

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 Augusta ME 04330 Check if different than previously reported. (ACC) X

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 25 2008 through 12 31 2008

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 Philip Roy, Jr.

Signature of Treasurer Electronically Filed by Philip Roy, Jr. Date 06 03 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Maine Republican Party

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		21256.93
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	139444.17									
(c) Total Receipts (from Line 19)	382.96	1230334.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139827.13	1251591.92								
7. Total Disbursements (from Line 31)	90953.16	1202717.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48873.97	48873.97								
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)	14696.80									

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**

Write or Type Committee Name
Maine Republican Party

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	100.00	247166.27
(i) Itemized (use Schedule A)		
(ii) Unitemized	150.00	43687.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	250.00	290853.69
(b) Political Party Committees	0.00	775500.00
(c) Other Political Committees (such as PACs)	0.00	163294.15
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	250.00	1229647.84
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.)	132.96	687.15
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))	382.96	1230334.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	382.96	1230334.99

DETAILED SUMMARY PAGE

of Disbursements

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	75714.00
(ii) Non-Federal Share.....	0.00	134602.55
(b) Other Federal Operating Expenditures.....	90953.16	977401.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	90953.16	1187717.95
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	15000.00
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))..	90953.16	1202717.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90953.16	1068115.40

DETAILED SUMMARY PAGE
of Disbursements

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	250.00	1229647.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250.00	1229647.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90953.16	1053115.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90953.16	1053115.40

Form/Schedule : **F3XA**

amendment filed due to unauthorized taking of committee funds by bookkeeper

Transaction ID :

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

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

Mailing Address 11 Oak Lawn Road

City State Zip Code
Peaks Island ME 04108

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 ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	5	/	2	0	0	8

Transaction ID: 81202.C86311

Amount of Each Receipt this Period

	100.00
--	--------

Receipt

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31
(check only one)

<input 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 checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial)
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code
Gardiner ME 04345-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
412.48

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: 90603.C87840

Amount of Each Receipt this Period
31.85

Interest Received

B. Full Name (Last, First, Middle Initial)
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code
Gardiner ME 04345-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
424.18

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: 90513.C87781

Amount of Each Receipt this Period
11.70

Interest Received

C. Full Name (Last, First, Middle Initial)
Savings Bank of Maine

Mailing Address P. O. Box 190

City State Zip Code
Gardiner ME 04345-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.47

Date of Receipt
MM / DD / YYYY
12 / 31 / 2008

Transaction ID: 90513.C87782

Amount of Each Receipt this Period
74.29

Interest Received

SUBTOTAL of Receipts This Page (optional) ► **117.84**

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 / 31	
	(check only one)	
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.

Full Name (Last, First, Middle Initial) Savings Bank of Maine		Date of Receipt																				
Mailing Address P. O. Box 190		<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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		3	1		2	0	0	8													
City	State	Zip Code																				
Gardiner	ME	04345-																				
FEC ID number of contributing federal political committee.		Transaction ID: 90513.C87780																				
C		Amount of Each Receipt this Period																				
		15.12																				
Name of Employer	Occupation	Interest Received																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	513.59																					

SUBTOTAL of Receipts This Page (optional)	▶	15.12
TOTAL This Period (last page this line number only)	▶	132.96

**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 10 / 31

<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 utilities - heat 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: 90507.E7089 Date of Disbursement 11 / 26 / 2008	Amount of Each Disbursement this Period 269.96 UTILITIES - HEAT
B.	Full Name (Last, First, Middle Initial) Bangor Letter Shop, Inc. <hr/> Mailing Address 99 Washington Street <hr/> City Bangor State ME Zip Code 04401-6518 <hr/> Purpose of Disbursement 4056 direct mail expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 011420090E6921 Date of Disbursement 12 / 17 / 2008	Amount of Each Disbursement this Period 6311.40 4056 DIRECT MAIL EXPENSE
C.	Full Name (Last, First, Middle Initial) Bangor Letter Shop, Inc. <hr/> Mailing Address 99 Washington Street <hr/> City Bangor State ME Zip Code 04401-6518 <hr/> Purpose of Disbursement 4056 driect mailing expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 011420090E6922 Date of Disbursement 12 / 17 / 2008	Amount of Each Disbursement this Period 3001.65 4056 DRIECT MAILING EXPEN- SE

