BLUE HILL	ME	04614
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	NAVAL OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : SA11AI.7426
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

Full Name (Last, First, Middle Initial) <b>C. MR. JEAN SMITH</b>		Date of Receipt
Mailing Address 4554 SNOWBALL HILL RD		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEW HARBOR	ME	04554
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="215.00"/>	
		Transaction ID : SA11AI.7094
		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<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: PAGE 55 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. JEAN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4554 SNOWBALL HILL RD  
 City NEW HARBOR State ME Zip Code 04554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7095**  
 Amount of Each Receipt this Period  
 20.00

**B. MR. JEAN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4554 SNOWBALL HILL RD  
 City NEW HARBOR State ME Zip Code 04554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7096**  
 Amount of Each Receipt this Period  
 30.00

**C. MRS. PAULA SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 ELLIS AVE  
 City ANDOVER State ME Zip Code 04216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : SA11AI.7161**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** 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 56 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. MRS. PHYLLIS SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 RUNNINGBROOK ROAD

City WINDHAM State ME Zip Code 04062

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
04 / 16 / 2014  
Transaction ID : SA11AI.7204

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6 RUNNINGBROOK ROAD

City WINDHAM State ME Zip Code 04062

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
04 / 16 / 2014  
Transaction ID : SA11AI.7205

Amount of Each Receipt this Period  
30.00

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

Mailing Address P.O. BOX 2

City EDGECOMB State ME Zip Code 04556

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

Name of Employer Occupation  
SEGUIN SOFTWARE TECHNOLOGY AND BUSINESS CONSULTAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.50

Date of Receipt  
04 / 16 / 2014  
Transaction ID : SA11AI.8109

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**TOTAL** 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 57 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

**A. LOIS SNOWE-MELLO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 MECHANIC FALLS RD  
City POLAND State ME Zip Code 04274  
FEC ID number of contributing federal political committee. **C**  
Name of Employer STATE OF MAINE Occupation REP.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2014  
**Transaction ID : SA11AI.6937**  
Amount of Each Receipt this Period  
50.00

**B. MS. JULIE SPRAGUE**  
Full Name (Last, First, Middle Initial)  
Mailing Address ONE CHARLES STREET SOUTH APT. 1210  
City BOSTON State MA Zip Code 02116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2014  
**Transaction ID : SA11AI.7888**  
Amount of Each Receipt this Period  
200.00

**C. MS. MEREDITH STRANG BURGESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 TURTLE RD CTR 4021  
City CUMBERLAND CENTER State ME Zip Code 04021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BURGESS ADVERTISING, INC. MERE Occupation ADVERTISING  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2014  
**Transaction ID : SA11AI.6934**  
Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	265.00
<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 58 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. PATRICK SURETTE</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2014
Mailing Address 358 MAIN ST		<b>Transaction ID : SA11AI.7348</b>
City GORHAM	State ME	Zip Code 04038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICK SURETTE</b>		Date of Receipt MM / DD / YYYY 04 / 17 / 2014
Mailing Address 358 MAIN ST		<b>Transaction ID : SA11AI.7349</b>
City GORHAM	State ME	Zip Code 04038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. PAULA SUTTON</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2014
Mailing Address 387 MOUNTAIN ROAD		<b>Transaction ID : SA11AI.7885</b>
City WARREN	State ME	Zip Code 04864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 59 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. ZAREEN TAJ MIRZA**

Mailing Address 11 SPRUCE LN

City State Zip Code  
CUMBERLAND FORESIDE ME 04110

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

Name of Employer Occupation  
SELF EMPLOYED MUSEUM LECTURER, INVESTMENT BA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014  
**Transaction ID : SA11AI.6629**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address PO BOX 417

City State Zip Code  
BUCKFIELD ME 04220

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.7479**

Amount of Each Receipt this Period  
40.00

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

Mailing Address PO BOX 417

City State Zip Code  
BUCKFIELD ME 04220

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.8030**

Amount of Each Receipt this Period  
8.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1548.25

**TOTAL** 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 60 OF 77
	<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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. AMY VOLK**

Mailing Address 4 ELBRIDGE OLIVER WAY

City SCARBOROUGH	State ME	Zip Code 04074
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation SALES
-----------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

**Transaction ID : SA11AI.7214**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4 ELBRIDGE OLIVER WAY

City SCARBOROUGH	State ME	Zip Code 04074
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation SALES
-----------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

