

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="64350.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="48086.63"/>	<input type="text" value="283414.34"/>
(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="112437.27"/>	<input type="text" value="337637.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39011.67"/>	<input type="text" value="264211.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73425.60"/>	<input type="text" value="73425.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	36710.75	126970.50
(ii) Unitemized	7425.88	92532.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44136.63	219502.97
(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)	44136.63	219502.97
12. Transfers From Affiliated/Other Party Committees.....	3950.00	28700.00
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))..... ▶	48086.63	283414.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	48086.63	248202.97

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	4423.91	48170.27
(ii) Non-Federal Share.....	16642.30	181211.89
(b) Other Federal Operating Expenditures	12535.46	27344.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33601.67	256726.76
22. Transfers to Affiliated/Other Party Committees.....	5410.00	7484.64
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)) ..	39011.67	264211.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22369.37	82999.51

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)	44136.63	219502.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44136.63	219502.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16959.37	75514.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16959.37	75514.87

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

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

FOR LINE NUMBER: PAGE 6 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
A. MR. GARY BAHRE

Mailing Address **PO BOX 900**

City **ALTON** State **NH** Zip Code **03809**

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 ▼
10000.00

Date of Receipt
06 / 14 / 2014
Transaction ID : SA11AI.8645

Amount of Each Receipt this Period
10000.00

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

Mailing Address **HILL 4271**

City **PARIS** State **ME** Zip Code **04271**

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

Name of Employer Occupation
SPEEDWAY INC. (OXFORD SPEEDWAY) **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
06 / 14 / 2014
Transaction ID : SA11AI.8639

Amount of Each Receipt this Period
7500.00

Full Name (Last, First, Middle Initial)
C. SANDRA BAHRE

Mailing Address **PO BOX 900**

City **ALTON** State **NH** Zip Code **03809**

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

Name of Employer Occupation
RETIRED **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt
06 / 14 / 2014
Transaction ID : SA11AI.8641

Amount of Each Receipt this Period
7500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **25000.00**

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

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

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FOR LINE NUMBER: PAGE 7 OF 42
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAINE REPUBLICAN PARTY

A. MR. ROBERT BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 WOODS KNOLL DR
 City CAPE ELIZABETH State ME Zip Code 04107
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.8679
 Amount of Each Receipt this Period
 100.00

B. MR. ROBERT BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 WOODS KNOLL DR
 City CAPE ELIZABETH State ME Zip Code 04107
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.8765
 Amount of Each Receipt this Period
 100.00

C. MR. ROBERT BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 WOODS KNOLL DR
 City CAPE ELIZABETH State ME Zip Code 04107
 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
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.8784
 Amount of Each Receipt this Period
 100.00

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

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

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FOR LINE NUMBER: PAGE 8 OF 42
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAINE REPUBLICAN PARTY

A. MRS. SHEILA COREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 RIVER RD
 City WINDHAM State ME Zip Code 04062
 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 ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.8745
 Amount of Each Receipt this Period
 99.00

B. KIMBERLY COUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 INDIAN WAY
 City FALMOUTH State ME Zip Code 04105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VERRILL DANA LLP Occupation ATTORNEY
 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
 06 / 28 / 2014
Transaction ID : SA11AI.8790
 Amount of Each Receipt this Period
 20.00

C. MR. JOHN DIPRETORO
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 DIPRETORO LANE
 City HARRISON State ME Zip Code 04040
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.8579
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 219.00
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 42
(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. JOHN FRARY
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 RED SCHOOLHOUSE ROAD
 City FARMINGTON State ME Zip Code 04938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNT OLYMPUS, INC. Occupation STENTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 28 / 2014
Transaction ID : SA11AI.8792
 Amount of Each Receipt this Period 300.00

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 ▼ 250.00

Date of Receipt 06 / 02 / 2014
Transaction ID : SA11AI.8440
 Amount of Each Receipt this Period 200.00

C. MRS. SUZANNE GROVER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 223
 City NORWAY State ME Zip Code 04268
 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 ▼ 9950.00

Date of Receipt 06 / 14 / 2014
Transaction ID : SA11AI.8642
 Amount of Each Receipt this Period 4590.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4640.00
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 10 OF 42
	<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. MRS. SUZANNE GROVER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 223
 City NORWAY State ME Zip Code 04268
 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 ▼ 15360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2014
Transaction ID : SA11AI.8656
 Amount of Each Receipt this Period
 5410.00
 TRANSFERRED TO NON-FED ACCOUNT ON 6/16

