

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Maine Republican Party

ADDRESS (number and street) 9 higgins st
 Check if different than previously reported. (ACC)
Augusta ME 04330

2. **FEC IDENTIFICATION NUMBER** C00003111
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 Mr. Philip Roy

Signature of Treasurer Electronically Filed by Mr. Philip Roy Date 01 30 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Maine Republican Party

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		48873.97
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	88638.45									
(c) Total Receipts (from Line 19)	21716.00	34940.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	110354.45	83814.50								
7. Total Disbursements (from Line 31)	63778.76	161669.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46575.69	-77854.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

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)	8357.00	8357.00
(ii) Unitemized	13359.00	13359.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21716.00	21716.00
(b) Political Party Committees	0.00	10020.00
(c) Other Political Committees (such as PACs)	0.00	3204.53
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21716.00	34940.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21716.00	34940.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21716.00	34940.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	63770.28	158169.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	63770.28	158169.04
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	8.48	3500.39
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	8.48	3500.39
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63778.76	161669.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63778.76	161669.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	21716.00	34940.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21716.00	34940.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63770.28	158169.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63770.28	158169.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(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

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.

Full Name (Last, First, Middle Initial)
Mr. George Hall

Mailing Address 1 John Deere Rd

City Windham State ME Zip Code 04062-4836

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

Name of Employer Hall Implement Co Occupation Farm Equipment Dealer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 03 / 2009
Transaction ID: AC058AC402C184C3DBBA
 Amount of Each Receipt this Period 200.00
 904A

B.

Full Name (Last, First, Middle Initial)
Mrs. Josephine Detmer

Mailing Address 14 Spruce Ln

City Cumberland Foresid State ME Zip Code 04110-1415

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

Name of Employer Waynelete School Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 06 / 2009
Transaction ID: AC89BC9FCA5EC413091D
 Amount of Each Receipt this Period 100.00
 904A

C.

Full Name (Last, First, Middle Initial)
Philip Haselton

Mailing Address 76 Oak St

City Boothbay Harbor State ME Zip Code 04538-1814

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 07 / 14 / 2009
Transaction ID: A69BDB92D987F409EAAE
 Amount of Each Receipt this Period 100.00
 903A

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 7 / 43

(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.

Full Name (Last, First, Middle Initial)
Mr. Robert Brandow

Mailing Address 17 Brandow Ln

City State Zip Code
Buxton ME 04093-3852

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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: A805A027B027D4001A46

Amount of Each Receipt this Period

100.00

904A

B.

Full Name (Last, First, Middle Initial)
Donald Marean

Mailing Address 233 Bonny Eagle Rd

City State Zip Code
Hollis Center ME 04042-3104

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

Name of Employer Occupation
Retired Legislator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: A70441B59A3E04F068A3

Amount of Each Receipt this Period

400.00

904B

C.

Full Name (Last, First, Middle Initial)
Frank Peretti

Mailing Address 11 Oak Lawn Rd

City State Zip Code
Peaks Island ME 04108-1027

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2009

Transaction ID: A5C42F1C398F443A6ADF

Amount of Each Receipt this Period

50.00

904A

SUBTOTAL of Receipts This Page (optional)

550.00

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 8 / 43

(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.

Full Name (Last, First, Middle Initial)
Mr. Lance Harvell

Mailing Address 398 Knowlton Corner Rd

City Farmington State ME Zip Code 04938-6213

FEC ID number of contributing federal political committee. C

Name of Employer International Paper Occupation Production

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2009

Transaction ID: A73ABF86B85AE4B6C9AA

Amount of Each Receipt this Period 100.00

1495

B.

Full Name (Last, First, Middle Initial)
Mr. Edward Harding

Mailing Address PO Box 579

City Brunswick State ME Zip Code 04011-0579

FEC ID number of contributing federal political committee. C

Name of Employer Bicknell Photo Service Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2009

Transaction ID: AB666DDE9F80944BABC5

Amount of Each Receipt this Period 250.00

904B

C.

