

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 03 31 2010

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 William Logan

Signature of Treasurer Electronically Filed by William Logan Date 04 12 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Maine Republican Party

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		46575.69
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	46575.69									
(c) Total Receipts (from Line 19)	87405.18	87405.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	133980.87	133980.87								
7. Total Disbursements (from Line 31)	48489.88	48489.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85490.99	85490.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Maine Republican Party

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	26385.00	26385.00
(ii) Unitemized	61020.18	61020.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	87405.18	87405.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	87405.18	87405.18
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	87405.18	87405.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	87405.18	87405.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	48489.88	48489.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	48489.88	48489.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48489.88	48489.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48489.88	48489.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	87405.18	87405.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87405.18	87405.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48489.88	48489.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48489.88	48489.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Allan Trask

Mailing Address 278 Farmington Falls Road

City Farmington State ME Zip Code 04938-6434

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2010

Transaction ID: ADC69264AD8DF4A46B00

Amount of Each Receipt this Period 1000.00

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

Mailing Address 186 Ledgemere Rd

City Georgetown State ME Zip Code 04548-3741

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

Name of Employer financial services Occupation financial

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2010

Transaction ID: A4CA9C582ECE249B1AE3

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Kathleen Chase

Mailing Address 142 Branch Rd

City Wells State ME Zip Code 04090-6019

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

Name of Employer State Of Maine Occupation Legislator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 13 / 2010

Transaction ID: A51EB55AA552949D2BE9

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

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

Mailing Address 243 S. Beach Rd

City State Zip Code
Hobe Sound FL 33455-2512

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

Name of Employer Self-employed
Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: A34C92491B61C4CAA91F

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Mr. Paul Mills

Mailing Address PO Box 608

City State Zip Code
Farmington ME 04938-0608

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

Name of Employer Self
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: AD271099BFBCE484E80C

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Harold Marden

Mailing Address PO Box 206

City State Zip Code
Albion ME 04910-0206

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

Name of Employer Mardens, Inc.
Occupation Retired - Former Legislator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2010

Transaction ID: A9F83795276234746968

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

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

Mailing Address 185 Charles E. Jordan Rd

City State Zip Code
Cape Elizabeth ME 04107-2523

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2010

Transaction ID: A88A3919BFD4044928CC

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Maurice Granville

Mailing Address P o Box 38

City State Zip Code
Rockport ME 04856-0038

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 01 / 21 / 2010

Transaction ID: AC9767DF94F6C450CAB0

Amount of Each Receipt this Period 425.00

C.

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

Mailing Address P o b 159
289 Camden Road

City State Zip Code
Warren ME 04864-0159

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 21 / 2010

Transaction ID: AD74D674CAF964A3D9FC

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Mr. Charles Stickney
 Mailing Address 60 Gilman Rd
 City Yarmouth State ME Zip Code 04096-6166
 Date of Receipt MM / DD / YYYY
01 / 21 / 2010
Transaction ID: A7499460567174241855
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Mr. James Gorman
 Mailing Address 74 Foreside Rd
 City Cumberland Foresid State ME Zip Code 04110-1424
 Date of Receipt MM / DD / YYYY
01 / 21 / 2010
Transaction ID: AEB7C18A580B941119D0
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Bruce Chalmers
 Mailing Address PO Box 189
 City Bridgton State ME Zip Code 04009-0189
 Date of Receipt MM / DD / YYYY
01 / 21 / 2010
Transaction ID: A6787C751B7B4435D8DE
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Chalmers Insurance & R E Agenc Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) 1750.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Maine Republican Party

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

Mailing Address 14 Spruce Ln

City State Zip Code
Cumberland Foresid ME 04110-1415

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

Name of Employer Occupation
Waynefleete School Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: A1694FFAEB93144D3A47

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Leslie Otten

Mailing Address PO Box 547

City State Zip Code
Bethel ME 04217-0547

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

Name of Employer Occupation
American Ski Company President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2010

Transaction ID: AD8572214F6854AB09E3

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Edward Darling

Mailing Address 37 Jillian Way

City State Zip Code
Glenburn ME 04401-1242

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

Name of Employer Occupation
Down East Toyota Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2010

Transaction ID: A7C0D019A28C3453F8FC

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Andrew Cushing

Mailing Address P o Box 687

City State Zip Code
Hampden ME 04444-0687

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

Name of Employer Self Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: A69CE050BB0F74D64BA3

Amount of Each Receipt this Period
190.00

B.