B. MRS. TANIA HASSARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 96 CRAWFORD ROAD
 City PITTSFIELD State ME Zip Code 04967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation OPTOMETRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11AI.8682
 Amount of Each Receipt this Period
 150.00

C. PATRICIA KEYES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 SWAN LAKE AVE
 City SWANVILLE State ME Zip Code 04915
 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 ▼ 213.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : SA11AI.8746
 Amount of Each Receipt this Period
 8.25

SUBTOTAL of Receipts This Page (optional).....▶	5568.25
TOTAL This Period (last page this line number only).....▶	

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

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FOR LINE NUMBER: PAGE 11 OF 42
(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 ▼ 1625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2014
Transaction ID : SA11AI.8643
 Amount of Each Receipt this Period
 200.00

B. MS. DOROTHY MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 CONANT AVENUE
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2014
Transaction ID : SA11AI.8544
 Amount of Each Receipt this Period
 50.00

C. CYNTHIA NESBIT
 Full Name (Last, First, Middle Initial)
 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 ▼ 596.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2014
Transaction ID : SA11AI.8635
 Amount of Each Receipt this Period
 8.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 258.25
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: PAGE 12 OF 42
(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. MEL NEWENDYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 SMALL RD
 City LITCHFIELD State ME Zip Code 04350
 Date of Receipt 06 / 09 / 2014
Transaction ID : SA11AI.8549
 Amount of Each Receipt this Period 100.00
 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 ▼ 224.00

B. MR. ALEXANDER RAYE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 HERITAGE LANE
 City FALMOUTH State ME Zip Code 04105
 Date of Receipt 06 / 23 / 2014
Transaction ID : SA11AI.8694
 Amount of Each Receipt this Period 250.00
 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

C. MR. JAMES ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 PROSPECT STREET
 City PORTLAND State ME Zip Code 04103
 Date of Receipt 06 / 03 / 2014
Transaction ID : SA11AI.8466
 Amount of Each Receipt this Period 50.00
 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 ▼ 295.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 13 OF 42
(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)
A. STUART SMITH

Mailing Address **PO BOX 2**

City **EDGECOMB** State **ME** Zip Code **04556**

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 ▼ **405.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.8747

Amount of Each Receipt this Period
8.25

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

Mailing Address **PO BOX 417**

City **BUCKFIELD** State **ME** Zip Code **04220**

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

Name of Employer **ARGO MARKETING** Occupation **CUSTOMER SERVICE ADVISOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.25**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.8764

Amount of Each Receipt this Period
8.25

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 **MAINE STATE LEGISLATURE** Occupation **STATE REP.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.25**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.8760

Amount of Each Receipt this Period
8.25

SUBTOTAL of Receipts This Page (optional)..... ▶ **24.75**

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 42
(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. DEREK VOLK

Mailing Address 4 ELBRIDGE OLIVER WAY

City State Zip Code
SCARBOROUGH ME 04074

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

Name of Employer Occupation
VOLK PACKAGING CORPORATION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
542.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.8710

Amount of Each Receipt this Period
34.00

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

Mailing Address 4 ELBRIDGE OLIVER WAY

City State Zip Code
SCARBOROUGH ME 04074

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

Name of Employer Occupation
VOLK PACKAGING CORPORATION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8761

Amount of Each Receipt this Period
8.25

Full Name (Last, First, Middle Initial)
C. ALEXANDER WILLETTE

Mailing Address PO BOX 2

City State Zip Code
MAPLETON ME 04757

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

Name of Employer Occupation
STATE OF MAINE STATE REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.8699

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 292.25

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: PAGE 15 OF 42
(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

A. ALEXANDER WILLETTE
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2

City MAPLETON State ME Zip Code 04757

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 ▼
1008.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11AI.8748

Amount of Each Receipt this Period
 8.25

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional).....▶	8.25
TOTAL This Period (last page this line number only).....▶	36710.75

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

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

FOR LINE NUMBER: PAGE 16 OF 42
(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. REPUBLICAN NATIONAL COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 FIRST STREET SE
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00003418
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 28700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA12.8530
 Amount of Each Receipt this Period
 3950.00

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	3950.00
TOTAL 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. ABILA

Mailing Address 10800 PECAN PARK BLVD, SUITE 400

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.8902

Amount of Each Disbursement this Period

9	.	4	5
---	---	---	---

Full Name (Last, First, Middle Initial)

B. ARISTOTLE INC. - MERCHANT SERVICES

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) ▼

Date of Disbursement

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

Transaction ID : SB21B.8942

Amount of Each Disbursement this Period

8	.	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INC. - MERCHANT SERVICES

