

# 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

POLIQUIN FOR CONGRESS

ADDRESS (number and street)

PO BOX 50

Check if different than previously reported. (ACC)

OAKLAND

ME

04963

2. FEC IDENTIFICATION NUMBER ▼

C C00518654

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

11

04

2014

in the State of

ME

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

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 Barbara J Brown

Signature of Treasurer Barbara J Brown

[Electronically Filed]

Date

10

23

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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**POLIQUIN 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))....	99011.23	1340647.94
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	2700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98011.23	1337947.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	399716.65	1151968.33
(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)).....	399716.65	1151968.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	370660.87	
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).....	213500.00	

**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

**POLIQVIN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62209.00	1062298.14
(ii) Unitemized.....	155.00	5456.00
(iii) TOTAL of contributions from individuals ▶	62364.00	1067754.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	36647.23	145547.23
(d) The Candidate.....	0.00	127346.57
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	99011.23	1340647.94
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	1181.26
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	213500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	213500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	99011.23	1555329.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	399716.65	1151968.33
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 .....	1000.00	2700.00
(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)).....	1000.00	2700.00
21. OTHER DISBURSEMENTS .....	30000.00	30000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	430716.65	1184668.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	702366.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	99011.23
25. SUBTOTAL (add Line 23 and Line 24).....	801377.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	430716.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	370660.87

**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 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Amodon**

Mailing Address 94 Back Rd

City Skowhegan State ME Zip Code 04976

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  
 10 / 12 / 2014

**Transaction ID : SA11A1.7446**

Amount of Each Receipt this Period  
 40.00

**B.** Full Name (Last, First, Middle Initial)  
**Eileen Amos**

Mailing Address 35101 Alderpoint Rd

City Blocksburg State CA Zip Code 95514

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

Name of Employer Occupation  
N/A 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  
 10 / 13 / 2014

**Transaction ID : SA11A1.7448**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 37 Starkey Farm Road

City Houlton State ME Zip Code 04730

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

Name of Employer Occupation  
F. A. Peabody Company Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA11A1.7450**

Amount of Each Receipt this Period  
 100.00

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

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

165.00

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

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

FOR LINE NUMBER: PAGE 6 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John E Anthony**

Mailing Address #9 Sunset Drive

City State Zip Code  
Little Rock AR 72207

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

Name of Employer Occupation  
Anthony Timberlands Inc Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.7452**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**John E Atkins**

Mailing Address 333 Texas St Ste 2300

City State Zip Code  
Shreveport LA 71101

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

Name of Employer Occupation  
Requested using best efforts Requested using best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11AI.7454**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**William J Atkins Jr**

Mailing Address 333 Texas St Ste 2300

City State Zip Code  
Shreveport LA 71101

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

Name of Employer Occupation  
Requested using best efforts Requested using best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11AI.7456**

Amount of Each Receipt this Period  
750.00

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

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

4100.00

**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 7 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**robert r bendetson**

Mailing Address 87 sunset rock road

City andover State MA Zip Code 01810

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

Name of Employer cabot house Occupation retail executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11A1.7458**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Bergesch**

Mailing Address 102 Anderson Ave

City Yarmouth State ME Zip Code 04096

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11A1.7460**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 320 E 72nd St.

City New York State NY Zip Code 10021

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11A1.7462**

Amount of Each Receipt this Period  
100.00

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

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

400.00

**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 8 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**James Bodner**

Mailing Address 500 Eighth St NW

City Washington State DC Zip Code 20004

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

Name of Employer The Cohen Group Occupation partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11A1.7463**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mark E Bolduc**

Mailing Address 325 Kennedy Dr

City Waterville State ME Zip Code 04901

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

Name of Employer Maine General Medical Center Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11A1.7465**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 19 Dionne Circle

City Brunswick State ME Zip Code 04011

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11A1.7466**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

**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 9 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Bucklin</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO Box 754		<b>Transaction ID : SA11AI.7467</b>
City Northeast Harbor	State ME	Zip Code 04662
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Quit Tea LLC	Occupation Business Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Diane Caffyn</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 200 Sand Rd		<b>Transaction ID : SA11AI.7468</b>
City Canaan	State ME	Zip Code 04924
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Caffyn Sr</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 200 Sand Rd		<b>Transaction ID : SA11AI.7470</b>
City Canaan	State ME	Zip Code 04924
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Douglas A Carrick</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2014	
Mailing Address 3 Pinehurst Ave		<b>Transaction ID : SA11A1.7471</b>	
City Winslow State ME Zip Code 04901	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self /Belgrade Lakes Resources Occupation Carpenter		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Tania R Carrick</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2014	
Mailing Address 3 Pinehurst Ave		<b>Transaction ID : SA11A1.7472</b>	
City Winslow State ME Zip Code 04901	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Property Rental		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>C. BRUCE. Chamberlain</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 05 / 2014	
Mailing Address 77 Bartlett Hill Rd		<b>Transaction ID : SA11A1.7474</b>	
City Monroe State ME Zip Code 04951	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Stone Fox Farm Creamery Occupation business owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 11 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Peter E Cianchette**

Mailing Address 12 Old Way

City Falmouth State ME Zip Code 04105

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

Name of Employer Cianbro Corporation Occupation Business executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11A1.7476**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Bonilyn L Clinard**

Mailing Address 1712 Royalsborough Rd

City Durham State ME Zip Code 04222

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

Name of Employer N/A 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  
 10 / 14 / 2014

**Transaction ID : SA11A1.7478**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 500 Eighth St NW

City Washington State DC Zip Code 20004

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

Name of Employer The Cohen Group Occupation partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11A1.7479**

