

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**ALDEN SMITH FOR CONGRESS**

ADDRESS (number and street) 499 BROADWAY SUITE 303  
 Check if different than previously reported. (ACC) BANGOR ME 04401

2. **FEC IDENTIFICATION NUMBER** C C00544965 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
ME 02

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2014 through 03 / 31 / 2014

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. Richard Fournier  
Signature of Treasurer Mr. Richard Fournier *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 11 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**ALDEN SMITH FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1420.00	4521.00
(b) Total Contribution Refunds (from Line 20(d)) .....	450.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	970.00	3721.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15723.29	27956.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15723.29	27956.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35974.04	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	60000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ALDEN SMITH FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	450.00	2700.00
(ii) Unitemized.....	970.00	1821.00
(iii) TOTAL of contributions from individuals ▶	1420.00	4521.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1420.00	4521.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	60000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	60000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	417.92
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	1420.00	64938.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15723.29	27956.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	450.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	450.00	800.00
21. OTHER DISBURSEMENTS .....	0.00	228.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	16173.29	28984.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50727.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1420.00
25. SUBTOTAL (add Line 23 and Line 24).....	52147.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16173.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35974.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Arlene Bowles**

Mailing Address 239 Lake Street

City Auburn State ME Zip Code 04210

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 108 Orchard Street

City Farmington State ME Zip Code 04938

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : SA11AI.4305**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

450.00

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Data Bean</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 44 Shaker Roadt		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4357</b>
City Gray	State ME Zip Code 04039	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grand Printing dale</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 104 Washington Avenue		Amount of Each Disbursement this Period 206.01 <b>Transaction ID : SB17.4338</b>
City Portland	State ME Zip Code 04101	
Purpose of Disbursement printing cost	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Party Maine</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 320 Water Street		Amount of Each Disbursement this Period 781.25 <b>Transaction ID : SB17.4336</b>
City Augusta	State ME Zip Code 04330	
Purpose of Disbursement Van access reports	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1237.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Party Maine Democratic</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 320 Water Street		Amount of Each Disbursement this Period 731.25 <b>Transaction ID : SB17.4314</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement VAN names charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.4320</b>
City Windsor	State ME	
Zip Code 04363	Purpose of Disbursement Vehicle gasoline reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.4323</b>
City Windsor	State ME	
Zip Code 04363	Purpose of Disbursement vehicle gasoline reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	831.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 40.00
City Windsor	State ME Zip Code 04363	
Purpose of Disbursement vehicle gasoline reimbursement		Transaction ID : SB17.4337
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 100.00
City Windsor	State ME Zip Code 04363	
Purpose of Disbursement Vehicle gasoline reimbursement		Transaction ID : SB17.4344
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 60.00
City Windsor	State ME Zip Code 04363	
Purpose of Disbursement Vehicle gssoline reimbursement		Transaction ID : SB17.4347
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4359</b>
City Windsor	State ME Zip Code 04363	
Purpose of Disbursement Monthly Stipend	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carl E Pease</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO Box 213		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4360</b>
City Windsor	State ME Zip Code 04363	
Purpose of Disbursement Bonus	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Best Western Senator Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 284 Western Ave		Amount of Each Disbursement this Period 278.98 <b>Transaction ID : SB17.4377</b>
City Augusta	State ME Zip Code 04330	
Purpose of Disbursement Room overnights	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	778.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Best Western Senator Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 284 Western Ave		Amount of Each Disbursement this Period 452.60 <b>Transaction ID : SB17.4339</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Rent conference room	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:	

Full Name (Last, First, Middle Initial) <b>B. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4313</b>
City Pittsfield	State ME	
Zip Code 04967	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4315</b>
City Pittsfield	State ME	
Zip Code 04967	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1452.60
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Evan Sposato</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014		
Mailing Address 279 Somerset Ave			Amount of Each Disbursement this Period 500.00		
City Pittsfield	State ME	Zip Code 04967	Transaction ID : SB17.4327		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Evan Sposato</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 279 Somerset Ave			Amount of Each Disbursement this Period 500.00		
City Pittsfield	State ME	Zip Code 04967	Transaction ID : SB17.4329		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Evan Sposato</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014		
Mailing Address 279 Somerset Ave			Amount of Each Disbursement this Period 500.00		
City Pittsfield	State ME	Zip Code 04967	Transaction ID : SB17.4330		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4345</b>
City Pittsfield	State ME	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 14 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4346</b>
City Pittsfield	State ME	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 14 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4348</b>
City Pittsfield	State ME	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4351</b>
City Pittsfield	State ME	
Zip Code 04967	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4355</b>
City Pittsfield	State ME	
Zip Code 04967	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Evan Sposato</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 279 Somerset Ave		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4356</b>
City Pittsfield	State ME	
Zip Code 04967	Purpose of Disbursement Bonus	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Augusta Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period 65.59 <b>Transaction ID : SB17.4371</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Augusta Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period 5.93 <b>Transaction ID : SB17.4375</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Augusta Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period 47.33 <b>Transaction ID : SB17.4376</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	118.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Augusta Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period 75.96 <b>Transaction ID : SB17.4349</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Augusta Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period 96.57 <b>Transaction ID : SB17.4350</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Augusta Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period 105.49 <b>Transaction ID : SB17.4380</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	278.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4316</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Monthly Stipend	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4317</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Cell Phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4318</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement sewer bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4319</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement electric bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4331</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Monthly Stipend	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4332</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Electric bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4333</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Sewer bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.4334</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Cell phone bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 420.46 <b>Transaction ID : SB17.4335</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement restaurant meals guest	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	470.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4352</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Monthly Stipend	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4353</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Electricity	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4354</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Cell phone expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4361</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement bonus	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms Melissa Sterry</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 15 Thompson St		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4362</b>
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Bonus	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Store The UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 499 Broadway Street		Amount of Each Disbursement this Period 14.29 <b>Transaction ID : SB17.4367</b>
City Bangor	State ME	
Zip Code 04401	Purpose of Disbursement Forwarding Service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1514.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Store The UPS</b>		Date of Disbursement
Mailing Address 499 Broadway Street		MM / DD / YYYY 01 / 14 / 2014
City Bangor	State ME	Zip Code 04401
Purpose of Disbursement Forwarding Service		Amount of Each Disbursement this Period
Candidate Name	Category/Type	14.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.4374</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14.29
<b>TOTAL</b> This Period (last page this line number only).....	15546.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**ALDEN SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Arlene Bowles</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>	
Mailing Address 239 Lake Street			Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : SB20A.4384</b>	
City <b>Auburn</b>	State <b>ME</b>	Zip Code <b>04210</b>		
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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:			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **ALDEN SMITH FOR CONGRESS** Transaction ID : **SC/10.4264**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Mr. Alden Smith** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 499 BROADWAY SUITE 303

City	State	ZIP Code
BANGOR	ME	04401

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS** Date Incurred: M 10 / D 02 / Y 2013 Date Due: M / D / Y 11/30/2014 Interest Rate: 0.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **ALDEN SMITH FOR CONGRESS** Transaction ID : **SC/10.4265**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Mr. Alden Smith** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
499 BROADWAY SUITE 303

City State ZIP Code  
BANGOR ME 04401

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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**TERMS**

Date Incurred: M 12 / D 30 / Y 2013  
Date Due: M / D / Y 11/30/2014  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	60000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.