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : SB21B.8943

Amount of Each Disbursement this Period

6	0	.	1	9
---	---	---	---	---

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

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

7	7	.	6	4
---	---	---	---	---

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**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. - MERCHANT SERVICES

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
06 / 16 / 2014

Transaction ID : **SB21B.8944**

Amount of Each Disbursement this Period

20.20

Full Name (Last, First, Middle Initial)

B. ARISTOTLE INC. - MERCHANT SERVICES

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
06 / 23 / 2014

Transaction ID : **SB21B.8945**

Amount of Each Disbursement this Period

4.45

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INC. - MERCHANT SERVICES

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
06 / 30 / 2014

Transaction ID : **SB21B.8946**

Amount of Each Disbursement this Period

20.86

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

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

45.51

**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. RICHARD BENNETT

Mailing Address 75 BENNETT LANE

City OXFORD State ME Zip Code 04270

Purpose of Disbursement
TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.8912

Amount of Each Disbursement this Period

1592.24

Full Name (Last, First, Middle Initial)

B. CITY CENTER PARKING

Mailing Address 920 SW 6TH AVE #223

City PORTLAND State OR Zip Code 97204

Purpose of Disbursement
SAMPSON REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB21B.8922

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIR

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
WILLETTE REIMBURSEMENT: TRAVEL AIR

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.8914

Amount of Each Disbursement this Period

699.50

[MEMO ITEM]

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

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

1592.24

**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. FAULKNER CONSULTING

Mailing Address NINE HIGGINS STREET

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB21B.8929

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. FAULKNER CONSULTING

Mailing Address NINE HIGGINS STREET

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB21B.8930

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. FAULKNER CONSULTING

Mailing Address NINE HIGGINS STREET

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.8931

Amount of Each Disbursement this Period

5500.00

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

6750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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. HOLLYWOOD CASINO BANGOR

Mailing Address 500 MAIN STREET

City BANGOR State ME Zip Code 04401

Purpose of Disbursement
BENNETT REIMBURSEMENT: TRAVEL LODGING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.8940

Amount of Each Disbursement this Period

7	5	8	.	0	6
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. HOLLYWOOD CASINO BANGOR

Mailing Address 500 MAIN STREET

City BANGOR State ME Zip Code 04401

Purpose of Disbursement
BENNETT REIMBURSEMENT: MEETING EXPENSE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.8941

Amount of Each Disbursement this Period

8	3	4	.	1	8
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DAN KASPRYZK

Mailing Address P.O. BOX 156

City STEEP FALLS State ME Zip Code 04085

Purpose of Disbursement
KASPRYZK REIMBURSEMENT: PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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

Transaction ID : SB21B.8932

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0
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0	0	0
---	---	---

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. LOWES

Mailing Address 53 CROSSING WAY

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TURCOTTE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB21B.8935

Amount of Each Disbursement this Period

5	2	.	9	4
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LOWES

Mailing Address 53 CROSSING WAY

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TURCOTTE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.8936

Amount of Each Disbursement this Period

6	3	.	3	7
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LOWES

Mailing Address 53 CROSSING WAY

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TURCOTTE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.8937

Amount of Each Disbursement this Period

3	5	.	9	1
---	---	---	---	---

[MEMO ITEM]

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

0	0	.	0	0
---	---	---	---	---

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

0	0	.	0	0
---	---	---	---	---

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. PARTY CITY

Mailing Address 480 STILLWATER AVE STE C

City BANGOR State ME Zip Code 04401

Purpose of Disbursement
SAMPSON REIMBURSEMENT: EQUIPMENT RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SB21B.8918

Amount of Each Disbursement this Period

47.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SB21B.8904

Amount of Each Disbursement this Period

536.24

Full Name (Last, First, Middle Initial)

C. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SB21B.8917

Amount of Each Disbursement this Period

86.24

[MEMO ITEM]

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

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

536.24

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**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. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	4		

Transaction ID : **SB21B.8920**

Amount of Each Disbursement this Period

6	2	.	7	2
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	4		

Transaction ID : **SB21B.8921**

Amount of Each Disbursement this Period

6	2	.	7	2
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	4		

Transaction ID : **SB21B.8923**

Amount of Each Disbursement this Period

6	3	.	8	4
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**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. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB21B.8924

Amount of Each Disbursement this Period

6	6	.	0	8
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB21B.8925

Amount of Each Disbursement this Period

9	9	.	6	8
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ASHLEY SAMPSON

Mailing Address 21 BICKFORD LANE

City ROME State ME Zip Code 04963

Purpose of Disbursement
SAMPSON REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB21B.8926

Amount of Each Disbursement this Period

2	0	.	1	6
---	---	---	---	---

[MEMO ITEM]