SUBTOTAL of Disbursements This Page (optional) ▶	9583.01
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) Central Maine Power	Transaction ID: 011420090E6923 Date of Disbursement MM / DD / YYYY 12 / 10 / 2008
	Mailing Address 83 Edison Drive	Amount of Each Disbursement this Period 0.00
	City Augusta State ME Zip Code 04332-1084	
	Purpose of Disbursement utilities - electricity	Category/ Type UTILITIES - ELECTRICY
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Central Maine Power	Transaction ID: 81217.E6898 Date of Disbursement MM / DD / YYYY 12 / 17 / 2008
	Mailing Address 83 Edison Drive	Amount of Each Disbursement this Period 69.40
	City Augusta State ME Zip Code 04332-1084	
	Purpose of Disbursement electricity - transfer	Category/ Type ELECTRICTY - TRANSFER
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CIT Technology Fin Serv, Inc.	Transaction ID: 90507.E7096 Date of Disbursement MM / DD / YYYY 12 / 10 / 2008
	Mailing Address P.O. Box 550599	Amount of Each Disbursement this Period 356.46
	City Jacksonville State FL Zip Code 32255-0599	
	Purpose of Disbursement office equipment rental	Category/ Type 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) ▼

SUBTOTAL of Disbursements This Page (optional)	425.86
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 12 / 31

<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-</p> <p>Purpose of Disbursement 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: 011420090E6924</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 156.38</p> <p>STATE COMMITTEE MEETING EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Country Curtains</p> <p>Mailing Address 2299 Woodbury Ave.</p> <p>City Portsmouth State NH Zip Code 03801-</p> <p>Purpose of Disbursement 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: 011420090E6925</p> <p>Date of Disbursement 12 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 256.25</p> <p>BUILDING MAINTENANCE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Country Curtains</p> <p>Mailing Address 2299 Woodbury Ave.</p> <p>City Portsmouth State NH Zip Code 03801-</p> <p>Purpose of Disbursement 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: 011420090E6927</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 159.25</p> <p>BUILDING MAINTENANCE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

571.88

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) Country Curtains</p> <p>Mailing Address 2299 Woodbury Ave.</p> <p>City Portsmouth State NH Zip Code 03801-</p> <p>Purpose of Disbursement building maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 011420090E6926</p> <p>Date of Disbursement 12 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 119.96</p> <p>BUILDING MAINTENANCE</p>
<p>B. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Road</p> <p>City Augusta State ME Zip Code 04330-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90507.E7093</p> <p>Date of Disbursement 11 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 666.73</p> <p>WAGES</p>
<p>C. Full Name (Last, First, Middle Initial) Michelle Dale</p> <p>Mailing Address 409 Churchill Road</p> <p>City Augusta State ME Zip Code 04330-</p> <p>Purpose of Disbursement wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90507.E7102</p> <p>Date of Disbursement 12 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 666.73</p> <p>WAGES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1453.42

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 14 / 31

<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 Road</p> <p>City Augusta State ME Zip Code 04330-</p> <p>Purpose of Disbursement 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: 011420090E6950 Date of Disbursement 12 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 666.72</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Fair Point Communications</p> <p>Mailing Address PO Box 1939</p> <p>City Portland State ME Zip Code 04104-</p> <p>Purpose of Disbursement utilities - telephone</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: 90507.E7097 Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 373.60</p> <p>UTILITIES - TELEPHONE</p>
<p>C. Full Name (Last, First, Middle Initial) Fairpoint Communications</p> <p>Mailing Address P. O. Box 1939</p> <p>City Portland State ME Zip Code 04104-</p> <p>Purpose of Disbursement utilities-telephone</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: 011420090E6928 Date of Disbursement 12 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 222.36</p> <p>UTILITIES-TELEPHONE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1262.68

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) Gideon Forbes Mailing Address 19 Water Street City Augusta State ME Zip Code 04330- Purpose of Disbursement building maintenance 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: 011420090E6929 Date of Disbursement 12 / 10 / 2008
	Amount of Each Disbursement this Period 375.00 BUILDING MAINTENANCE

B. Full Name (Last, First, Middle Initial) Get it Digital Mailing Address City State Zip Code Purpose of Disbursement digital camera 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: 90507.E7095 Date of Disbursement 12 / 09 / 2008
	Amount of Each Disbursement this Period 1904.99 DIGITAL CAMERA

C. Full Name (Last, First, Middle Initial) Benjamin P. Gilman Mailing Address 72 Wilson Rd City Gorham State ME Zip Code 04038-2472 Purpose of Disbursement wages 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: 90507.E7090 Date of Disbursement 11 / 26 / 2008
	Amount of Each Disbursement this Period 2112.39 WAGES