Amount of Each Receipt this Period  
 300.00

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

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

425.00

**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 12 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Chris D. Condon**

Mailing Address 91 Concord Circle

City Yarmouth State ME Zip Code 04096

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

Name of Employer United Insurance Occupation Insurance Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11A1.7481**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Daniel Cote**

Mailing Address 4 Hidden Valley Drive

City Lewiston State ME Zip Code 04240

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

Name of Employer Cote Crane Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11A1.7483**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 70  
or 505 Eustis Ridge Road

City Eustis State ME Zip Code 04936

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  
70.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11A1.7484**

Amount of Each Receipt this Period  
25.00

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

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

1275.00

**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 13 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Edward J Crawford III**

Mailing Address 333 Texas St Ste 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer Requested using best efforts Occupation Requested using best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11AI.7486**

Amount of Each Receipt this Period  
**750.00**

**B.** Full Name (Last, First, Middle Initial)  
**John A Crawford**

Mailing Address 333 Texas St Ste 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer Requested using best efforts Occupation Requested using best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11AI.7488**

Amount of Each Receipt this Period  
**750.00**

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

Mailing Address 333 Texas St Ste 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer Requested using best efforts Occupation Requested using best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11AI.7490**

Amount of Each Receipt this Period  
**750.00**

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

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

**2250.00**

**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 14 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond L Cyr**

Mailing Address 2290 Ocean Shore Blvd Unit 501

City Ormond Beach	State FL	Zip Code 32176
----------------------	-------------	-------------------

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  
 10 / 15 / 2014

**Transaction ID : SA11A1.7492**

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert J Dotchin**

Mailing Address 412 N Saint Asaph St

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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  
 10 / 15 / 2014

**Transaction ID : SA11A1.7494**

Amount of Each Receipt this Period

100.00

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

Mailing Address 2107 Windsor Road

City Alexandria	State VA	Zip Code 22307
--------------------	-------------	-------------------

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

Name of Employer UPS	Occupation Executive
-------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11A1.7496**

Amount of Each Receipt this Period

600.00

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

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

800.00

**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 15 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Joanne R. Eaton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2014
Mailing Address P. O. Box 214		<b>Transaction ID : SA11AI.7498</b>
City Northeast Harbor	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Kimball Shop	Occupation Shipping Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. James C Emerson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2014
Mailing Address 990 Center St		<b>Transaction ID : SA11AI.7499</b>
City Auburn	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Emerson Toyota	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3025.00	

Full Name (Last, First, Middle Initial) <b>C. Simone Engelhardt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2014
Mailing Address PO Box 117		<b>Transaction ID : SA11AI.7501</b>
City Plymouth	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2620.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 16 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Nicholas Eremita**

Mailing Address 1 Ocean St

City Stonington State ME Zip Code 32953

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11A1.7502**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Brad Farrin**

Mailing Address Box 687

City Norridgewock State ME Zip Code 04957

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

Name of Employer Milton CAT Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11A1.7504**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 17 Stony Ridge Rd

City Cumberland Foreside State ME Zip Code 04110

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 **900.00**

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

**Transaction ID : SA11A1.7505**

Amount of Each Receipt this Period  
**250.00**

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

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

**700.00**

**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 17 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph G Fogg III**

Mailing Address 4295 Cutlass Lane

City Naples State FL Zip Code 34102

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  
 10 / 09 / 2014

**Transaction ID : SA11AI.7507**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Leslie Fogg**

Mailing Address 4295 Cutlass Lane

City Naples State FL Zip Code 34102

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  
 10 / 09 / 2014

**Transaction ID : SA11AI.7509**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 141 W. Jackson Blvd. Suite 3844

City Chicago State IL Zip Code 60604

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

Name of Employer LaSalle Asset Management Occupation Trader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.7511**

Amount of Each Receipt this Period  
 500.00

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

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

5700.00

**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 18 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Christina X Fraser</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 147 Shore Rd		<b>Transaction ID : SA11A1.7513</b>	
City Old Greenwich	State CT	Zip Code 06870	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Coldwell Banker	Occupation Realtor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00		

Full Name (Last, First, Middle Initial) <b>B. Moira Fuller</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 79 Maple Ridge Dr		<b>Transaction ID : SA11A1.7515</b>	
City Winthrop	State ME	Zip Code 04364	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. R. G. Fuller Jr</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 10 Tenth St Apt. 11B		<b>Transaction ID : SA11A1.7517</b>	
City Atlantic Beach	State FL	Zip Code 32233	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 19 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Burnie W Gaff jr**

Mailing Address 105 Carol Ct

City Bangor State ME Zip Code 04401

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

Name of Employer Gaftek Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11AI.7519**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jim Gamage Jr**

Mailing Address 21 Limerick St

City Rockland State ME Zip Code 04841

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

Name of Employer All Aboard Trolley & Limousine Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11AI.7521**

Amount of Each Receipt this Period  
 399.00

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

Mailing Address box 335

City glendora State CA Zip Code 91740

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.7523**

Amount of Each Receipt this Period  
 100.00

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

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

3099.00

**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 20 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Graustein**

Mailing Address 57 Waites Landing Road

City Falmouth State ME Zip Code 04105

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

Name of Employer N/A 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  
 10 / 06 / 2014

**Transaction ID : SA11AI.7525**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Haley**

Mailing Address PO Box 276

City Rangeley State ME Zip Code 04970

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

Name of Employer M & H Logging LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.7527**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address PO Box 488