**Transaction ID : SA11AI.7215**

Amount of Each Receipt this Period  
15.00

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

Mailing Address 4 ELBRIDGE OLIVER WAY

City SCARBOROUGH	State ME	Zip Code 04074
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation SALES
-----------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : SA11AI.8017**

Amount of Each Receipt this Period  
8.25

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.25
<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 61 OF 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**MAINE REPUBLICAN PARTY**

**A. MR. DEREK VOLK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 ELBRIDGE OLIVER WAY

City SCARBOROUGH	State ME	Zip Code 04074
---------------------	-------------	-------------------

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

Name of Employer VOLK PACKAGING CORP.	Occupation OWNER
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
491.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2014

**Transaction ID : SA11AI.8037**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 4 ELBRIDGE OLIVER WAY

City SCARBOROUGH	State ME	Zip Code 04074
---------------------	-------------	-------------------

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

Name of Employer VOLK PACKAGING CORP.	Occupation OWNER
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : SA11AI.8019**

Amount of Each Receipt this Period  
8.25

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

Mailing Address 154 CHOATE RD

City MONTVILLE	State ME	Zip Code 04941
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FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF MAINE	Occupation SENATOR
------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2014

**Transaction ID : SA11AI.6660**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	508.25
<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 62 OF 77  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. JEANETTE WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 603  
 City WALDOBORO State ME Zip Code 04572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**  
**Transaction ID : SA11AI.7137**  
 Amount of Each Receipt this Period  
**30.00**

**B. JEANETTE WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 603  
 City WALDOBORO State ME Zip Code 04572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**  
**Transaction ID : SA11AI.7140**  
 Amount of Each Receipt this Period  
**15.00**

**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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>44530.75</b>

**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 63 OF 77
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN NATIONAL COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2014 <b>Transaction ID : SA12.6379</b>
Mailing Address 310 FIRST STREET SE		Amount of Each Receipt this Period 3950.00
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00003418		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20800.00	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3950.00

**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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INC**

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2014

Transaction ID : **SB21B.6371**

Amount of Each Disbursement this Period

519.00

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INC**

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

Transaction ID : **SB21B.6372**

Amount of Each Disbursement this Period

311.60

Full Name (Last, First, Middle Initial)

**C. TD BANK**

Mailing Address 1 PORTLAND SQUARE

City PORTLAND State ME Zip Code 04101

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

Transaction ID : **SB21B.6377**

Amount of Each Disbursement this Period

188.50

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

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

1019.10

# 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)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

### A. TREASURER, STATE OF MAINE

Mailing Address MAINE REVENUE SERVICES  
PO BOX 1065

City AUGUSTA State ME Zip Code 04332

Purpose of Disbursement  
LIST PURCHASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	4

Transaction ID : SB21B.6378

Amount of Each Disbursement this Period

2	2	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

2	2	0	0	.	0	0
---	---	---	---	---	---	---

3	2	1	9	.	0	0
---	---	---	---	---	---	---

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6330</b> <b>ANNALISE HAGGERTY</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 24 WHITNEY AVE APT. 2		Allocated Activity or Event Year-To-Date 109037.62	
City PORTLAND State ME Zip Code 04102	Date <input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: ADMINISTRATIVE CONSULTING	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="105.00"/>		<input type="text" value="395.00"/>	<input type="text" value="500.00"/>

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6337</b> <b>USPS</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 126 WESTERN AVE		Allocated Activity or Event Year-To-Date 109237.62	
City AUGUSTA State ME Zip Code 04330	Date <input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: POSTAGE EXPENSE	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="42.00"/>		<input type="text" value="158.00"/>	<input type="text" value="200.00"/>

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6352</b> <b>HARVARD PILGRIM HEALTH CARE</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1 MARKET STREET 3RD FLOOR		Allocated Activity or Event Year-To-Date 112237.62	
City PORTLAND State ME Zip Code 04101	Date <input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: HEALTH INSURANCE	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
<input type="text" value="630.00"/>		<input type="text" value="2370.00"/>	<input type="text" value="3000.00"/>

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="777.00"/>		<input type="text" value="2923.00"/>		<input type="text" value="3700.00"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: USPS Transaction ID: H4.6338. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (POSTAGE EXPENSE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/07/2014), and Year-To-Date amount (112537.62). Summary: FEDERAL SHARE 63.00, NONFEDERAL SHARE 237.00, TOTAL AMOUNT 300.00.

