

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Michaud for Congress

ADDRESS (number and street) 213 Lisbon Street Lewiston ME 04240 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00367821 3. IS THIS REPORT NEW (N) OR AMENDED (A) ME 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 05/22/2014 through 06/30/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Lindsay Angerholzer

Signature of Treasurer Mrs. Lindsay Angerholzer [Electronically Filed] Date MM/DD/YYYY 07/14/2014

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Michaud for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	180500.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	10600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	169900.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1675.53	152711.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	55.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1675.53	152655.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11671.69	
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Michaud for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	13750.00
(ii) Unitemized.....	0.00	4000.00
(iii) TOTAL of contributions from individuals ▶	0.00	17750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	162750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	180500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	55.67
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.95	174.79
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.95	180730.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1675.53	152711.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	10600.00
21. OTHER DISBURSEMENTS	3000.00	39500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4675.53	202811.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16346.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.95
25. SUBTOTAL (add Line 23 and Line 24).....	16347.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4675.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11671.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Fireside Inn & Suites		Date of Disbursement
Mailing Address 570 Main St		M M / D D / Y Y Y Y 06 / 02 / 2014
City	State	Zip Code
Bangor	ME	04401-6821
Purpose of Disbursement Lodging	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	215.99	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VN7WG9T7YB9	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement
Mailing Address 30 Ivy St SE		M M / D D / Y Y Y Y 05 / 22 / 2014
City	State	Zip Code
Washington	DC	20003-4071
Purpose of Disbursement Food and Beverage	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	44.05	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VN7WG9SHT31	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN Inc		Date of Disbursement
Mailing Address 1101 15th St NW Ste 500		M M / D D / Y Y Y Y 06 / 24 / 2014
City	State	Zip Code
Washington	DC	20005-5006
Purpose of Disbursement Software Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	152.00	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VN7WG9T7XZ4	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	412.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 8
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Olson Consulting, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 12 Greenville Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7WG9T7Y10
City Hallowell	State ME	
Zip Code 04347	Purpose of Disbursement Consulting Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 7600 Montpelier Rd		Amount of Each Disbursement this Period 107.01 Transaction ID : VN7WG9SHT57
City Laurel	State MD	
Zip Code 20723	Purpose of Disbursement Cell Phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 7600 Montpelier Rd		Amount of Each Disbursement this Period 107.48 Transaction ID : VN7WG9T7XX8
City Laurel	State MD	
Zip Code 20723	Purpose of Disbursement Cell Phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1214.49
TOTAL This Period (last page this line number only).....	1626.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Cain for Congress		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO Box 1523		Amount of Each Disbursement this Period 2000.00
City Bangor	State ME	
Zip Code 04402-1523	Purpose of Disbursement Contribution - General	Transaction ID : VN7WG9T7YA1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Gay & Lesbian Victory Fund		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 1133 15th St NW Ste 350		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20005-2722	Purpose of Disbursement Contribution	Transaction ID : VN7WG9T7YC7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael H. Michaud	Nature of Debt (Purpose): Reimbursement for parking
Mailing Address 3 Birch St	
City State Zip Code East Millinocket ME 04430-1001	

Outstanding Balance Beginning This Period -0.10	Transaction ID : VN5Y09H5YB3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -0.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Treasurer, State Of Maine	Nature of Debt (Purpose): Photocopies
Mailing Address 39 State House Sta	
City State Zip Code Augusta ME 04333	

Outstanding Balance Beginning This Period -0.30	Transaction ID : VN5Y09H5XR3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -0.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Treasurer, State Of Maine	Nature of Debt (Purpose): Photocopies
Mailing Address 39 State House Sta	
City State Zip Code Augusta ME 04333	

Outstanding Balance Beginning This Period -0.40	Transaction ID : VN5Y09H5XS1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -0.40

1) SUBTOTALS This Period This Page (optional)	-0.80
2) TOTALS This Period (last page this line number only)	-0.80
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) ▶	