City Stockton Springs State ME Zip Code 04981

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  
 10 / 06 / 2014

**Transaction ID : SA11AI.7529**

Amount of Each Receipt this Period  
 100.00

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

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

400.00

**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 21 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kelley J Hawthorne</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 85 Cedar St		<b>Transaction ID : SA11AI.7531</b>	
City Belfast	State ME	Zip Code 04915	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Mathews Brothers	Occupation Clerical		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Scott L Hawthorne</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 85 Cedar St		<b>Transaction ID : SA11AI.7533</b>	
City Belfast	State ME	Zip Code 04915	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Mathews Brothers	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Charles Heibold</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014	
Mailing Address 19 Pilot Rock Lane		<b>Transaction ID : SA11AI.7535</b>	
City Riverside	State CT	Zip Code 06878	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3600.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 22 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kermit R Hilles</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address PO Box 323		<b>Transaction ID : SA11AI.7536</b>	
City South Bend	State IN	Zip Code 46624	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>B. Roy H Hinman II</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 100 Arricola Ave		<b>Transaction ID : SA11AI.7538</b>	
City St. Augustine	State FL	Zip Code 32080	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Island Doctors	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Jeff Holden</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2014	
Mailing Address 33 Park Circle		<b>Transaction ID : SA11AI.7539</b>	
City Cape Elizabeth	State ME	Zip Code 04107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Portland Shellfish Co Inc	Occupation seafood trader		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3130.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 23 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Josh Holly**

Mailing Address 825 South Monroe Street

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
The Podesta Group Government and Public Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11A1.7541**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Holtzman Vogel Josefiak PLLC**

Mailing Address 45 North Hill Drive

City State Zip Code  
Warrenton VA 20186

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11A1.7737**

Amount of Each Receipt this Period  
1000.00

See attribution below

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

Mailing Address 45 North Hill Drive Suite 100

City State Zip Code  
Warrenton VA 20186

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

Name of Employer Occupation  
Holtzman Vogel Josefiak Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11A1.7737.0**

Amount of Each Receipt this Period  
500.00

Partnership attribution  
**[MEMO ITEM]**

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

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

1250.00

**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 24 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jill Vogel**

Mailing Address 45 North Hill Drive Suite 100

City: Warrenton State: VA Zip Code: 20186

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

Name of Employer: Holtzman Vogel Josefiak Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 14 / 2014

**Transaction ID : SA11AI.7737.1**

Amount of Each Receipt this Period: 500.00

Partnership attribution

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Ison**

Mailing Address PO Box 595

City: Norridgewock State: ME Zip Code: 04957

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

Name of Employer: Hartland Christian School Occupation: Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 50.00

Date of Receipt: 10 / 12 / 2014

**Transaction ID : SA11AI.7543**

Amount of Each Receipt this Period: 50.00

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

Mailing Address 380 Lower Flying Point Rd.

City: Freeport State: ME Zip Code: 04032

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

Name of Employer: N/A Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 40.00

Date of Receipt: 10 / 02 / 2014

**Transaction ID : SA11AI.7545**

Amount of Each Receipt this Period: 40.00

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

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

90.00

**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 25 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chris G Kilgour</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2014
Mailing Address 75 Town Farm Rd		<b>Transaction ID : SA11AI.7547</b>
City Bangor	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer C&L Aerospace	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Todd R. Klein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2014
Mailing Address 2706 57th St.		<b>Transaction ID : SA11AI.7548</b>
City Lubbock	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Self-employed	Occupation Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>C. Todd R. Klein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 2706 57th St.		<b>Transaction ID : SA11AI.7549</b>
City Lubbock	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Self-employed	Occupation Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 115.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2630.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Carole M Kozloski**

Mailing Address 134 SE Rio Casarano

City State Zip Code  
Port St Lucie FL 34984

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

Name of Employer Occupation  
NEPSK, Inc COO/President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SA11AI.7550**

Amount of Each Receipt this Period  
1100.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Kruse**

Mailing Address 193 Rowe Rd

City State Zip Code  
Skowhegan ME 04976

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014

**Transaction ID : SA11AI.7552**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 139 Long Point Dr

City State Zip Code  
Amelia Island FL 32034

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11AI.7554**

Amount of Each Receipt this Period  
1000.00

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

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

2200.00

**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 27 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Edward Kutler</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 6405 Tree Top Circle		<b>Transaction ID : SA11AI.7556</b>
City Columbia	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercury	Occupation consultant/lobbyist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Terry Lacombe</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 148 Old Town Rd		<b>Transaction ID : SA11AI.7558</b>
City Hudson	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>Richard Laporte</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 72 Coburn Ave		<b>Transaction ID : SA11AI.7560</b>
City Skowhegan	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Dennis E Larson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 7175 Summer Air Ave.		<b>Transaction ID : SA11AI.7562</b>
City Las Vegas,	State NV	
Zip Code 89179		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 20.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Dennis R Lundgren</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 19 Phoebe's Way		<b>Transaction ID : SA11AI.7564</b>
City Cape Elizabeth	State ME	
Zip Code 04107		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 100.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Carl J Maddaleni</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 33 Olde Colony Lane		<b>Transaction ID : SA11AI.7565</b>
City Cape Elizabeth	State ME	
Zip Code 04107		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Drew Maloney</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014	
Mailing Address 800 Conneticut Ave. Suite 601		<b>Transaction ID : SA11AI.7566</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HESS	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Ronald Marcotte</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 90 Marston Road		<b>Transaction ID : SA11AI.7568</b>	
City New Gloucester	State ME	Zip Code 04260	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Enercon Technologies	Occupation Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 100.00		