Full Name (Last, First, Middle Initial)
Andrew Cushing

Mailing Address P o Box 687

City State Zip Code
Hampden ME 04444-0687

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

Name of Employer Self Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2010

Transaction ID: A01A4880F34B74420839

Amount of Each Receipt this Period
60.00

team 4000

C.

Full Name (Last, First, Middle Initial)
Mr. Leslie Otten

Mailing Address PO Box 547

City State Zip Code
Bethel ME 04217-0547

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

Name of Employer American Ski Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3100.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2010

Transaction ID: AD9F86F9D3CD1411BB6E

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Charles Whittier, II

Mailing Address 333 Foreside Rd

City Falmouth State ME Zip Code 04105-1431

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 05 / 2010

Transaction ID: A3D081BB02DA542A29E0

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ms. Audrey Buffington

Mailing Address P o Box 386

City South Thomaston State ME Zip Code 04858-0386

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

Name of Employer Educator Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2010

Transaction ID: A25A0CD0EB3964F83B60

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Doris Meehan

Mailing Address 118 Nash Rd

City Windham State ME Zip Code 04062-4555

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

Name of Employer Information Requested Occupation Unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 09 / 2010

Transaction ID: AE729E21DC57245CE828

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Doris Meehan

Mailing Address 118 Nash Rd

City Windham State ME Zip Code 04062-4555

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

Name of Employer Information Requested Occupation Unknown

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 09 / 2010

Transaction ID: AF0F75CFB419F421687F

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Allen Bancroft

Mailing Address PO Box 53

City Paris State ME Zip Code 04271-0053

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

Name of Employer Bancroft Contracting Corp Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2010

Transaction ID: ABEE7BBD8010648C0B73

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Bjorn

Mailing Address PO Box 311

City Farmington State ME Zip Code 04938-0311

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

Name of Employer Kyes Insurance Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2010

Transaction ID: AA5C5B1491A524FA69C2

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Mr. Roger Katz

Mailing Address 3 Westview St

City State Zip Code
Augusta ME 04330-4013

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

Name of Employer Occupation
Lipman, Katz & Mckee Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: A16F9185636DE4D668D1

Amount of Each Receipt this Period
400.00

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

Mailing Address 604 Titcomb Hill Rd

City State Zip Code
Farmington ME 04938-5614

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

Name of Employer Occupation
Key Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: A272414909277480780F

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ray Nichols

Mailing Address PO Box 509

City State Zip Code
Jonesport ME 04649-0509

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2010

Transaction ID: ABD FEC18816B348FDBF7

Amount of Each Receipt this Period
235.00

SUBTOTAL of Receipts This Page (optional) ► **885.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Mr. William Beardsley		Date of Receipt
	Mailing Address 18 Third Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Ellsworth	ME	04605-1840
	FEC ID number of contributing federal political committee.		Transaction ID: A69DA04965E2445BFB72
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer Husson University		Occupation University President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1130.00

B.	Full Name (Last, First, Middle Initial) Dean Webster		Date of Receipt
	Mailing Address 215 King's Hwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Kennebunkport	ME	04046-7270
	FEC ID number of contributing federal political committee.		Transaction ID: A490EB591F2E5441F9DB
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Mr. Leslie Fossel		Date of Receipt
	Mailing Address PO Box 525 Dock Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Alna	ME	04535-0525
	FEC ID number of contributing federal political committee.		Transaction ID: A2A5414655E9C4992930
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Self Employed		Occupation Building Restoration	2010 convention delegate fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Steven Lyons		Date of Receipt
	Mailing Address 626 Straight Bay Rd		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lubec	ME	04652-3051
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Lyons Market		Occupation Owner	Transaction ID: A5D7B559E52EC4B4A8CE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="text" value="400.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Harrison Clark		Date of Receipt
	Mailing Address 3 Whitney Ct.		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brewer	ME	04412-1353
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Service Master At Bangor		Occupation Manager	Transaction ID: AC398C1CDAD80491A90E
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="125.00"/>
		<input type="text" value="205.00"/>	2010 convention delegate fees