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

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

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**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. JASON SAVAGE

Mailing Address 9 HIGGINS ST

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB21B.8908**

Amount of Each Disbursement this Period

1	0	2	5	.	9	2
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CAMERIN SEIGARS

Mailing Address 10 ORCHARD STREET

City GARDINER State ME Zip Code 04345

Purpose of Disbursement
SEIGARS REIMBURSEMENT: ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : **SB21B.8928**

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STANDARD PARKING

Mailing Address 1 INTERNATIONAL PARKWAY

City PORTLAND State ME Zip Code 04102

Purpose of Disbursement
WILLETTE REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB21B.8916**

Amount of Each Disbursement this Period

4	8	.	0	0
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[MEMO ITEM]

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

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

1	0	2	5	.	9	2
---	---	---	---	---	---	---

1	0	2	5	.	9	2
---	---	---	---	---	---	---

**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. TD BANK

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

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

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SB21B.8913

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. THE PEABODY MEMPHIS

Mailing Address 149 UNION AVE

City MEMPHIS State TN Zip Code 38103

Purpose of Disbursement
WILLETTE REIMBURSEMENT: TRAVEL LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SB21B.8915

Amount of Each Disbursement this Period

644.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JOSEPH TURCOTTE

Mailing Address 137 OLD BELGRADE ROAD APT. 5

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SB21B.8909

Amount of Each Disbursement this Period

442.70

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

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

457.70

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**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. JOSEPH TURCOTTE

Mailing Address 137 OLD BELGRADE ROAD APT. 5

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TURCOTTE REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : **SB21B.8934**

Amount of Each Disbursement this Period

3	8	9	.	7	6
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOSEPH TURCOTTE

Mailing Address 137 OLD BELGRADE ROAD APT. 5

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.8910**

Amount of Each Disbursement this Period

2	5	0	.	0	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 100 MOUNT AUBURN AVE

City AUBURN State ME Zip Code 04210

Purpose of Disbursement
SAMPSON REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : **SB21B.8919**

Amount of Each Disbursement this Period

1	0	.	0	0
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[MEMO ITEM]

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

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

2	5	0	.	0	1
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2	5	0	.	0	1
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**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. WALMART

Mailing Address 100 MOUNT AUBURN AVE

City AUBURN State ME Zip Code 04210

Purpose of Disbursement
SAMPSON REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB21B.8927

Amount of Each Disbursement this Period

7.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 100 MOUNT AUBURN AVE

City AUBURN State ME Zip Code 04210

Purpose of Disbursement
TURCOTTE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.8938

Amount of Each Disbursement this Period

24.13

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 100 MOUNT AUBURN AVE

City AUBURN State ME Zip Code 04210

Purpose of Disbursement
TURCOTTE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.8939

Amount of Each Disbursement this Period

126.60

[MEMO ITEM]

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

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

0.00

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. ALEXANDER WILLETTE

Mailing Address PO BOX 2

City MAPLETON State ME Zip Code 04757

Purpose of Disbursement
TRAVEL REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : SB21B.8903

Amount of Each Disbursement this Period

1392.10

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1392.10

12127.36

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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. MAINE REPUBLICAN PARTY

Mailing Address 9 HIGGINS STREET

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement
TRANSFER TO NON-FED ACCOUNT

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB22.8949

Amount of Each Disbursement this Period

5410.00

Category/
Type

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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

5410.00

5410.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: USPS, Transaction ID: H4.8873. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (POSTAGE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/03/2014), and a summary table showing Federal Share (112.35), NonFederal Share (422.65), and Total Amount (535.00).

Form B: BUREAU OF CORPORATIONS, ELECTIONS, AND COMMISSIONS, Transaction ID: H4.8875. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (RESEARCH FEE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/05/2014), and a summary table showing Federal Share (8.53), NonFederal Share (32.11), and Total Amount (40.64).

Form C: RED CURVE SOLUTIONS, Transaction ID: H4.8886. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (COMPLIANCE CONSULTING), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (06/05/2014), and a summary table showing Federal Share (425.51), NonFederal Share (1600.73), and Total Amount (2026.24).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (546.39) + NONFEDERAL SHARE (2055.49) = TOTAL AMOUNT (2601.88)

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: Full Name (Last, First, Middle Initial) Transaction ID : H4.8888 TIME WARNER CABLE. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.8889 TIME WARNER CABLE. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.8872 ALBISON'S PRINTING, INC. Includes fields for 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

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 338.43, 1273.09, 1611.52.