Full Name (Last, First, Middle Initial) <b>C. Brian P Martin</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 55 Revere Drive		<b>Transaction ID : SA11AI.7570</b>	
City Ridgefield	State CT	Zip Code 06877	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BPM & Company, Inc.	Occupation Real Estate		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1350.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 30 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Joan Mason</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 45 Surrey Lane		<b>Transaction ID : SA11A1.7572</b>
City Hampden	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. David D Maxsimic</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 128 woodlands drive		<b>Transaction ID : SA11A1.7574</b>
City falmouth	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation realtor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Susanna A McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 333 Texas St Ste 2300		<b>Transaction ID : SA11A1.7576</b>
City Shreveport	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Requested using best efforts	Occupation Requested using best efforts	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jay McCrum**

Mailing Address PO Box 660

City Mars Hill State ME Zip Code 04758

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

Name of Employer Penobscot McCrum Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11A1.7578**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Moulton**

Mailing Address 862 Waterville Rd

City Skowhegan State ME Zip Code 04976

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  
 10 / 12 / 2014

**Transaction ID : SA11A1.7580**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 57 Old Buckfield Road

City Minot State ME Zip Code 04258

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11A1.7582**

Amount of Each Receipt this Period  
 200.00

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

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

1725.00

**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 32 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David G Neal</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 2 Seneca Ln		<b>Transaction ID : SA11A1.7584</b>	
City Sandwich	State MA	Zip Code 02563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation		Election Cycle-to-Date 100.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Timothy Nee</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 427 Jackson Avenue #305		<b>Transaction ID : SA11A1.7586</b>	
City New Orleans	State LA	Zip Code 70130	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Zatarains Occupation Quality Systems Manager		Election Cycle-to-Date 100.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Matthew M Nightingale</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 19 Deerfield Ln		<b>Transaction ID : SA11A1.7587</b>	
City New Limerick	State ME	Zip Code 04761	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Katahdin Trust Company Occupation Bank CFO		Election Cycle-to-Date 150.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	300.00

**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 33 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jackson Parker</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 66 Thew Narrows		<b>Transaction ID : SA11AI.7589</b>
City Woolwich	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Reed & Reed, Inc.	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Cheryl I Parkman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 381 Jones Rd		<b>Transaction ID : SA11AI.7590</b>
City Palermo	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Perkins</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address 499 Bigelow Hill Rd		<b>Transaction ID : SA11AI.7592</b>
City Skowhegan	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Whittemore's Real Estate	Occupation Real Estate Sales	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 34 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Paul e Philbrick**

Mailing Address 1220 western avenue

City hampden State ME Zip Code 04444

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

Name of Employer elco electric Occupation electrical engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.7594**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexander L Powers**

Mailing Address 228 E 84 St apt 4B

City New York State NY Zip Code 10028

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

Name of Employer Philanthropic Bling Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11AI.7596**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1161 Old Gate Court

City McLean State VA Zip Code 22102

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

Name of Employer self Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11AI.7598**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00

**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 35 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**James Read**

Mailing Address 33 Allen Ave. Ext.

City Falmouth State ME Zip Code 04105

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

Name of Employer American Aerial Services, Inc. Occupation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11A1.7600**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**John E Reny**

Mailing Address 40 Reny Rd

City Round Pond State ME Zip Code 04564

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

Name of Employer Reny's Occupation Bus Exec

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11A1.7601**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 205 Madawaska Ave.

City PITTSFIELD State ME Zip Code 04967

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

Name of Employer None Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
60.00

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

**Transaction ID : SA11A1.7602**

Amount of Each Receipt this Period  
10.00

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

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

710.00

**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 36 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Herbert R Sargent**

Mailing Address 47 Town Farm Road

City State Zip Code  
Hampden ME 04444

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

Name of Employer Occupation  
Sargent Corporation Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11A1.7604**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas W Savage**

Mailing Address 24 Dockside Lane PMB 451

City State Zip Code  
Key Largo FL 33037

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11A1.7606**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 214 Cedar St

City State Zip Code  
Bangor ME 04401

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

Name of Employer Occupation  
Pingree Associates President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11A1.7608**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00

**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 37 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>George P Schott</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 9340		<b>Transaction ID : SA11A1.7610</b>
City Auburn	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Business owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>George P Schott</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 9340		<b>Transaction ID : SA11A1.7611</b>
City Auburn	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Self	Occupation Business owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) <b>George P Schott</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 9340		<b>Transaction ID : SA11A1.7612</b>
City Auburn	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Business owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 38 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Sevee</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 106 West Elm St		<b>Transaction ID : SA11A1.7613</b>
City Yarmouth	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Sevee and Maher Engineers	Occupation Civil engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jim Sinclair</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 50 Old Belmont Rd		<b>Transaction ID : SA11A1.7614</b>
City Lincolntonville	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Bank of America	Occupation Operation Mgr	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 175.00	

Full Name (Last, First, Middle Initial) <b>C. Howard Sleeper</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 53 Smith St. Unit 1		<b>Transaction ID : SA11A1.7616</b>
City Augusta	State ME	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Optometrist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Todd Smith**

Mailing Address PO Box 664

City Skowhegan State ME Zip Code 04976

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

Name of Employer Maine Fire Equipment Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11AI.7618**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Alan W Spaulding**

Mailing Address 2219 CLARK PL

City SILVER SPRING State MD Zip Code 20902

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11AI.7619**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 165 Cottage Rd

City Gray State ME Zip Code 04039

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA11AI.7621**

Amount of Each Receipt this Period  
50.00

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

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

450.00

**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 40 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Steven St.Pierre**