C.	Full Name (Last, First, Middle Initial) Mr. Philip Curtis		Date of Receipt
	Mailing Address 93 Blackwell Hill Rd		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Madison	ME	04950-3908
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mdot		Occupation Consultant	Transaction ID: A610920CFD51F492191C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="75.00"/>
		<input type="text" value="225.00"/>	2010 Convention Delegate fee

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Mr. Crosby Keay

Mailing Address PO Box 137

City Albion State ME Zip Code 04910-0137

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

Name of Employer H L Keay & Son Albion Occupation Retired Merchan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2010

Transaction ID: A9588DEEE1A03473B9D1

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Maine Heritage Policy Center

Mailing Address P. O. Box 7829

City Portland State ME Zip Code 04112

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2010

Transaction ID: A7317C1B107F3469BB57

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Bruce Chalmers

Mailing Address PO Box 189

City Bridgton State ME Zip Code 04009-0189

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

Name of Employer Chalmers Insurance & R E Agenc Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2010

Transaction ID: A2DAD49D584EC42769C1

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 46
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

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

Mailing Address 100 Monastery Rd

City State Zip Code
Cape Elizabeth ME 04107-2516

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

Name of Employer i.s.s. Occupation
Businessman, Self-employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: AC37F0088D7E64FA4ADA

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen Burns

Mailing Address 78 Cushing Rd

City State Zip Code
Friendship ME 04547-4140

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

Name of Employer Retired Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: A1290FB628E454899A6A

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard Bjorn

Mailing Address PO Box 311

City State Zip Code
Farmington ME 04938-0311

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

Name of Employer Kyes Insurance Occupation
President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: A618DC25DCD1246A4B83

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ▶ **6300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 46
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Mr. Paul Mills

Mailing Address PO Box 608

City Farmington State ME Zip Code 04938-0608

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 08 / 2010
Transaction ID: AC1C9A428B0C94889927
 Amount of Each Receipt this Period 25.00
 2010 convention delegate fee

B.

Full Name (Last, First, Middle Initial)
Dan Maloney

Mailing Address 295 New Portland Rd

City Gorham State ME Zip Code 04038-1867

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

Name of Employer Self Employed Occupation Unknown

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2010
Transaction ID: AA33121E3193C4043AE3
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Constance Henkel

Mailing Address 59 Wharf Rd

City Brooksville State ME Zip Code 04617-3415

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2010
Transaction ID: A6876786AF3534601A0C
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Dow

Mailing Address 23 Birch Ave

City Ellsworth State ME Zip Code 04605-1805

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

Name of Employer: Dow & Wadman P.a. Occupation: Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2010
Transaction ID: A40306487033341B7833
Amount of Each Receipt this Period: 125.00

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

Mailing Address 4 Southridge Lane

City Lewiston State ME Zip Code 04240-1617

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2010
Transaction ID: A11BB1A8DC7124785841
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ray Nichols

Mailing Address PO Box 509

City Jonesport State ME Zip Code 04649-0509

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 03 / 12 / 2010
Transaction ID: A0936A2E0816E4C29AB0
Amount of Each Receipt this Period: 50.00
2010 convention delegate fee

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
George Hooper

Mailing Address 10 Lakeside Dr
P.o. Box 156

City State Zip Code
Bryant Pond ME 04219-6308

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2010

Transaction ID: A6902C1E69EC64F2A9F7

Amount of Each Receipt this Period

25.00

2010 convention delegate fee

B.

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

Mailing Address PO Box 579

City State Zip Code
Brunswick ME 04011-0579

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

Name of Employer Occupation
Bicknell Photo Service Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2010

Transaction ID: AE082C58800F445EDA10

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Rosemarie Butler

Mailing Address 158 Webster St

City State Zip Code
Lewiston ME 04240-5544

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2010

Transaction ID: AD4D2BD6835DF4490B3C

Amount of Each Receipt this Period

150.00

part of aroostook county ad

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Ms. Jan Staples		Date of Receipt	
	Mailing Address 27 Trundy Rd		M M / D D / Y Y Y Y 03 / 18 / 2010	
	City	State	Zip Code	Transaction ID: A29BB8ED6BD6041D38CA
	Cape Elizabeth	ME	04107-2814	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Self Employed		Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Tom Shields		Date of Receipt	
	Mailing Address 375 Maple Hill Rd		M M / D D / Y Y Y Y 03 / 22 / 2010	
	City	State	Zip Code	Transaction ID: A2C74C11957494880845
	Auburn	ME	04210-8793	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Self Employed		Occupation Unknown		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00		