Full Name (Last, First, Middle Initial)
Mr. John Werts

Mailing Address 11 Abenaki Dr

City Topsham State ME Zip Code 04086-1612

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 ▼ 225.00

Date of Receipt 08 / 10 / 2009

Transaction ID: AF93675EC21834B1CA30

Amount of Each Receipt this Period 50.00

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: (check only one)	PAGE 9 / 43
	<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. Full Name (Last, First, Middle Initial)
Judie Kehl

Mailing Address 95 Government St

City Kittery State ME Zip Code 03904-1647

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

Name of Employer Self Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 12 / 2009

Transaction ID: A5C112435719D4133A68

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Mulhern

Mailing Address Pob 159
289 Camden Road

City Warren State ME Zip Code 04864-0159

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 ▼ 700.00

Date of Receipt 08 / 19 / 2009

Transaction ID: ACDCFB6E52B254995B6A

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Mr. Dennis Eagleson

Mailing Address 25 Woodland Ave

City Kennebunk State ME Zip Code 04043-7528

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

Name of Employer The Baker Company Occupation Bus Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 20 / 2009

Transaction ID: ADE28D9C6B4CF46B0A1A

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

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 / 43
	<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.	Full Name (Last, First, Middle Initial) Mr. Leslie Otten	Date of Receipt MM / DD / YYYY 08 / 20 / 2009
	Mailing Address PO Box 547	Transaction ID: ADAF835E99E4E4C48BE5
	City Bethel State ME Zip Code 04217-0547	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	1495
	Name of Employer American Ski Company Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Mike Brown	Date of Receipt MM / DD / YYYY 08 / 20 / 2009
	Mailing Address 987 Back Rd	Transaction ID: A099AF447D3764982B53
	City Shapleigh State ME Zip Code 04076-4247	Amount of Each Receipt this Period 200.00
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Philip Roy	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 4 Valley Farms Rd	Transaction ID: A52A914BE23984386814
	City Fairfield State ME Zip Code 04937-1168	Amount of Each Receipt this Period 32.00
	FEC ID number of contributing federal political committee. C	reimbursement
	Name of Employer Kaplan Home Improvement Occupation Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.00	

SUBTOTAL of Receipts This Page (optional)	▶	1232.00
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 11 / 43
	<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. Full Name (Last, First, Middle Initial)
Mr. Robert Foss

Mailing Address PO Box 3346

City Auburn State ME Zip Code 04212-3346

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

Name of Employer Self-employed Occupation Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2009

Transaction ID: A4D7F08C5B9A346FB99D

Amount of Each Receipt this Period 500.00

903F

B. Full Name (Last, First, Middle Initial)
Ms. Ruth Wood

Mailing Address 41 Quaker Ridge Rd

City Greene State ME Zip Code 04236-3957

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 ▼ 225.00

Date of Receipt 11 / 05 / 2009

Transaction ID: A8959B0B1403E41CDB3F

Amount of Each Receipt this Period 75.00

904A

C. Full Name (Last, First, Middle Initial)
Ms. Jan Staples

Mailing Address 27 Trundy Rd

City Cape Elizabeth State ME Zip Code 04107-2814

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

Name of Employer Self Employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 07 / 2009

Transaction ID: A9A7411E022704F0BB70

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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 12 / 43
	<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. Full Name (Last, First, Middle Initial)
Mr. W. R. Jackson

Mailing Address 55 Burbank Ln

City Yarmouth State ME Zip Code 04096-5927

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 ▼ 1020.00

Date of Receipt 12 / 14 / 2009

Transaction ID: A5F2FAEC0C03D405F85A

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Philip Roy

Mailing Address 4 Valley Farms Rd

City Fairfield State ME Zip Code 04937-1168

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

Name of Employer Kaplan Home Improvement Occupation Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt 12 / 31 / 2009