Mailing Address 62 Lamphere Lane

City State Zip Code  
Skowhegan ME 04976

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

Name of Employer Occupation  
Hammond Lumber Store Mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11A1.7623**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruth Steyn**

Mailing Address 3356 Whippoorwill Ln

City State Zip Code  
Oxford MS 38655

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : SA11A1.7625**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 3356 Whippoorwill Ln

City State Zip Code  
Oxford MS 38655

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
60.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SA11A1.7626**

Amount of Each Receipt this Period  
30.00

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

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

160.00

**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 41 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Robert D Sweet jr</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2014	
Mailing Address 182 Pioneer Farm Way		<b>Transaction ID : SA11AI.7628</b>	
City Ellsworth	State ME	Zip Code 04605	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Tyrer</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2014	
Mailing Address 500 Eighth St NW		<b>Transaction ID : SA11AI.7631</b>	
City Washington	State DC	Zip Code 20004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer The Cohen Group	Occupation partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Carole D Vigue</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 67 Phillips Corner Road		<b>Transaction ID : SA11AI.7633</b>	
City Pittsfield	State ME	Zip Code 04967	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Housewife		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

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

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

FOR LINE NUMBER: PAGE 42 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Bill Wagner**

Mailing Address 2015 SE Columbia River Drive #120

City Vancouver State WA Zip Code 98661

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11A1.7636**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 333 Texas St Ste 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer Requested using best efforts Occupation Requested using best efforts

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

**Transaction ID : SA11A1.7638**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 7 Helen

City Plattsburgh State NY Zip Code 12901

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11A1.7640**

Amount of Each Receipt this Period  
50.00

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

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

1800.00

**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 43 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond T West**

Mailing Address 10 Pinewood Dr

City State Zip Code  
Topsham ME 04086

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11A1.7642**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**James G Whittemore**

Mailing Address 256 Madison Ave

City State Zip Code  
Skowhegan ME 04976

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11A1.7644**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 256 Madison Ave

City State Zip Code  
Skowhegan ME 04976

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11A1.7645**

Amount of Each Receipt this Period  
50.00

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

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

110.00

**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 44 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John H Wibby**

Mailing Address **PO Box 1044**

City **Gray** State **ME** Zip Code **04039**

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  
**200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11A1.7647**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Willett**

Mailing Address **25 Rowe Rd**

City **Skowhegan** State **ME** Zip Code **04976**

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

Name of Employer **Redington-Fairview Hospital** Occupation **Administrator**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 12 / 2014**

**Transaction ID : SA11A1.7649**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **PO Box 152**

City **Levant** State **ME** Zip Code **04456**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 08 / 2014**

**Transaction ID : SA11A1.7651**

Amount of Each Receipt this Period  
**50.00**

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

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

**300.00**

**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 45 OF 72
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dena C Worster</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 1096 Main Street		<b>Transaction ID : SA11AI.7653</b>	
City Palmyra	State ME	Zip Code 04965	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 100.00	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	62209.00

**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 46 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BELIEVE IN LIFE LIBERTY YOURSELF AKA BILLY PAC**

Mailing Address 3246 E RIDGEVIEW STREET

City Springfield State MO Zip Code 65804

FEC ID number of contributing federal political committee. **C** C00559146

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  
 10 / 14 / 2014

**Transaction ID : SA11C.7388**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CIGAR-PAC**

Mailing Address 818 CONNECTICUT AVENUE, NW SUITE 200

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00121350

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  
 10 / 15 / 2014

**Transaction ID : SA11C.7443**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 9660 COBBLESTONE DRIVE

City Clarence State NY Zip Code 14032

FEC ID number of contributing federal political committee. **C** C00335695

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  
 10 / 10 / 2014

**Transaction ID : SA11C.7390**

Amount of Each Receipt this Period  
 2000.00

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

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

3100.00

**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 47 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Mailing Address 12176 CHANCERY STATION CIRCLE

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11C.7393**

Amount of Each Receipt this Period  
 2500.00

Primary debt retirement

**B.** Full Name (Last, First, Middle Initial)  
**FIFTH THIRD BANCORP POLITICAL ACTION COMMITTEE**

Mailing Address 550 E. WALNUT ST

City COLUMBUS State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00290502

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

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

**Transaction ID : SA11C.7392**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 13871 TR 473

City LAKEVILLE State OH Zip Code 44638

FEC ID number of contributing federal political committee. **C** C00466516

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : SA11C.7371**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 48 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ICE PAC**

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

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  
**10 / 15 / 2014**

**Transaction ID : SA11C.7385**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**JIM JORDAN FOR CONGRESS**

Mailing Address **1709 STATE ROUTE 560 SOUTH**

City **URBANA** State **OH** Zip Code **43078**

FEC ID number of contributing federal political committee. **C C00416594**

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  
**10 / 14 / 2014**

**Transaction ID : SA11C.7438**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address **600 14TH STREET, NW  
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00236489**

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  
**10 / 10 / 2014**

**Transaction ID : SA11C.7373**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

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

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

\_\_\_\_\_

**7000.00**

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 49 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LEAD YOUR NATION NOW PAC (LYNN PAC)**

Mailing Address P.O. BOX 1872

City State Zip Code  
TOPEKA KS 66601

FEC ID number of contributing federal political committee. **C C00491043**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 11 2014

**Transaction ID : SA11C.7441**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LIBERTY PROJECT**

Mailing Address PO BOX 53866

City State Zip Code  
LUBBOCK TX 79453

FEC ID number of contributing federal political committee. **C C00446625**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 06 2014