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

Form A: Full Name (Last, First, Middle Initial) VERIZON WIRELESS, Transaction ID : H4.8885, Allocated Activity or Event: Administrative, Date: 06/12/2014, Total Amount: 502.83

Form B: Full Name (Last, First, Middle Initial) USPS, Transaction ID : H4.8874, Allocated Activity or Event: Administrative, Date: 06/19/2014, Total Amount: 49.00

Form C: Full Name (Last, First, Middle Initial) INFORME, Transaction ID : H4.8882, Allocated Activity or Event: Administrative, Date: 06/20/2014, Total Amount: 31.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (122.39), NONFEDERAL SHARE (460.44), TOTAL AMOUNT (582.83)

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

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) ASHLEY SAMPSON, Transaction ID : H4.8898, Allocated Activity or Event: Administrative, Date: 06/20/2014, Total Amount: 1141.70

Form B: Full Name (Last, First, Middle Initial) MICHELLE DALE, Transaction ID : H4.8899, Allocated Activity or Event: Administrative, Date: 06/20/2014, Total Amount: 919.43

Form C: Full Name (Last, First, Middle Initial) JOSEPH TURCOTTE, Transaction ID : H4.8900, Allocated Activity or Event: Administrative, Date: 06/20/2014, Total Amount: 865.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

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

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) CAMERIN SEIGARS		Transaction ID : H4.8901	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 10 ORCHARD STREET			Allocated Activity or Event Year-To-Date 228322.82	
City GARDINER	State ME	Zip Code 04345	Date 06 / 20 / 2014	
Purpose of Disbursement: NON-FEA PAYROLL: <25% FED		Category/ Type	Date	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
53.70			202.00	
		=	TOTAL AMOUNT	
			255.70	

B. Full Name (Last, First, Middle Initial) INTUIT INC		Transaction ID : H4.8884	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 2632 MARINE WAY			Allocated Activity or Event Year-To-Date 228354.78	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Date 06 / 23 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
6.71			25.25	
		=	TOTAL AMOUNT	
			31.96	

C. Full Name (Last, First, Middle Initial) VERTICALRESPONSE INC.		Transaction ID : H4.8890	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 228732.78	
City SAN FRANCISCO	State CA	Zip Code 94105	Date 06 / 23 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
79.38			298.62	
		=	TOTAL AMOUNT	
			378.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.79		525.87		665.66

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) AETNA, Transaction ID : H4.8871, Allocated Activity or Event: Administrative, Date: 06/26/2014, Total Amount: 970.00

Form B: Full Name (Last, First, Middle Initial) CENTRAL MAINE POWER, Transaction ID : H4.8876, Allocated Activity or Event: Administrative, Date: 06/26/2014, Total Amount: 92.60

Form C: Full Name (Last, First, Middle Initial) CITY OF AUGUSTA, Transaction ID : H4.8877, Allocated Activity or Event: Administrative, Date: 06/26/2014, Total Amount: 196.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 264.33, 994.36, 1258.69

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) CONSTANT CONTACT		Transaction ID : H4.8878	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 230011.47	
City WALTHAM	State MA	Zip Code 02451	Date 06 / 26 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date 06 / 26 / 2014	
Activity or Event Identifier: Administrative			Date 06 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
4.20			15.80	20.00

B. Full Name (Last, First, Middle Initial) GREATER AUGUSTA UTILITY DISTRICT		Transaction ID : H4.8880	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 12 WILLIAMS STREET			Allocated Activity or Event Year-To-Date 230108.48	
City AUGUSTA	State ME	Zip Code 04330	Date 06 / 26 / 2014	
Purpose of Disbursement: UTILITIES		Category/ Type	Date 06 / 26 / 2014	
Activity or Event Identifier: Administrative			Date 06 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
20.37			76.64	97.01

C. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.8887	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 14 CROSSING WAY SUITE 3			Allocated Activity or Event Year-To-Date 230267.24	
City AUGUSTA	State ME	Zip Code 04330	Date 06 / 26 / 2014	
Purpose of Disbursement: OFFICE SUPPLIES		Category/ Type	Date 06 / 26 / 2014	
Activity or Event Identifier: Administrative			Date 06 / 26 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
33.34			125.42	158.76

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.91		217.86		275.77

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) **Transaction ID : H4.8881**
HARLAND CLARKE
Mailing Address 10931 LAUREATE DRIVE
City SAN ANTONIO State TX Zip Code 78249
Purpose of Disbursement: OFFICE SUPPLIES
Activity or Event Identifier: **Administrative**
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 230310.49
Date: 06 / 27 / 2014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.08		34.17		43.25

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date: / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.08		34.17		43.25

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
4423.91	16642.30	21066.21