C.	Full Name (Last, First, Middle Initial) Mr. Paul Mills		Date of Receipt	
	Mailing Address PO Box 608		M M / D D / Y Y Y Y 03 / 22 / 2010	
	City	State	Zip Code	Transaction ID: AE2350F47AB2A4C4F881
	Farmington	ME	04938-0608	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Self		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 23 / 46
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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Anthony Oberley		Date of Receipt
	Mailing Address 62 Hawthorne Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2010
	City	State	Zip Code
	Windham	ME	04062-5277
	FEC ID number of contributing federal political committee. C		Transaction ID: A222CB5D41C0247FFB0A
Name of Employer Unum		Occupation	Amount of Each Receipt this Period
		Senior Computer Programmer	<input type="text"/> 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2010 convention delegate fee
		<input type="text"/> 325.00	

B.	Full Name (Last, First, Middle Initial) Anthony Oberley		Date of Receipt
	Mailing Address 62 Hawthorne Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2010
	City	State	Zip Code
	Windham	ME	04062-5277
	FEC ID number of contributing federal political committee. C		Transaction ID: AFD7FC960F2714F25A3B
Name of Employer Unum		Occupation	Amount of Each Receipt this Period
		Senior Computer Programmer	<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 325.00	

C.	Full Name (Last, First, Middle Initial) Anthony Oberley		Date of Receipt
	Mailing Address 62 Hawthorne Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2010
	City	State	Zip Code
	Windham	ME	04062-5277
	FEC ID number of contributing federal political committee. C		Transaction ID: A67BAE68BEB2C41BA96D
Name of Employer Unum		Occupation	Amount of Each Receipt this Period
		Senior Computer Programmer	<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2010 convention delegate fee
		<input type="text"/> 325.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 325.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Mr. Frederick Johnston

Mailing Address PO Box 367

City State Zip Code
Corinth ME 04427-0367

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

Name of Employer Occupation
Old Town Lumber Quality Control Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: AF4E21DF908B24CAB87F

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lois Bloomer

Mailing Address 826 Bog Rd

City State Zip Code
Hermon ME 04401-0716

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

Name of Employer Occupation
Bloomer Agency Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: A71F8051AF2384356AAE

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
James Fossel

Mailing Address 1804 Alna Rd

City State Zip Code
Alna ME 04535-3607

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

Name of Employer Occupation
Maine State Senate Aide

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2010

Transaction ID: A56739EF76AFB46D086A

Amount of Each Receipt this Period
250.00

2010 convention delegate fee

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Ms. Jan Staples	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 27 Trundy Rd	Transaction ID: A86EC9119F0144685ACF
	City State Zip Code Cape Elizabeth ME 04107-2814	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	2010 convention delegate fee
	Name of Employer Self Employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mrs. Kathleen Newman	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 86 Central St	Transaction ID: A4BB41828BB9B4409888
	City State Zip Code Hallowell ME 04347-1233	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	2010 convention delegate fee
	Name of Employer Self Employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Ms. Evelyn Joost	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address PO Box 628	Transaction ID: A3A17420375B742118DC
	City State Zip Code Bucksport ME 04416-0628	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bread & Breakfast Inn Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Mr. Stillman Bradish		Date of Receipt																					
	Mailing Address 369 North Village Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	0		2	0	1	0														
	City State Zip Code Ogunquit ME 03907-3127		Transaction ID: A30752E3E29F84D16AFC																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00																						
Name of Employer Self		Occupation Self																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00																						