**Transaction ID : SA11C.7377**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City State Zip Code  
SHELBYVILLE IN 46176

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 06 2014

**Transaction ID : SA11C.7677**

Amount of Each Receipt this Period  
500.00

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

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

4000.00

**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 50 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARLIN PAC**

Mailing Address **PO BOX 26141**

City **ALEXANDRIA** State **VA** Zip Code **22313**

FEC ID number of contributing federal political committee. **C C00492868**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11C.7434**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST**

Mailing Address **1201 F ST. NW  
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

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

**Transaction ID : SA11C.7383**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **PO Box 550**

City **Skowhegan** State **ME** Zip Code **04976**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **47.23**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 12 / 2014**

**Transaction ID : SA11C.7679**

Amount of Each Receipt this Period  
**47.23**  
 contribution from federally-permissible funds

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

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

**4047.23**

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

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

FOR LINE NUMBER: PAGE 51 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PATRIOTS LEADING A MAJORITY**

Mailing Address 50 S PROVIDENCE ROAD

City State Zip Code  
MEDIA PA 19063

FEC ID number of contributing federal political committee. **C** C00526046

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11C.7681**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Penobscot County Republican Committee**

Mailing Address PO Box 1734

City State Zip Code  
Bangor ME 04402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11C.7683**

Amount of Each Receipt this Period  
500.00  
contribution from federally-permissible funds

**C.** Full Name (Last, First, Middle Initial)  
**PETROLEUM MARKETERS ASSOCIATION OF AMERICAN\SMALL BUSINESS COMMITTEE**

Mailing Address 1901 NORTH FORT MYER DRIVE  
SUITE 500

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00035204

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : SA11C.7432**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

**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 52 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW  
SUITE 320

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11C.7430**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Somerset County Republican Committee**

Mailing Address 888 Warren Hill Rd

City Palmyra State ME Zip Code 04965

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 12 / 2014

**Transaction ID : SA11C.7685**

Amount of Each Receipt this Period  
1500.00  
contribution from federally-permissible funds

**C.** Full Name (Last, First, Middle Initial)  
**THE WENDYS COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address ONE DAVE THOMAS BLVD

City DUBLIN State OH Zip Code 43017

FEC ID number of contributing federal political committee. **C** C00369090

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11C.7380**

Amount of Each Receipt this Period  
2500.00

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

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

9000.00

**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 53 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Value Voters PAC**

Mailing Address **PO Box 62**

City **Plymouth** State **ME** Zip Code **04969**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11C.7375**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 contribution from federally-permissible funds

**B.** Full Name (Last, First, Middle Initial)  
**WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS**

Mailing Address **1325 G STREET, N.W. SUITE 1000**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00109306**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11C.7436**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**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).....

\_\_\_\_\_ 2000.00

\_\_\_\_\_ 36647.23

**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 54 OF 72			
	<input checked="" type="checkbox"/> 17 <input 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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address Third St. Suite 2B		Amount of Each Disbursement this Period 951.90 <b>Transaction ID : SB17.7720</b>
City Baton Rouge	State LA	
Zip Code 70801	Purpose of Disbursement Credit Card fees	Category/ Type 001
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: ME District: 02	

Full Name (Last, First, Middle Initial) <b>B. Barbara J Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 49 Glenview Rd		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB17.7719</b>
City Freeport	State ME	
Zip Code 04032	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: ME District: 02	

Full Name (Last, First, Middle Initial) <b>c. CapitalOne</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 1116.73 <b>Transaction ID : SB17.7740</b>
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card payment - see below memo items	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3268.63
<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 55 OF 72			
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Comfort Inn</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address Main st		Amount of Each Disbursement this Period 384.08
City Madawaska	State ME	
Zip Code 04756	Purpose of Disbursement travel	Transaction ID : SB17.7740.4
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>B. Northeastland Hotel</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 436 Main St		Amount of Each Disbursement this Period 118.21
City Presque Isle	State ME	
Zip Code 04769	Purpose of Disbursement travel	Transaction ID : SB17.7740.9
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 62 Water St		Amount of Each Disbursement this Period 42.00
City Oakland	State ME	
Zip Code 04963	Purpose of Disbursement postage	Transaction ID : SB17.7740.10
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Staples</b>		M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period
City Augusta	State ME	Zip Code 04330
Purpose of Disbursement office supplies	Category/Type 003	Transaction ID : SB17.7740.11
Candidate Name POLIQUIN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. CapitalOne</b>		M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period
City Charlotte	State NC	Zip Code 28272
Purpose of Disbursement Credit Card Payment see below	Category/Type 006	Transaction ID : SB17.7728
Candidate Name POLIQUIN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USPS</b>		M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 62 Water St		Amount of Each Disbursement this Period
City Oakland	State ME	Zip Code 04963
Purpose of Disbursement postage	Category/Type 003	Transaction ID : SB17.7728.1
Candidate Name POLIQUIN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6403.31
<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 57 OF 72			
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Staples</b>		M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period
City Augusta	State ME	Zip Code 04330
Purpose of Disbursement office supplies	Category/ Type 001	189.87
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Disbursement For: 2014	<b>Transaction ID : SB17.7728.2</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: ME District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USPS</b>		M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 62 Water St		Amount of Each Disbursement this Period
City Oakland	State ME	Zip Code 04963
Purpose of Disbursement postage	Category/ Type 003	147.00
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Disbursement For: 2014	<b>Transaction ID : SB17.7728.3</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: ME District: 02		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Staples</b>		M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period
City Augusta	State ME	Zip Code 04330
Purpose of Disbursement office supplies	Category/ Type 001	178.52
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Disbursement For: 2014	<b>Transaction ID : SB17.7728.4</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: ME District: 02		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Quinn True Value</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014
Mailing Address 125 Waterville Rd		Amount of Each Disbursement this Period 1582.50
City Skowhegan	State ME	
Zip Code 04976	Purpose of Disbursement Signs	Transaction ID : SB17.7728.13
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>B. Quinn True Value</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 125 Waterville Rd		Amount of Each Disbursement this Period 8.95
City Skowhegan	State ME	
Zip Code 04976	Purpose of Disbursement signs	Transaction ID : SB17.7728.19
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 62 Water St		Amount of Each Disbursement this Period 245.00
City Oakland	State ME	
Zip Code 04963	Purpose of Disbursement postage	Transaction ID : SB17.7728.20
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 72			
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement									
<b>A. Staples</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 26 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	09 / 26 / 2014						
M M / D D / Y Y Y Y											
09 / 26 / 2014											
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period									
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Augusta</td> <td>ME</td> <td>04330</td> </tr> </table>		City	State	Zip Code	Augusta	ME	04330	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>104.74</td> </tr> </table>		001	104.74
City	State	Zip Code									
Augusta	ME	04330									
001											
104.74											
Purpose of Disbursement office supplies		Transaction ID : SB17.7728.22									
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		[MEMO ITEM]									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)									
State: ME District: 02											