Transaction ID: A154AFE502B3E4CB7998

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
April Roy

Mailing Address 4 Valley Farm Road

City Fairfield State ME Zip Code 04937-1168

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 ▼ 2800.00

Date of Receipt 12 / 31 / 2009

Transaction ID: A71503D968F7B4397B14

Amount of Each Receipt this Period 2800.00

SUBTOTAL of Receipts This Page (optional) ► 3900.00

TOTAL This Period (last page this line number only) ► 8357.00

**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)

PAGE 13 / 43

<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

<p>A. Full Name (Last, First, Middle Initial) Gop Mail & Print</p> <p>Mailing Address 95 Eddy Rd Ste 101 Suite 101</p> <p>City Manchester State NH Zip Code 03102-3258</p> <p>Purpose of Disbursement oth; business cards for Joe & Cynthia</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B450147C79BB746BD833</p> <p>Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 208.00</p>
<p>B. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.</p> <p>Mailing Address P.O. Box 550599</p> <p>City Jacksonville State FL Zip Code 32255-0599</p> <p>Purpose of Disbursement off; office equipment rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3DE17985855E44A79E7</p> <p>Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 356.46</p>
<p>C. Full Name (Last, First, Middle Initial) Riverside Disposal</p> <p>Mailing Address PO Box 2335</p> <p>City Augusta State ME Zip Code 04338-2335</p> <p>Purpose of Disbursement oth; trash removal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBE83D0B7360F4B75837</p> <p>Date of Disbursement 07 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 70.00</p>

SUBTOTAL of Disbursements This Page (optional)	634.46
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)

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<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

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. Full Name (Last, First, Middle Initial) Seacoast Security & Tele. <hr/> Mailing Address PO Box A <hr/> City West Rockport State ME Zip Code 04865-0701 Purpose of Disbursement oth; security Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B180365F6FC034252B46 Date of Disbursement MM / DD / YYYY 07 / 07 / 2009
	Amount of Each Disbursement this Period 114.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 Purpose of Disbursement oth; mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6F7370692D7845E2A12 Date of Disbursement MM / DD / YYYY 07 / 07 / 2009
	Amount of Each Disbursement this Period 191.30
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joe Prevost <hr/> Mailing Address 375 East Bridge Street <hr/> City Westbrook State ME Zip Code 04092-4534 Purpose of Disbursement oth; mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6B655B9335504159B9F Date of Disbursement MM / DD / YYYY 07 / 07 / 2009
	Amount of Each Disbursement this Period 143.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

448.30

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

A. Full Name (Last, First, Middle Initial) Great Works Internet Mailing Address 8 Pomerleau St City Biddeford State ME Zip Code 04005-9403 Purpose of Disbursement oth; utilities - internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B478B0BC7DA164242BFE Date of Disbursement 07 / 07 / 2009
	Amount of Each Disbursement this Period 49.95 Category/Type

B. Full Name (Last, First, Middle Initial) The Copy Center Mailing Address 243 Western Ave. City Augusta State ME Zip Code 04330-4933 Purpose of Disbursement oth; printing of petitions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B1457E03380274AE6B02 Date of Disbursement 07 / 07 / 2009
	Amount of Each Disbursement this Period 697.03 Category/Type

C. Full Name (Last, First, Middle Initial) Joe Prevost Mailing Address 375 East Bridge Street City Westbrook State ME Zip Code 04092-4534 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B4E8BDF7DE0BB4F748E8 Date of Disbursement 07 / 10 / 2009
	Amount of Each Disbursement this Period 747.47 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1494.45
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)

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<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

A. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B67FB484137C445B1A3E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 747.47
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally <hr/> Mailing Address 9 Thomas Dr <hr/> City Scarborough State ME Zip Code 04074-8614 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE4C692E2A3B3463FA31 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1184.22
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michelle Dale <hr/> Mailing Address 409 Churchill Rd <hr/> City Augusta State ME Zip Code 04330-8213 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7DB41B118A7A4FABAD0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 686.73
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2618.42

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)