SUBTOTAL of Disbursements This Page (optional) ▶	4392.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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) Benjamin P. Gilman	Transaction ID: 90507.E7103 Date of Disbursement 12 / 12 / 2008
	Mailing Address 72 Wilson Rd	
	City Gorham State ME Zip Code 04038-2472	Amount of Each Disbursement this Period 2112.38
	Purpose of Disbursement wages Candidate Name	WAGES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Benjamin P. Gilman	Transaction ID: 90507.E7104 Date of Disbursement 12 / 26 / 2008
	Mailing Address 72 Wilson Rd	
	City Gorham State ME Zip Code 04038-2472	Amount of Each Disbursement this Period 2112.38
	Purpose of Disbursement wages Candidate Name	WAGES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ILD Telecommunications, Inc.	Transaction ID: 81217.E6901 Date of Disbursement 12 / 15 / 2008
	Mailing Address 5000 Sawgrass Village Cir Ste 30 Suite 30	
	City Ponte Vedra Beach State FL Zip Code 32082-5042	Amount of Each Disbursement this Period 188.57
	Purpose of Disbursement telephone Candidate Name	TELEPHONE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4413.33
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)
Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043-

Purpose of Disbursement software support
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 011420090E6930
Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

209.95

SOFTWARE SUPPORT

B.

Full Name (Last, First, Middle Initial)
Mattsons Home Decor

Mailing Address 243 Western Ave

City Augusta State ME Zip Code 04330-

Purpose of Disbursement building maintenance
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 011420090E6936
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

2355.00

BUILDING MAINTENANCE

C.

Full Name (Last, First, Middle Initial)
Julie A. OBrien

Mailing Address 12 Myrtle St

City Augusta State ME Zip Code 04330-4709

Purpose of Disbursement wages
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90507.E7091
Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

1577.03

WAGES

SUBTOTAL of Disbursements This Page (optional) ▶

4141.98

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) Julie A. OBrien <hr/> Mailing Address 12 Myrtle St <hr/> City Augusta State ME Zip Code 04330-4709 <hr/> Purpose of Disbursement travel - in state 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: 90507.E7086 Date of Disbursement 12 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 65.73 <hr/> TRAVEL - IN STATE
B.	Full Name (Last, First, Middle Initial) Julie A. OBrien <hr/> Mailing Address 12 Myrtle St <hr/> City Augusta State ME Zip Code 04330-4709 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 011420090E6948 Date of Disbursement 12 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 1577.04 <hr/> PAYROLL
C.	Full Name (Last, First, Middle Initial) Julie A. OBrien <hr/> Mailing Address 12 Myrtle St <hr/> City Augusta State ME Zip Code 04330-4709 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90602.E7147 Date of Disbursement 12 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 1577.03 <hr/> PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

3219.80

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)
Julie A. OBrien

Mailing Address 12 Myrtle St

City Augusta State ME Zip Code 04330-4709

Purpose of Disbursement
building maintenance
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90507.E7105
Date of Disbursement

12 / 26 / 2008

Amount of Each Disbursement this Period

191.89

BUILDING MAINTENANCE

B.

Full Name (Last, First, Middle Initial)
Pine Tree Waste, Inc.

Mailing Address 31 Freedom Parkway

City Bangor State ME Zip Code 04401-

Purpose of Disbursement
building maintenance
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 011420090E6937
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

0.00

BUILDING MAINTENANCE

C.

Full Name (Last, First, Middle Initial)
Pine Tree Waste, Inc.

Mailing Address 31 Freedom Parkway

City Bangor State ME Zip Code 04401-

Purpose of Disbursement
utilities - trash disposal
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81217.E6900
Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

209.90

UTILITIES - TRASH DISPOSAL

SUBTOTAL of Disbursements This Page (optional) ▶

401.79

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) Pizza Connection Mailing Address 46 Bangor Street City Augusta State ME Zip Code 04330- Purpose of Disbursement meeting expense - state committee 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: 011420090E6938 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period 265.58 MEETING EXPENSE - STATE COMMITTEE

B. Full Name (Last, First, Middle Initial) Michael Quatrano Mailing Address 50 Webbs Mills Rd City Casco State ME Zip Code 04015-4118 Purpose of Disbursement wages 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: 90507.E7092 Date of Disbursement 11 / 28 / 2008
	Amount of Each Disbursement this Period 932.59 WAGES

C. Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 1st St SE City Washington State DC Zip Code 20003-1885 Purpose of Disbursement donation 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: 90507.E7110 Date of Disbursement 12 / 04 / 2008
	Amount of Each Disbursement this Period 50000.00 DONATION