Full Name (Last, First, Middle Initial)		Date of Disbursement									
<b>B. Staples</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 27 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	09 / 27 / 2014						
M M / D D / Y Y Y Y											
09 / 27 / 2014											
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period									
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Augusta</td> <td>ME</td> <td>04330</td> </tr> </table>		City	State	Zip Code	Augusta	ME	04330	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>65.40</td> </tr> </table>		001	65.40
City	State	Zip Code									
Augusta	ME	04330									
001											
65.40											
Purpose of Disbursement office supplies		Transaction ID : SB17.7728.24									
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		[MEMO ITEM]									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)									
State: ME District: 02											

Full Name (Last, First, Middle Initial)		Date of Disbursement									
<b>C. Staples</b>		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 27 / 2014</td> </tr> </table>		M M / D D / Y Y Y Y	09 / 27 / 2014						
M M / D D / Y Y Y Y											
09 / 27 / 2014											
Mailing Address 14 Crossing Way		Amount of Each Disbursement this Period									
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Augusta</td> <td>ME</td> <td>04330</td> </tr> </table>		City	State	Zip Code	Augusta	ME	04330	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>65.40</td> </tr> </table>		001	65.40
City	State	Zip Code									
Augusta	ME	04330									
001											
65.40											
Purpose of Disbursement office supplies		Transaction ID : SB17.7728.25									
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		[MEMO ITEM]									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)									
State: ME District: 02											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dysart's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1110 Broadway		Amount of Each Disbursement this Period 235.00
City Bangor	State ME	
Zip Code 04401	Purpose of Disbursement fundraising	Transaction ID : SB17.7728.30
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Tractor Supply</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1161 Broadway		Amount of Each Disbursement this Period 9.47
City Bangor	State ME	
Zip Code 04401	Purpose of Disbursement signs	Transaction ID : SB17.7728.32
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/ Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Inn by the Bay</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address Spring st		Amount of Each Disbursement this Period 2639.49
City Portland	State ME	
Zip Code 04101	Purpose of Disbursement fundraiser	Transaction ID : SB17.7728.34
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME	District: 02	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dysart's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1110 Broadway		Amount of Each Disbursement this Period 67.17
City Bangor	State ME	
Zip Code 04401	Purpose of Disbursement food	Transaction ID : <b>SB17.7728.37</b>
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>B. Jessica Corbett</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 9 Fairbanks St		Amount of Each Disbursement this Period 2772.30
City Augusta	State ME	
Zip Code 04330	Purpose of Disbursement Fundraising Consulting	Transaction ID : <b>SB17.7716</b>
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>c. GOP Shoppe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 883-C Airport Park Rd		Amount of Each Disbursement this Period 9579.32
City Glen Burnie	State MD	
Zip Code 21061	Purpose of Disbursement Signs	Transaction ID : <b>SB17.7697</b>
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12351.62
<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 62 OF 72			
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 4870.00 <b>Transaction ID : SB17.7688</b>
City Coweta	State OK	
Purpose of Disbursement Campaign Consulting	Category/ Type 001	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 523.48 <b>Transaction ID : SB17.7706</b>
City Coweta	State OK	
Purpose of Disbursement Reimbursement - fundraiser food	Category/ Type 003	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 45 Marketplace Drive		Amount of Each Disbursement this Period 523.48 <b>Transaction ID : SB17.7706.0</b> <b>[MEMO ITEM]</b>
City Augusta	State ME	
Purpose of Disbursement Fundraiser Food	Category/ Type 003	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: ME	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5393.48
<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 63 OF 72			
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 172.42 <b>Transaction ID : SB17.7708</b>
City State Zip Code Coweta OK 74429	Purpose of Disbursement Reimbursement - food - ultimate payees not subject to itemization 002 Category/Type	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>B. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 301.16 <b>Transaction ID : SB17.7709</b>
City State Zip Code Coweta OK 74429	Purpose of Disbursement Reimbursement gas - ultimate payees not subject to itemization 002 Category/Type	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>c. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 251.72 <b>Transaction ID : SB17.7710</b>
City State Zip Code Coweta OK 74429	Purpose of Disbursement Reimbursement - travel - ultimate payees not subject to itemization 003 Category/Type	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: ME District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	725.30
<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 64 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 129.79 <b>Transaction ID : SB17.7711</b>
City State Zip Code Coweta OK 74429	Purpose of Disbursement Reimbursement committee expenses - ultimate payees not subject to itemization Candidate Name <b>POLIQUIN FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: ME District: 02	