PAGE 17 / 43

<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

A. Full Name (Last, First, Middle Initial) Joe Prevost <hr/> Mailing Address 375 East Bridge Street <hr/> City Westbrook State ME Zip Code 04092-4534 <hr/> Purpose of Disbursement oth; mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1D3BB4D7D80042CA992 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 186.45
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 <hr/> Purpose of Disbursement oth; mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB978FCCE8BBB4503BBB Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 132.27
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fairpoint Communications <hr/> Mailing Address P. O. Box 1939 <hr/> City Portland State ME Zip Code 04104-5010 <hr/> Purpose of Disbursement oth; utilities, phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDB5B6CA6B6804471B5E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 629.21
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

947.93

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)

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<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

A.	Full Name (Last, First, Middle Initial) Treasurer State Of Maine	Transaction ID: B188C4DC1032F4094AF1
	Mailing Address State Offices	Date of Disbursement 07 / 17 / 2009
	City Augusta State ME Zip Code 04333-0001	Amount of Each Disbursement this Period 755.98
	Purpose of Disbursement oth; payroll taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Central Maine Power	Transaction ID: BC663D1458B3C4B6D80A
	Mailing Address 83 Edison Drive	Date of Disbursement 07 / 21 / 2009
	City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period 86.67
	Purpose of Disbursement oth; utilities - electricity	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Fls-dci	Transaction ID: B2447F9F5E58741CFB76
	Mailing Address 570 Ashbury Street Suite 201	Date of Disbursement 07 / 21 / 2009
	City Saint Paul State MN Zip Code 55104-1850	Amount of Each Disbursement this Period 664.59
	Purpose of Disbursement donor lists	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1507.24
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Joe Prevost</p> <p>Mailing Address 375 East Bridge Street</p> <p>City Westbrook State ME Zip Code 04092-4534</p> <p>Purpose of Disbursement oth; mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5BA2E6E84AA54EC3A0F</p> <p>Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 245.69</p>
<p>B. Full Name (Last, First, Middle Initial) Joe Prevost</p> <p>Mailing Address 375 East Bridge Street</p> <p>City Westbrook State ME Zip Code 04092-4534</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE6A22AD4FEE84DDE8C0</p> <p>Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 747.46</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon</p> <p>Mailing Address PO Box 5</p> <p>City Harmony State ME Zip Code 04942-0005</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8B4D0ED4407440B5933</p> <p>Date of Disbursement 07 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 747.46</p>

SUBTOTAL of Disbursements This Page (optional)	1740.61
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)

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<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

A.	Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B82EDE63F6F3C432288D
	Mailing Address 409 Churchill Rd	Date of Disbursement MM / DD / YYYY 07 / 24 / 2009
	City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period 686.73
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: BDC87AEA8DC5142EE949
	Mailing Address 9 Thomas Dr	Date of Disbursement MM / DD / YYYY 07 / 24 / 2009
	City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period 1184.20
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Had E Nuff, Inc	Transaction ID: B2CDED042BD514C5F9B2
	Mailing Address 17 Graham Road Condo #3	Date of Disbursement MM / DD / YYYY 07 / 28 / 2009
	City Westbrook State ME Zip Code 04092	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement oth; advertisting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2120.93
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)

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<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

A.	Full Name (Last, First, Middle Initial) The Copy Center	Transaction ID: BCC7FF44F9E4C4C75B81
	Mailing Address 243 Western Ave.	Date of Disbursement 07 / 28 / 2009
	City Augusta State ME Zip Code 04330-4933	Amount of Each Disbursement this Period 630.00
	Purpose of Disbursement oth; printing	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fairpoint Communications	Transaction ID: B721B4CE9289F44F6903
	Mailing Address P. O. Box 1939	Date of Disbursement 07 / 28 / 2009
	City Portland State ME Zip Code 04104-5010	Amount of Each Disbursement this Period 344.16
	Purpose of Disbursement off; utilities, phone	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.	Transaction ID: B7EF3F7621B7A40A28EF
	Mailing Address P.O. Box 550599	Date of Disbursement 08 / 04 / 2009
	City Jacksonville State FL Zip Code 32255-0599	Amount of Each Disbursement this Period 356.46
	Purpose of Disbursement off; utilities, copier rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1330.62
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Transco</p> <p>Mailing Address 10 Capitol Street</p> <p>City Nashua State NH Zip Code 03063-1007</p> <p>Purpose of Disbursement oth; copier rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B544E227735CD4713B79</p> <p>Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 699.60</p>
<p>B. Full Name (Last, First, Middle Initial) The Copy Center</p> <p>Mailing Address 243 Western Ave.</p> <p>City Augusta State ME Zip Code 04330-4933</p> <p>Purpose of Disbursement oth; printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFFD83C5AC02942D4B2C</p> <p>Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1012.03</p>
<p>C. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Rd</p> <p>City Augusta State ME Zip Code 04330-8213</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B500D678FEE154E189ED</p> <p>Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 686.71</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2398.34