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	26385.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0EB123EFA2AB4E0EBBF Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 743.47
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally <hr/> Mailing Address 9 Thomas Dr <hr/> City Scarborough State ME Zip Code 04074-8614 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B191CD6EBC29842FE94E Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1177.22
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michelle Dale <hr/> Mailing Address 409 Churchill Rd <hr/> City Augusta State ME Zip Code 04330-8213 <hr/> Purpose of Disbursement oth; payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B68D1A6F9682A4DF392E Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 681.73
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2602.42
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Savings Bank Of Maine</p> <p>Mailing Address P. O. Box 190</p> <p>City Gardiner State ME Zip Code 04345-0190</p> <p>Purpose of Disbursement oth; payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B39CC82532EEB4C81BD5</p> <p>Date of Disbursement 01 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1464.22</p>
<p>B. Full Name (Last, First, Middle Initial) Augusta Post Office</p> <p>Mailing Address 40 Western Avenue</p> <p>City Augusta State ME Zip Code 04330-6325</p> <p>Purpose of Disbursement oth; business reply account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBKA607BC3D914286A4F</p> <p>Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc.</p> <p>Mailing Address P.O. Box 550599</p> <p>City Jacksonville State FL Zip Code 32255-0599</p> <p>Purpose of Disbursement oth; office equipment rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3F5058FFA53D45F49C3</p> <p>Date of Disbursement 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 737.87</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2502.09</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally <hr/> Mailing Address 9 Thomas Dr <hr/> City Scarborough State ME Zip Code 04074-8614 <hr/> Purpose of Disbursement oth; per diem check Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB3CC7C21C9141D9B1F Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 875.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Transco <hr/> Mailing Address 10 Capitol Street <hr/> City Nashua State NH Zip Code 03063-1007 <hr/> Purpose of Disbursement oth; copier maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B073A45218A9D48AD921 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 524.60
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Fairpoint Communications <hr/> Mailing Address P. O. Box 1939 <hr/> City Portland State ME Zip Code 04104-5010 <hr/> Purpose of Disbursement oth; utilities, phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC61F4362C52C4A37A7E Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 397.01
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1796.61

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Augusta Post Office</p> <p>Mailing Address 40 Western Avenue</p> <p>City Augusta State ME Zip Code 04330-6325</p> <p>Purpose of Disbursement pos; business reply permit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7BB409E6146445B79F7</p> <p>Date of Disbursement 01 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 185.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon</p> <p>Mailing Address PO Box 5</p> <p>City Harmony State ME Zip Code 04942-0005</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3C3AE213C3BC491A864</p> <p>Date of Disbursement 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 743.46</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAD2FCA289E3B425BBD8</p> <p>Date of Disbursement 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1177.21</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2105.67

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Transco</p> <p>Mailing Address 10 Capitol Street</p> <p>City Nashua State NH Zip Code 03063-1007</p> <p>Purpose of Disbursement oth; copier maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B32CF7D671FE64333816</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 524.60</p>
<p>B. Full Name (Last, First, Middle Initial) Memic</p> <p>Mailing Address PO Box 11409</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement insurance - workers comp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDC359903054D441EA4C</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 433.25</p>
<p>C. Full Name (Last, First, Middle Initial) . Staples</p> <p>Mailing Address PO Box 689020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement oth; office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2F7A5F866F804479A26</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 541.63</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1499.48

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; per diem check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD383D184D9D44B5FB23</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 875.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wilton Printed Products</p> <p>Mailing Address 343 Main Street P.O. Box 485</p> <p>City Wilton State ME Zip Code 04294</p> <p>Purpose of Disbursement off; envelopes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCAD1708C7A304E82830</p> <p>Date of Disbursement 02 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 305.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Maine Fire Protection</p> <p>Mailing Address PO Box 1085</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement oth; building maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BABEC77AD36684A2B96D</p> <p>Date of Disbursement 02 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1480.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Riverside Disposal Mailing Address 700 River Road City Chelsea State ME Zip Code 04330 Purpose of Disbursement oth; trash removal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC06EB546C9954DA5B69 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0 Amount of Each Disbursement this Period 70.00
B.	Full Name (Last, First, Middle Initial) Augusta Fuel Company Mailing Address PO Box 2226 City Augusta State ME Zip Code 04338-2226 Purpose of Disbursement oth; heating oil Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8C419C0E44D8454E9B2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0 Amount of Each Disbursement this Period 15.34
C.	Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc. Mailing Address P.O. Box 550599 City Jacksonville State FL Zip Code 32255-0599 Purpose of Disbursement off; office equipment rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B58F4248BFD3D4464A73 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0 Amount of Each Disbursement this Period 381.41