Form B: CENTRAL MAINE POWER Transaction ID: H4.6340. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (UTILITIES), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/07/2014), and Year-To-Date amount (112694.62). Summary: FEDERAL SHARE 32.97, NONFEDERAL SHARE 124.03, TOTAL AMOUNT 157.00.

Form C: CROSS CONVENTION CENTER Transaction ID: H4.6344. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (CONVENTION FACILITY RENTAL), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/07/2014), and Year-To-Date amount (121027.62). Summary: FEDERAL SHARE 1749.93, NONFEDERAL SHARE 6583.07, TOTAL AMOUNT 8333.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 1845.90, NONFEDERAL SHARE 6944.10, TOTAL AMOUNT 8790.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: STAPLES ADVANTAGE, Transaction ID: H4.6355. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: ANNALISE HAGGERTY, Transaction ID: H4.6331. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: KIM PETTENGILL, Transaction ID: H4.6335. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 184.83, NONFEDERAL SHARE 695.33, TOTAL AMOUNT 880.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: USPS, Transaction ID: H4.6339. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (POSTAGE EXPENSE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/11/2014), and Year-To-Date amount (124039.20). Summary: FEDERAL SHARE 16.52, NONFEDERAL SHARE 62.13, TOTAL AMOUNT 78.65.

Form B: EPAY BUSINESS SOLUTIONS INC., Transaction ID: H4.6359. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (NON-FEA PAYROLL SERVICES/TAX), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/11/2014), and Year-To-Date amount (125788.33). Summary: FEDERAL SHARE 367.32, NONFEDERAL SHARE 1381.81, TOTAL AMOUNT 1749.13.

Form C: JASON SAVAGE, Transaction ID: H4.6360. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (NON-FEA PAYROLL), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (04/11/2014), and Year-To-Date amount (127904.78). Summary: FEDERAL SHARE 444.45, NONFEDERAL SHARE 1672.00, TOTAL AMOUNT 2116.45.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 828.29, NONFEDERAL SHARE 3115.94, TOTAL AMOUNT 3944.23.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>ASHLEY SAMPSON</b>		Transaction ID : <b>H4.6361</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9 HIGGINS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City AUGUSTA State ME Zip Code 04330				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: NON-FEA PAYROLL		Category/Type		Allocated Activity or Event Year-To-Date 129046.48	
Activity or Event Identifier: Administrative				Date 04 / 11 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
239.76				901.94	
		=		TOTAL AMOUNT	
				1141.70	

B. Full Name (Last, First, Middle Initial) <b>MICHELLE DALE</b>		Transaction ID : <b>H4.6362</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9 HIGGINS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City AUGUSTA State ME Zip Code 04330				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: NON-FEA PAYROLL		Category/Type		Allocated Activity or Event Year-To-Date 129965.91	
Activity or Event Identifier: Administrative				Date 04 / 11 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
193.08				726.35	
		=		TOTAL AMOUNT	
				919.43	

C. Full Name (Last, First, Middle Initial) <b>JOSEPH TURCOTTE</b>		Transaction ID : <b>H4.6363</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9 HIGGINS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City AUGUSTA State ME Zip Code 04330				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: NON-FEA PAYROLL		Category/Type		Allocated Activity or Event Year-To-Date 130831.85	
Activity or Event Identifier: Administrative				Date 04 / 11 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
181.85				684.09	
		=		TOTAL AMOUNT	
				865.94	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
614.69		2312.38		2927.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: Full Name (Last, First, Middle Initial) ANNALISE HAGGERTY, Transaction ID : H4.6332, Allocated Activity or Event: Administrative, Date: 04/16/2014, Total Amount: 500.00

Form B: Full Name (Last, First, Middle Initial) CROSS CONVENTION CENTER, Transaction ID : H4.6345, Allocated Activity or Event: Administrative, Date: 04/16/2014, Total Amount: 8333.00

Form C: Full Name (Last, First, Middle Initial) CRITICAL INSIGHTS, Transaction ID : H4.6342, Allocated Activity or Event: Administrative, Date: 04/17/2014, Total Amount: 8267.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 3591.09, 13509.33, 17100.42

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>INTUIT INC</b>		Transaction ID : <b>H4.6353</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2632 MARINE WAY				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code MOUNTAIN VIEW CA 94043				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type		Allocated Activity or Event Year-To-Date 147964.23	
Activity or Event Identifier: Administrative				Date M M / D D / Y Y Y Y Y Y 04 / 21 / 2014	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
6.71		25.25		31.96	