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

A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally <hr/> Mailing Address 9 Thomas Dr <hr/> City Scarborough State ME Zip Code 04074-8614 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAD7A7EC8C290447EA58 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1184.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joe Prevost <hr/> Mailing Address 375 East Bridge Street <hr/> City Westbrook State ME Zip Code 04092-4534 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCDABC2836D64511B91 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 747.47
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAE3EC7BBA15F4950B2B Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 747.47
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2679.16

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

<p>A. Full Name (Last, First, Middle Initial) Accounting Solutions</p> <p>Mailing Address 44 Main Street</p> <p>City Waterville State ME Zip Code 04901</p> <p>Purpose of Disbursement oth; accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB84938500F7B414E8F9</p> <p>Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Riverside Disposal</p> <p>Mailing Address PO Box 2335</p> <p>City Augusta State ME Zip Code 04338-2335</p> <p>Purpose of Disbursement oth; trash removal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8DF3BD724D6A43E296C</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 70.00</p>
<p>C. Full Name (Last, First, Middle Initial) Augusta Post Office</p> <p>Mailing Address 40 Western Avenue</p> <p>City Augusta State ME Zip Code 04330-6325</p> <p>Purpose of Disbursement oth; business reply permit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B295AEE1392BD4C2F8C4</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 185.00</p>

SUBTOTAL of Disbursements This Page (optional)	555.00
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)

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<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) City Of Augusta</p> <p>Mailing Address 16 Cony St.</p> <p>City Augusta State ME Zip Code 04330-5200</p> <p>Purpose of Disbursement oth; property taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B363825D3A1674F5EA46</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1144.79</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Great Works Internet</p> <p>Mailing Address 8 Pomerleau St</p> <p>City Biddeford State ME Zip Code 04005-9403</p> <p>Purpose of Disbursement oth; internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B44705D7237264F47944</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 49.95</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Copy Center</p> <p>Mailing Address 243 Western Ave.</p> <p>City Augusta State ME Zip Code 04330-4933</p> <p>Purpose of Disbursement oth; printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B22003A1E7CB94F8C8FA</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 588.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1782.74</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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

<p>A. Full Name (Last, First, Middle Initial) Central Maine Power</p> <p>Mailing Address 83 Edison Drive</p> <p>City Augusta State ME Zip Code 04332-1084</p> <p>Purpose of Disbursement oth; utilities-electricity</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD9F04134AA8248C5A42</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 83.64</p>
<p>B. Full Name (Last, First, Middle Initial) . Staples</p> <p>Mailing Address PO Box 689020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement off; office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF7E0967F11D6441EB23</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 143.06</p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon</p> <p>Mailing Address PO Box 5</p> <p>City Harmony State ME Zip Code 04942-0005</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B64DD25D02D91487BA06</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 747.45</p>

SUBTOTAL of Disbursements This Page (optional) ▶

974.15

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE71B755677854838A66</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1184.21</p>
<p>B. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Rd</p> <p>City Augusta State ME Zip Code 04330-8213</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA228143F67E640C483A</p> <p>Date of Disbursement 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 686.73</p>
<p>C. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Rd</p> <p>City Augusta State ME Zip Code 04330-8213</p> <p>Purpose of Disbursement oth; reimbursement for mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B14D9B9CF868B4C12B21</p> <p>Date of Disbursement 08 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 29.65</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1900.59