SUBTOTAL of Disbursements This Page (optional) ▶	51198.17
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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) Safeguard Business Systems	Transaction ID: 90507.E7100 Date of Disbursement
	Mailing Address P.O. Box 1848	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Bangor State ME Zip Code 04402-1848	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies - computer checks	<input type="text" value="168.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE SUPPLIES - COMPUTER CHECKS

B.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90602.E7148 Date of Disbursement
	Mailing Address P. O. Box 190	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Gardiner State ME Zip Code 04345-	Amount of Each Disbursement this Period
	Purpose of Disbursement bounced check and fee	<input type="text" value="5004.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BOUNCED CHECK AND FEE

C.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90603.E7157 Date of Disbursement
	Mailing Address P. O. Box 190	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Gardiner State ME Zip Code 04345-	Amount of Each Disbursement this Period
	Purpose of Disbursement bank service charges	<input type="text" value="93.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK SERVICE CHARGES

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5265.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90507.E7087 Date of Disbursement 11 / 30 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 7.80
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement bank service charges Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK SERVICE CHARGES

B.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90507.E7107 Date of Disbursement 11 / 30 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 3.52
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement bank service charges Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK SERVICE CHARGES

C.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90507.E7108 Date of Disbursement 12 / 04 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 7.50
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement bank service charges Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK SERVICE CHARGES

SUBTOTAL of Disbursements This Page (optional)	▶	18.82
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) Savings Bank of Maine	Transaction ID: 011420090E6944 Date of Disbursement
	Mailing Address P. O. Box 190	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Gardiner State ME Zip Code 04345-	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Withholding	<input type="text" value="733.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEDERAL WITHHOLDING

B.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 011420090E6946 Date of Disbursement
	Mailing Address P. O. Box 190	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Gardiner State ME Zip Code 04345-	Amount of Each Disbursement this Period
	Purpose of Disbursement Social Security	<input type="text" value="852.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SOCIAL SECURITY

C.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 011420090E6945 Date of Disbursement
	Mailing Address P. O. Box 190	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Gardiner State ME Zip Code 04345-	Amount of Each Disbursement this Period
	Purpose of Disbursement Medicare payment	<input type="text" value="199.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDICARE PAYMENT

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1785.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 31

<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) Savings Bank of Maine	Transaction ID: 011420090E6939 Date of Disbursement 12 / 17 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 7.50
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement wire transfer fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WIRE TRANSFER FEE

B.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90507.E7088 Date of Disbursement 12 / 31 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 7.50
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement bank service charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK SERVICE CHARGES

C.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90603.E7158 Date of Disbursement 12 / 31 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 230.00
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement credit card service fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD SERVICE FEES

SUBTOTAL of Disbursements This Page (optional)	▶	245.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Maine Republican Party

A.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90507.E7109 Date of Disbursement 12 / 31 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period 3.24
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement bank charges Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK CHARGES

B.	Full Name (Last, First, Middle Initial) Savings Bank of Maine	Transaction ID: 90603.E7159 Date of Disbursement 12 / 31 / 2008
	Mailing Address P. O. Box 190	Amount of Each Disbursement this Period -459.68
	City Gardiner State ME Zip Code 04345-	
	Purpose of Disbursement bank rec adjustment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK REC ADJUSTMENT

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 011420090E6940 Date of Disbursement 12 / 17 / 2008
	Mailing Address 32 College Ave. #302	Amount of Each Disbursement this Period 109.19
	City Waterville State ME Zip Code 04901-	
	Purpose of Disbursement office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	-347.25
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) Staples Mailing Address 32 College Ave. #302 City Waterville State ME Zip Code 04901-	Transaction ID: 011420090E6941 Date of Disbursement 12 / 29 / 2008
	Amount of Each Disbursement this Period 131.69 OFFICE SUPPLIES
Purpose of Disbursement office supplies 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) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Augusta Post Office Mailing Address 40 Western Avenue City Augusta State ME Zip Code 04330-	Transaction ID: 90603.E7149 Date of Disbursement 11 / 25 / 2008
	Amount of Each Disbursement this Period -246.46 REFUND FROM POST OFFICE FOR ENVELOP
Purpose of Disbursement refund from post office for envelop 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Augusta Post Office Mailing Address 40 Western Avenue City Augusta State ME Zip Code 04330-	Transaction ID: 90507.E7106 Date of Disbursement 12 / 30 / 2008
	Amount of Each Disbursement this Period 75.00 OFFICE SUPPLIES - STAMPS
Purpose of Disbursement office supplies - stamps 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	-39.77
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) Augusta Post Office	Transaction ID: 011420090E6943 Date of Disbursement 12 / 31 / 2008
	Mailing Address 40 Western Avenue	Amount of Each Disbursement this Period 168.00
	City Augusta State ME Zip Code 04330-	
	Purpose of Disbursement postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE

B.	Full Name (Last, First, Middle Initial) Jennifer Webber	Transaction ID: 90513.E7129 Date of Disbursement 12 / 10 / 2008
	Mailing Address 8 Plymouth Road	Amount of Each Disbursement this Period 414.43
	City South Portland State ME Zip Code 04106-	
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT: SEE BELOW

C.	Full Name (Last, First, Middle Initial) Courtyard Bangor	Transaction ID: 90513.E7131 Date of Disbursement 12 / 10 / 2008
	Mailing Address 236 Sylvan Road	Amount of Each Disbursement this Period 276.06
	City Bangor State ME Zip Code 04401-	
	Purpose of Disbursement LODGING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional)	582.43
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) Connie Wilkins <hr/> Mailing Address 623 Embden Pond Road <hr/> City North Anson State ME Zip Code 04958- <hr/> Purpose of Disbursement unauth. taking of comm funds by boo 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: 90513.E7128 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1692.33 <hr/> UNAUTH. TAKING OF COMM FUNDS BY BOO
B. Full Name (Last, First, Middle Initial) Connie Wilkins <hr/> Mailing Address 623 Embden Pond Road <hr/> City North Anson State ME Zip Code 04958- <hr/> Purpose of Disbursement unauth. taking of comm. funds by bo 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: 90603.E7150 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.04 <hr/> UNAUTH. TAKING OF COMM. FUNDS BY BO

SUBTOTAL of Disbursements This Page (optional) ►

1792.37

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

90366.42

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples			Nature of Debt (Purpose): Office Supplies
Mailing Address I-95 & Civic Center Blvd.			
City Augusta	State ME	ZIP Code 04330-	

Outstanding Balance Beginning This Period		Transaction ID: LS70127.E5098	
146.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	146.49	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CTI Communication			Nature of Debt (Purpose): Phone Equipment
Mailing Address 202 Warren Ave Suite 300/400			
City Portland	State ME	ZIP Code 04103-	

Outstanding Balance Beginning This Period		Transaction ID: LS70127.E5086	
1427.39			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1427.39	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor City of Augusta			Nature of Debt (Purpose): Adjustment to bill
Mailing Address 16 Cony St			
City Augusta	State ME	ZIP Code 04330-5200	

Outstanding Balance Beginning This Period		Transaction ID: LS70127.E5085	
2905.54			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2905.54	

1) SUBTOTALS This Period This Page (optional).....	▶	4479.42
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Albisons Printing			Nature of Debt (Purpose): Printing for Chairmans Reception
Mailing Address 124 Riverside Dr			
City Augusta	State ME	ZIP Code 04330-4384	

Outstanding Balance Beginning This Period <input type="text" value="103.75"/>		Transaction ID: LS70428.E5222	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="103.75"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect			Nature of Debt (Purpose): Telemarketing Expense
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7			
City Phoenix	State AZ	ZIP Code 85027-4143	

Outstanding Balance Beginning This Period <input type="text" value="3057.10"/>		Transaction ID: LS70127.E5105	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3057.10"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect			Nature of Debt (Purpose): Telemarketing
Mailing Address 2401 W Behrend Dr Ste 7 Suite 7			
City Phoenix	State AZ	ZIP Code 85027-4143	

Outstanding Balance Beginning This Period <input type="text" value="4314.60"/>		Transaction ID: LS80129.E5665	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4314.60"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7475.45"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Maine Republican Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Time Warner Cable			Nature of Debt (Purpose): Utilities - cable
Mailing Address PO Box 9148			
City Chelsea	State MA	ZIP Code 02150-9148	

Outstanding Balance Beginning This Period <input type="text" value="59.43"/>		Transaction ID: LS70730.E5398	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="59.43"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southwest Publishing			Nature of Debt (Purpose): Printing and Mailing
Mailing Address 2600 NW Topeka Blvd			
City Topeka	State KS	ZIP Code 66617-	

Outstanding Balance Beginning This Period <input type="text" value="2682.50"/>		Transaction ID: LS80129.E5669	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2682.50"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2741.93"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="14696.80"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="14696.80"/>