B. Full Name (Last, First, Middle Initial) <b>LUCAS QUIMBY</b>		Transaction ID : <b>H4.6336</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 478 UNITY ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code ALBION ME 04910				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: EVENT CONSULTING		Category/ Type		Allocated Activity or Event Year-To-Date 148164.23	
Activity or Event Identifier: Administrative				Date M M / D D / Y Y Y Y Y Y 04 / 22 / 2014	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
42.00		158.00		200.00	

C. Full Name (Last, First, Middle Initial) <b>INTUIT INC</b>		Transaction ID : <b>H4.6354</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2632 MARINE WAY				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code MOUNTAIN VIEW CA 94043				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type		Allocated Activity or Event Year-To-Date 148209.23	
Activity or Event Identifier: Administrative				Date M M / D D / Y Y Y Y Y Y 04 / 22 / 2014	
FEDERAL SHARE		+ NONFEDERAL SHARE		= TOTAL AMOUNT	
9.45		35.55		45.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
58.16		218.80		276.96

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>VERTICALRESPONSE INC.</b>		Transaction ID : H4.6356		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 BEALE ST 10TH FLOOR				Allocated Activity or Event Year-To-Date 148587.23		
City SAN FRANCISCO	State CA	Zip Code 94105		Date 04 / 22 / 2014		
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
79.38			298.62			378.00

B. Full Name (Last, First, Middle Initial) <b>ANDREW MAHALERIS</b>		Transaction ID : H4.6329		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5767 SOMERSET HALL				Allocated Activity or Event Year-To-Date 148787.23		
City ORONO	State ME	Zip Code 04469		Date 04 / 23 / 2014		
Purpose of Disbursement: EVENT CONSULTING		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
42.00			158.00			200.00

C. Full Name (Last, First, Middle Initial) <b>CRAIG SLAVIN</b>		Transaction ID : H4.6333		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 107 COLLEGE AVE				Allocated Activity or Event Year-To-Date 148987.23		
City ORONO	State ME	Zip Code 04473		Date 04 / 23 / 2014		
Purpose of Disbursement: EVENT CONSULTING		Category/ Type				
Activity or Event Identifier: Administrative						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
42.00			158.00			200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
163.38		614.62		778.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: JOHN SERBIN, Transaction ID: H4.6334. Allocated Activity or Event: Administrative. Date: 04/23/2014. Amounts: FEDERAL SHARE 572.83, NONFEDERAL SHARE 2154.91, TOTAL AMOUNT 2727.74.

Form B: CROSS CONVENTION CENTER, Transaction ID: H4.6346. Allocated Activity or Event: Administrative. Date: 04/23/2014. Amounts: FEDERAL SHARE 1750.14, NONFEDERAL SHARE 6583.86, TOTAL AMOUNT 8334.00.

Form C: EPAY BUSINESS SOLUTIONS INC., Transaction ID: H4.6364. Allocated Activity or Event: Administrative. Date: 04/25/2014. Amounts: FEDERAL SHARE 364.45, NONFEDERAL SHARE 1371.03, TOTAL AMOUNT 1735.48.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2687.42, 10109.80, 12797.22.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty).



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6368</b> <b>JOSEPH TURCOTTE</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9 HIGGINS ST		Allocated Activity or Event Year-To-Date 166827.97	
City AUGUSTA State ME Zip Code 04330	Category/ Type	Date 04 / 25 / 2014	
Purpose of Disbursement: NON-FEA PAYROLL Activity or Event Identifier: <b>Administrative</b>		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 181.85 + 684.09 = 865.94	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6341</b> <b>CONSTANT CONTACT</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1601 TRAPELO RD		Allocated Activity or Event Year-To-Date 166847.97	
City WALTHAM State MA Zip Code 02451	Category/ Type	Date 04 / 28 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS Activity or Event Identifier: Administrative		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 4.20 + 15.80 = 20.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6358</b> <b>W S EMERSON CO</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 15 ACME RD		Allocated Activity or Event Year-To-Date 167110.67	
City BREWER State ME Zip Code 04412	Category/ Type	Date 04 / 28 / 2014	
Purpose of Disbursement: PRINTING & DESIGN SERVICES Activity or Event Identifier: Administrative		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 55.17 + 207.53 = 262.70	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
241.22		907.42		1148.64

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
12300.35	46272.70	58573.05