SUBTOTAL of Disbursements This Page (optional) ▶	466.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Fairpoint Communications <hr/> Mailing Address P. O. Box 1939 <hr/> City Portland State ME Zip Code 04104-5010 <hr/> Purpose of Disbursement off; telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70FE56590F5149ACA91 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 848.70
	Category/Type
	Category/Type
B. Full Name (Last, First, Middle Initial) Augusta Fuel Company <hr/> Mailing Address PO Box 2226 <hr/> City Augusta State ME Zip Code 04338-2226 <hr/> Purpose of Disbursement oth; furnance maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAB11DBFB02344C5192C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 93.00
	Category/Type
	Category/Type
C. Full Name (Last, First, Middle Initial) Savings Bank Of Maine <hr/> Mailing Address P. O. Box 190 <hr/> City Gardiner State ME Zip Code 04345-0190 <hr/> Purpose of Disbursement oth; 941 1st quarter 2010 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0B76DC8D4E7B4FAEB34 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1494.22
	Category/Type
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2435.92

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B80ABACF4904741D7832</p> <p>Date of Disbursement 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1177.21</p>
<p>B. Full Name (Last, First, Middle Initial) Southwest Publishing</p> <p>Mailing Address 2600 NW Topeka Blvd</p> <p>City Topeka State KS Zip Code 66617-1160</p> <p>Purpose of Disbursement msh; postage 2010 membership card mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B009C0ECAB13C4456AB0</p> <p>Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5141.56</p>
<p>C. Full Name (Last, First, Middle Initial) Central Maine Power</p> <p>Mailing Address 83 Edison Drive</p> <p>City Augusta State ME Zip Code 04332-1084</p> <p>Purpose of Disbursement oth; utilities - electricity</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B57328B5C83684383BBE</p> <p>Date of Disbursement 02 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 89.65</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6408.42

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Southwest Publishing <hr/> Mailing Address 2600 NW Topeka Blvd <hr/> City Topeka State KS Zip Code 66617-1160 <hr/> Purpose of Disbursement msh; 2010 membership card Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE00DBFAB02D24919BDF Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2904.46
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally <hr/> Mailing Address 9 Thomas Dr <hr/> City Scarborough State ME Zip Code 04074-8614 <hr/> Purpose of Disbursement oth; per diem check Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B10293412B2884A68914 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 875.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Steve Brown Direct Mail, Inc. <hr/> Mailing Address 731 Divot Drive <hr/> City Fernley State NV Zip Code 89408 <hr/> Purpose of Disbursement msh; 2010 membership card mailing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE9C29E76CFDE41F5B93 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 972.70
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4752.16

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) City Of Augusta <hr/> Mailing Address 16 Cony St. <hr/> City Augusta State ME Zip Code 04330-5200 <hr/> Purpose of Disbursement oth; property taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEF7E61EE200E4EB2AE6 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1144.78
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fairpoint Communications <hr/> Mailing Address P. O. Box 1939 <hr/> City Portland State ME Zip Code 04104-5010 <hr/> Purpose of Disbursement oth; utilities-phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2503DDBFD5E64C6DAA4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 361.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Spectrum Monthly & Printing <hr/> Mailing Address 95 Eddy Rd Ste 101 <hr/> City Manchester State NH Zip Code 03102-3258 <hr/> Purpose of Disbursement oth; printing of bumper stickers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1105249413F54313A1F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 688.71
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2195.43

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Augusta Fuel Company <hr/> Mailing Address PO Box 2226 <hr/> City Augusta State ME Zip Code 04338-2226 <hr/> Purpose of Disbursement oth; utilities-heating oil Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC71365A915044D3FAEC Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 24.92
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Cit Technology Fin Serv, Inc. <hr/> Mailing Address P.O. Box 550599 <hr/> City Jacksonville State FL Zip Code 32255-0599 <hr/> Purpose of Disbursement oth; equipment rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF43715A60DD94941884 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 356.46
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Spectrum Monthly & Printing <hr/> Mailing Address 95 Eddy Rd Ste 101 <hr/> City Manchester State NH Zip Code 03102-3258 <hr/> Purpose of Disbursement oth; donor cards, team 4000 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B699B72101F524673870 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 542.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