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

<p>A. Full Name (Last, First, Middle Initial) Augusta Post Office</p> <p>Mailing Address 40 Western Avenue</p> <p>City Augusta State ME Zip Code 04330-6325</p> <p>Purpose of Disbursement pos; brm postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0D105D49F9FE41D6AFE</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.</p> <p>Mailing Address P.O. Box 550599</p> <p>City Jacksonville State FL Zip Code 32255-0599</p> <p>Purpose of Disbursement off; copier rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B31AADC8ED5D14AAB8D4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="356.46"/></p>
<p>C. Full Name (Last, First, Middle Initial) Riverside Disposal</p> <p>Mailing Address PO Box 2335</p> <p>City Augusta State ME Zip Code 04338-2335</p> <p>Purpose of Disbursement oth; trash removal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBD0EEABE11F245678B1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="626.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input 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

<p>A. Full Name (Last, First, Middle Initial) Savings Bank Of Maine</p> <p>Mailing Address P. O. Box 190</p> <p>City Gardiner State ME Zip Code 04345-0190</p> <p>Purpose of Disbursement oth; payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD091112B81824A69A05</p> <p>Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1675.48</p>
<p>B. Full Name (Last, First, Middle Initial) Maine Employers Mutual Insurance Co.</p> <p>Mailing Address PO Box 11409</p> <p>City Portland State ME Zip Code 04104-7409</p> <p>Purpose of Disbursement oth; workers comp insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B64CE67E73E834D8CB3F</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 396.50</p>
<p>C. Full Name (Last, First, Middle Initial) Great Works Internet</p> <p>Mailing Address 8 Pomerleau St</p> <p>City Biddeford State ME Zip Code 04005-9403</p> <p>Purpose of Disbursement oth; utilities - internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB59A768EA386408BA0B</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 49.95</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2121.93</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

<p>A. Full Name (Last, First, Middle Initial) . Staples</p> <p>Mailing Address PO Box 689020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement off; office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAE9E16C8A9C541BE952</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.55"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; per diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAC6560A1688E45F893C</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="875.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Greater Augusta Utility</p> <p>Mailing Address 12 William Street</p> <p>City Augusta State ME Zip Code 04330-5225</p> <p>Purpose of Disbursement oth; utilities-water and sewer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B426E6D34FE104A17951</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.18"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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. Full Name (Last, First, Middle Initial) Central Maine Power Mailing Address 83 Edison Drive City Augusta State ME Zip Code 04332-1084 Purpose of Disbursement oth; utilities-electricity Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B31CB9D64B206489C8F2 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 80.27

B. Full Name (Last, First, Middle Initial) Aristotle International, Inc. Mailing Address 205 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003 Purpose of Disbursement oth; software support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B311CC2076B824126B78 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5550.00

C. Full Name (Last, First, Middle Initial) Savings Bank Of Maine Mailing Address P. O. Box 190 City Gardiner State ME Zip Code 04345-0190 Purpose of Disbursement oth; payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB6AA0FCD5DF4C40B5F Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 1464.22

SUBTOTAL of Disbursements This Page (optional) ▶	7094.49
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)

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<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

A.	Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: B878A1C23C2DD4FDC831
	Mailing Address 9 Thomas Dr	Date of Disbursement 10 / 02 / 2009
	City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period 1184.22
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B7642DDD78D23445394B
	Mailing Address 409 Churchill Rd	Date of Disbursement 10 / 02 / 2009
	City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period 686.73
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Cynthia Izon	Transaction ID: B146B1754A542434CADB
	Mailing Address PO Box 5	Date of Disbursement 10 / 02 / 2009
	City Harmony State ME Zip Code 04942-0005	Amount of Each Disbursement this Period 747.47
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2618.42
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)