Full Name (Last, First, Middle Initial) <b>B. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.7712</b>
City State Zip Code Coweta OK 74429	Purpose of Disbursement Reimbursement advertising Candidate Name <b>POLIQUIN FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: ME District: 02	

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.7712.0</b> <b>[MEMO ITEM]</b>
City State Zip Code Menlo Park CA 94025	Purpose of Disbursement Internet Advertising Candidate Name <b>POLIQUIN FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: ME District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	379.79
<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 65 OF 72			
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Matthew Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 S. 305th E. Ave		Amount of Each Disbursement this Period 4870.00 <b>Transaction ID : SB17.7717</b>
City Coweta	State OK	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Megan Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 16777 South 305th East Ave		Amount of Each Disbursement this Period 2164.00 <b>Transaction ID : SB17.7689</b>
City Coweta	State OK	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Megan Hutson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 16777 South 305th East Ave		Amount of Each Disbursement this Period 2164.00 <b>Transaction ID : SB17.7718</b>
City Coweta	State OK	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9198.00
<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 66 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Littlefield Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 455 Massachusetts Ave NW Suite #108		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.7690</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Campaign Consulting Category/Type 001	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>B. Littlefield Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 455 Massachusetts Ave NW Suite #108		Amount of Each Disbursement this Period 603.39 <b>Transaction ID : SB17.7691</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel Expense Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Littlefield Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 455 Massachusetts Ave NW Suite #108		Amount of Each Disbursement this Period 326682.43 <b>Transaction ID : SB17.7692</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement TV Advertising Category/Type 004	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	332285.82
<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 67 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Littlefield Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 455 Massachusetts Ave NW Suite #108		Amount of Each Disbursement this Period 4196.20 <b>Transaction ID : SB17.7693</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Palm Cards 003 Category/Type	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>B. Littlefield Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 455 Massachusetts Ave NW Suite #108		Amount of Each Disbursement this Period 4962.50 <b>Transaction ID : SB17.7694</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement TV Advertising 004 Category/Type	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) <b>c. Norway Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 261 Main St		Amount of Each Disbursement this Period 27.00 <b>Transaction ID : SB17.7696</b>
City Norway State ME Zip Code 04268	Purpose of Disbursement Bank fee 001 Category/Type	
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: ME District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9185.70
<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 68 OF 72	
	<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)  
**POLIQUIN FOR CONGRESS**

**A. Public Opinion Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 214 North Fayette St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Polling

Candidate Name POLIQUIN FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: ME District: 02

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 16000.00

Transaction ID : SB17.7714

Category/Type: 005

**B. Strategic Advance Services LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 611 Pennsylvania Ave SE #267

City Washington State DC Zip Code 20003

Purpose of Disbursement travel expense

Candidate Name POLIQUIN FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: ME District: 02

Date of Disbursement: 10 / 03 / 2014

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.7698

Category/Type: 002

**c. Renee K Trust**

Full Name (Last, First, Middle Initial)  
Mailing Address 42 Hog Bay Rd

City Franklin State ME Zip Code 04634

Purpose of Disbursement Fundraiser Photos

Candidate Name POLIQUIN FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: ME District: 02

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 525.00

Transaction ID : SB17.7704

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 20525.00

**TOTAL** This Period (last page this line number only)..... 399716.65

**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 69 OF 72	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carole M Kozloski</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 134 SE Rio Casarano		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.7730</b>
City Port St Lucie	State FL	
Zip Code 34984	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: ME District: 02	

Full Name (Last, First, Middle Initial) <b>B. Peter P Kozloski</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 134 SE Rio Casarano		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20A.7732</b>
City Port St Lucie	State FL	
Zip Code 34984	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name <b>POLIQUIN FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: ME District: 02	

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).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

**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 70 OF 72	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**POLIQUIN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAINE REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 9 HIGGINS STREET			Amount of Each Disbursement this Period 30000.00	
City AUGUSTA	State ME	Zip Code 04330	Transaction ID : SB21.7733	
Purpose of Disbursement federal transfer to state party committee		008 Category/ Type		
Candidate Name <b>POLIQUIN FOR CONGRESS</b>		Disbursement For: 2014		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: ME District: 02				

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		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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		Disbursement For:		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30000.00
<b>TOTAL</b> This Period (last page this line number only).....	30000.00

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

NAME OF COMMITTEE (In Full) **POLIQUIN FOR CONGRESS** Transaction ID : **SC/10.6196**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **BRUCE L POLIQUIN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
123 Snow Pond Rd

City State ZIP Code  
OAKLAND ME 04963

Original Amount of Loan 13500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 13500.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M 06 / D 09 / Y 2014  
Date Due: M / D / Y 11/1/14  
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: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 13500.00

**TOTALS** 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) **POLIQUIN FOR CONGRESS** Transaction ID : **SC/10.7246**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **BRUCE L POLIQUIN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
123 Snow Pond Rd  
 City State ZIP Code  
 OAKLAND ME 04963

Original Amount of Loan 200000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200000.00
--------------------------------------	------------------------------------	--

**TERMS**  
 Date Incurred: M 09 / D 30 / Y 2014  
 Date Due: M / D / Y 11/30/14  
 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).....	▶	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	213500.00

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