923.38

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

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Savings Bank Of Maine</p> <p>Mailing Address P. O. Box 190</p> <p>City Gardiner State ME Zip Code 04345-0190</p> <p>Purpose of Disbursement oth; 941 first quarter</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1798707B5E1A49B7877</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1494.22</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF09D229E72944D6C9CD</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1177.22</p>
<p>C. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Rd</p> <p>City Augusta State ME Zip Code 04330-8213</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B63E3F505FE31470CB6D</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 681.72</p>

SUBTOTAL of Disbursements This Page (optional)	3353.16
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon</p> <p>Mailing Address PO Box 5</p> <p>City Harmony State ME Zip Code 04942-0005</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B94664F84DBC4D1BAE9</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 743.47</p>
<p>B. Full Name (Last, First, Middle Initial) Augusta Post Office</p> <p>Mailing Address 40 Western Avenue</p> <p>City Augusta State ME Zip Code 04330-6325</p> <p>Purpose of Disbursement oth; stamps</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B26FFF8ECB2CA4F3C95C</p> <p>Date of Disbursement 03 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 308.00</p>
<p>C. Full Name (Last, First, Middle Initial) Riverside Disposal</p> <p>Mailing Address 700 River Road</p> <p>City Chelsea State ME Zip Code 04330</p> <p>Purpose of Disbursement oth; trash removal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEF6C2432D48B4A289FD</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 70.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1121.47

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon <hr/> Mailing Address PO Box 5 <hr/> City Harmony State ME Zip Code 04942-0005 <hr/> Purpose of Disbursement oth; reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB552C66E5954866BA7 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 575.80
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) William Logan <hr/> Mailing Address 6 South Chestnut Street <hr/> City Augusta State ME Zip Code 04330-5414 <hr/> Purpose of Disbursement oth; reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B06B5440EC1354091997 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2568.30
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Memic <hr/> Mailing Address PO Box 11409 <hr/> City Portland State ME Zip Code 04104 <hr/> Purpose of Disbursement oth; insurance - workers comp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B462E37B80E274973B38 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 435.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3579.35

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) . Staples</p> <p>Mailing Address PO Box 689020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement oth; office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B81C8B7167DDD4354ACD</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 396.75</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Cynthia Izon</p> <p>Mailing Address PO Box 5</p> <p>City Harmony State ME Zip Code 04942-0005</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B21DA7EF5ADC54D17925</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 743.45</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B15435C4E38044DC5BEA</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1177.20</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2317.40</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Rd</p> <p>City Augusta State ME Zip Code 04330-8213</p> <p>Purpose of Disbursement oth; payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1FF1BCDFF21B43EBB24</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 681.73</p>
<p>B. Full Name (Last, First, Middle Initial) Ms. Jan Staples</p> <p>Mailing Address 27 Trundy Rd</p> <p>City Cape Elizabeth State ME Zip Code 04107-2814</p> <p>Purpose of Disbursement oth; reimbursement rnc meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB4FCC3FC52094195A05</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1645.50</p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Christie McNally</p> <p>Mailing Address 9 Thomas Dr</p> <p>City Scarborough State ME Zip Code 04074-8614</p> <p>Purpose of Disbursement oth; per diem check</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8E1848E908CB4ACBBE2</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 875.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3202.23

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

<p>A.</p> <p>Full Name (Last, First, Middle Initial) City Of Augusta</p> <p>Mailing Address 16 Cony St.</p> <p>City Augusta State ME Zip Code 04330-5200</p> <p>Purpose of Disbursement oth; state committee meeting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B920BFD88120249C7B79</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Central Maine Power</p> <p>Mailing Address 83 Edison Drive</p> <p>City Augusta State ME Zip Code 04332-1084</p> <p>Purpose of Disbursement oth; utilities - electricity</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1913B2BEFBC24B6C8B2</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 113.28</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Augusta Fuel Company</p> <p>Mailing Address PO Box 2226</p> <p>City Augusta State ME Zip Code 04338-2226</p> <p>Purpose of Disbursement oth; utilities - heating oil</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B00725EF54A944DF0BBC</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 20.34</p>

SUBTOTAL of Disbursements This Page (optional) ▶

283.62

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial)
Spectrum Monthly & Printing

Mailing Address 95 Eddy Rd Ste 101

City Manchester State NH Zip Code 03102-3258

Purpose of Disbursement
oth; printing -still fed up brochures

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B02A7E5ACA50C460B9F1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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