PAGE 33 / 43

<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

A. Full Name (Last, First, Middle Initial) Great Works Internet <hr/> Mailing Address 8 Pomerleau St <hr/> City Biddeford State ME Zip Code 04005-9403 <hr/> Purpose of Disbursement oth; internet Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6462490C5A1042F1913 Date of Disbursement 10 / 06 / 2009
	Amount of Each Disbursement this Period 49.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Southwest Publishing <hr/> Mailing Address 2600 NW Topeka Blvd <hr/> City Topeka State KS Zip Code 66617-1160 <hr/> Purpose of Disbursement oth; mailing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5B8B28D8CCB740F7A06 Date of Disbursement 10 / 06 / 2009
	Amount of Each Disbursement this Period 6949.86
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pinnacle Direct, Inc. <hr/> Mailing Address 15260 113th Street <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement oth; print media and mailing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B722AAE92ACB747E68CF Date of Disbursement 10 / 06 / 2009
	Amount of Each Disbursement this Period 835.42
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7835.23
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

A.	Full Name (Last, First, Middle Initial) Steve Brown Direct Mail, Inc.	Transaction ID: BE08C0055C67742D1BEB
	Mailing Address 731 Divot Drive	Date of Disbursement 10 / 06 / 2009
	City Fernley State NV Zip Code 89408	Amount of Each Disbursement this Period 1698.86
	Purpose of Disbursement oth; direct mail	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nicholson & Associates C. P. A.	Transaction ID: B47D88A312D634596B46
	Mailing Address 76 Silver Street	Date of Disbursement 10 / 06 / 2009
	City Waterville State ME Zip Code 04901-0831	Amount of Each Disbursement this Period 116.25
	Purpose of Disbursement oth; accounting fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Seacoast Security & Tele.	Transaction ID: B19386F6D23E1468BA1C
	Mailing Address PO Box A	Date of Disbursement 10 / 06 / 2009
	City West Rockport State ME Zip Code 04865-0701	Amount of Each Disbursement this Period 114.00
	Purpose of Disbursement oth; security	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1929.11
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.</p> <p>Mailing Address P.O. Box 550599</p> <p>City Jacksonville State FL Zip Code 32255-0599</p> <p>Purpose of Disbursement oth; copier rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B095FFDD7548E43DA906</p> <p>Date of Disbursement 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 356.46</p>
<p>B. Full Name (Last, First, Middle Initial) Riverside Disposal</p> <p>Mailing Address PO Box 2335</p> <p>City Augusta State ME Zip Code 04338-2335</p> <p>Purpose of Disbursement oth; trash removal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BABD3E02641BC4E08B77</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 70.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B94D5630980A14C59A92</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1184.21</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1610.67

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)

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<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

A.	Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B9D2FE79D057C4F9FB84
	Mailing Address 409 Churchill Rd	Date of Disbursement 10 / 16 / 2009
	City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period 686.72
	Purpose of Disbursement Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Central Maine Power	Transaction ID: B4DC9C670836341D0A25
	Mailing Address 83 Edison Drive	Date of Disbursement 10 / 20 / 2009
	City Augusta State ME Zip Code 04332-1084	Amount of Each Disbursement this Period 78.79
	Purpose of Disbursement oth; utilities, electricity Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Treasurer State Of Maine	Transaction ID: B6AD165FB855040A18B2
	Mailing Address State Offices	Date of Disbursement 10 / 20 / 2009
	City Augusta State ME Zip Code 04333-0001	Amount of Each Disbursement this Period 978.78
	Purpose of Disbursement oth; income tax third quarter Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **1744.29**

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)

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<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

A.	Full Name (Last, First, Middle Initial) Fairpoint Communications	Transaction ID: BAAA98E5663374F4D9F4
	Mailing Address P. O. Box 1939	Date of Disbursement 10 / 27 / 2009
	City Portland State ME Zip Code 04104-5010	Amount of Each Disbursement this Period 1206.17
	Purpose of Disbursement oth; utilities-telephone	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: BBC7BB199C9094C80BEF
	Mailing Address 9 Thomas Dr	Date of Disbursement 10 / 27 / 2009
	City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period 875.00
	Purpose of Disbursement oth; per diem check	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Donald Reynolds	Transaction ID: B9E1D2F7F3CA74FDC82E
	Mailing Address PO Box 131 Pine Street	Date of Disbursement 10 / 27 / 2009
	City Newport State ME Zip Code 04953-0131	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement oth; consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3081.17
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

A.	Full Name (Last, First, Middle Initial) Ms. Cynthia Izon	Transaction ID: BA26D5144251C454F9CD
	Mailing Address PO Box 5	Date of Disbursement 10 / 30 / 2009
	City Harmony State ME Zip Code 04942-0005	Amount of Each Disbursement this Period 747.47
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Christie McNally	Transaction ID: BA39BC5D855244A1BBCB
	Mailing Address 9 Thomas Dr	Date of Disbursement 10 / 30 / 2009
	City Scarborough State ME Zip Code 04074-8614	Amount of Each Disbursement this Period 1184.22
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: BD72178E527C14EABA7B
	Mailing Address 409 Churchill Rd	Date of Disbursement 10 / 30 / 2009
	City Augusta State ME Zip Code 04330-8213	Amount of Each Disbursement this Period 686.72
	Purpose of Disbursement oth; payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2618.41
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)

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<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

A.	Full Name (Last, First, Middle Initial) Ms. Jan Staples	Transaction ID: BB861FA49F12348D7B6F
	Mailing Address 27 Trundy Rd	Date of Disbursement MM / DD / YYYY 11 / 14 / 2009
	City State Zip Code Cape Elizabeth ME 04107-2814	Amount of Each Disbursement this Period 1585.07
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ms. Cynthia Izon	Transaction ID: BCDC4DACA3D6442B5BAC
	Mailing Address PO Box 5	Date of Disbursement MM / DD / YYYY 11 / 27 / 2009
	City State Zip Code Harmony ME 04942-0005	Amount of Each Disbursement this Period 747.47
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Michelle Dale	Transaction ID: B72B5BC1C852C40BB842
	Mailing Address 409 Churchill Rd	Date of Disbursement MM / DD / YYYY 11 / 27 / 2009
	City State Zip Code Augusta ME 04330-8213	Amount of Each Disbursement this Period 686.72
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3019.26
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)

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<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

A. Full Name (Last, First, Middle Initial) Fairpoint Communications <hr/> Mailing Address P. O. Box 1939 <hr/> City Portland State ME Zip Code 04104-5010 <hr/> Purpose of Disbursement oth; utilities-telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA003B6B57F51493380C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 387.42
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Augusta Fuel Company <hr/> Mailing Address PO Box 2226 <hr/> City Augusta State ME Zip Code 04338-2226 <hr/> Purpose of Disbursement oth; utilities-heating oil Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B12EAC545A7A54C7FB30 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 23.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) City Of Augusta <hr/> Mailing Address 16 Cony St. <hr/> City Augusta State ME Zip Code 04330-5200 <hr/> Purpose of Disbursement oth; state committee meeting expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDE1B408C1BB649D59BE Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 130.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	540.89
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)

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<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

<p>A. Full Name (Last, First, Middle Initial) Savings Bank Of Maine</p> <p>Mailing Address P. O. Box 190</p> <p>City Gardiner State ME Zip Code 04345-0190</p> <p>Purpose of Disbursement oth; payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD19449B0B0CD4576834</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1464.22</p>
<p>B. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Rd</p> <p>City Augusta State ME Zip Code 04330-8213</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2295EF3008164FF2905</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 686.73</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB169906983F1447EBF0</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1184.21</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3335.16

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)

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<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

A. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B71F4B8EAE2B146CDA07 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 747.46
B. Full Name (Last, First, Middle Initial) Michelle Dale <hr/> Mailing Address 409 Churchill Rd <hr/> City Augusta State ME Zip Code 04330-8213 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC6088DA180E41E08FE Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 686.73

SUBTOTAL of Disbursements This Page (optional) ►

1434.19

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

63754.35

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Officemax			Transaction ID: BCF8E54C0D1554244A62	
	Mailing Address 88 Union St			Date of Disbursement 07 / 16 / 2009	
City Auburn		State ME	Zip Code 04210		Amount of Each Disbursement this Period 8.48
Purpose of Disbursement ITEMIZE: office supplies			Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional) ▶

8.48

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

8.48