

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michaud for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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)).....	111202.00	649465.77
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111202.00	649465.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	75701.76	361035.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	42.35	8771.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	75659.41	352264.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	240911.14	
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 02/2003)

Write or Type Committee Name
 Michaud for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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).....

33635.00

163755.00

(ii) Unitemized.....

14532.00

49325.77

(iii) TOTAL of contributions

48167.00

213080.77

from individuals..... ▶

0.00

100.00

(b) Political Party Committees.....

63035.00

436285.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

111202.00

649465.77

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

42.35

8771.21

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

.35

53.26

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

111244.70

658290.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75701.76	361035.26
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	119125.00	140906.50
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	194826.76	501941.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	324493.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	111244.70
25. SUBTOTAL (add Line 23 and Line 24).....	435737.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	194826.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	240911.14

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Alisa Abecassis

Mailing Address 247 South Roxbury Drive

City State Zip Code
Beverly Hills CA 90212

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

Name of Employer Self Occupation Real Estate Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: C10322

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ms. Cathleen M. Bauschatz

Mailing Address 8 Juniper Street

City State Zip Code
Orono ME 04473

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

Name of Employer University of Maine Occupation Professor of French

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2006

Transaction ID: C10458

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stanley Bernstein

Mailing Address 153 Edmunds Rd

City State Zip Code
Wellesley MA 02481

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

Name of Employer Biltrite Corporation Occupation Chairman and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2006

Transaction ID: C10160

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Ms. Ann Patricia Burnes		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2006
Mailing Address 87 Main Street		Transaction ID: C10441
City State Zip Code Orono ME 04473	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of Maine	Occupation Associate Professor of English	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas R. Carper		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address P.O. Box 157 1 High Street		Transaction ID: C10453
City State Zip Code Cornish ME 04020	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation Retired (former teacher)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Gerald A. Clear		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006
Mailing Address 40 Oxford Street		Transaction ID: C10154
City State Zip Code Fryeburg ME 04037	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	390.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Joseph S. Cronin

Mailing Address 550 College St
Apt 212

City Lewiston State ME Zip Code 04240

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

Name of Employer Federal Distributors Occupation Beer Wholesaler

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2006

Transaction ID: C10272

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Charles B. Curland

Mailing Address 1925 South Beverly Glen N 29

City Los Angeles State CA Zip Code 90025

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

Name of Employer self Occupation author

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: C10293

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ms. Carmen de Carlo

Mailing Address 8 Monson Junction Lane

City Abbot State ME Zip Code 04406

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2006

Transaction ID: C10218

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Carmen de Carlo

Mailing Address 8 Monson Junction Lane

City Abbot State ME Zip Code 04406

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 21 / 2006

Transaction ID: C10374

Amount of Each Receipt this Period
 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mannon Decarlo

Mailing Address 458 Main Street

City Bangor State ME Zip Code 04401

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

Name of Employer Realty of Maine Occupation Real Estate Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2006

Transaction ID: C10202

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Imad Durra

Mailing Address 412 French Street

City Bangor State ME Zip Code 04401

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

Name of Employer EMMC Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2006

Transaction ID: C10417

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Mr. Robert J. Ellis		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address P.O. Box 708 9 Washington Street		Transaction ID: C10436
City Kennebunkport State ME Zip Code 04046-0708	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A Occupation Retired (former marketing executive)		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Joseph Englanoff		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006
Mailing Address 9533 Sawyer Street		Transaction ID: C10321
City Los Angeles State CA Zip Code 90035-4105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Donald Feder		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006
Mailing Address 9601 Wilshire Blvd, Suite 602		Transaction ID: C10705
City Beverly Hills State CA Zip Code 90210	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Triumph Management Occupation Business Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Patricia Fortier		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2006
Mailing Address P.O. Box 44 15 Pleasant Street		Transaction ID: C10214
City State Zip Code Guilford ME 04443	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NA Occupation Retired	Election Cycle-to-Date ▼ 210.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Nancy Fox		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address P.O. Box 715 10 Middle Street		Transaction ID: C10443
City State Zip Code South Freeport ME 04078	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Occupation Industrial Hygenist	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. David P. Frasz		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 80 Cotton Brook Road		Transaction ID: C10176
City State Zip Code Dover Foxcroft ME 04426	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Ophthalmologist	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Mr. David P. Frasz

Mailing Address 80 Cotton Brook Road

City State Zip Code
Dover Foxcroft ME 04426

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2006

Transaction ID: C10506

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Linda Frieze

Mailing Address 170 Windsor Road

City State Zip Code
Waban MA 02468

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2006

Transaction ID: C10159

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bradley Gage

Mailing Address 5973 Saint Laurent Dr

City State Zip Code
Agoura CA 91301-4634

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

Name of Employer Goldberg and Gage Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2006

Transaction ID: C10298

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Samuel C. Goldman

Mailing Address 93 Herrick Road

City State Zip Code
Brooksville ME 04617

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

Name of Employer Occupation
University of Maine Writer/Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2006

Transaction ID: C10252

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David And Leslie Goodtree

Mailing Address 60 Colonial Rd

City State Zip Code
Needham MA 02492

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2006

Transaction ID: C10161

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Lawrence P Greenlaw

Mailing Address P.O. Box 52

City State Zip Code
Stonington ME 04681

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

Name of Employer Occupation
Self Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2006

Transaction ID: C10508

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Leslie Grossinger

Mailing Address 170 Marblehead Drive

City Bloomfield Hills State MI Zip Code 48304

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2006

Transaction ID: C10324

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Julie And Jason Hammerman

Mailing Address 138 St. Botolph St

City Boston State MA Zip Code 02115

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2006

Transaction ID: C10157

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael A Hoberman

Mailing Address P.O.Box 573160

City Tarzana State CA Zip Code 91357

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2006

Transaction ID: C10292

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial) Mr. Patrick E. Hunt		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address P.O. Box 130 1 Bally Brien Road		Transaction ID: C10345
City State Zip Code Island Falls ME 04747	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Patrick E. Hunt, P.A. Attorney	Election Cycle-to-Date 1100.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) John Jacobs		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 6527 1/2 Hayes Drive		Transaction ID: C10295
City State Zip Code Los Angeles CA 90048	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation First Entertainment Film Producer	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Steven Kane		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2006
Mailing Address 111 Yarmouth Rd		Transaction ID: C10162
City State Zip Code Brookline MA 02467	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Richard Kaplan

Mailing Address 6018 Annapolis

City State Zip Code
Houston TX 77005-3112

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

Name of Employer Asset Management Occupation Money Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: C10318

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 246 Dudley St

City State Zip Code
Brookline MA 02445

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2006

Transaction ID: C10173

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kenneth Katz

Mailing Address 12 E Greenway Plaza Suite 1500

City State Zip Code
Houston TX 77046

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2006

Transaction ID: C10317

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Kaufer

Mailing Address 306 Country Club Rd

City State Zip Code
Newton MA 02459

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2006

Transaction ID: C10165

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mitchell Knisbacher

Mailing Address P.O. Box 1049

City State Zip Code
Burlington VT 05402-1049

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2006

Transaction ID: C10163

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David Lakari

Mailing Address 244 Cottage Road Apt. 2

City State Zip Code
So Portland ME 04106-3803

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

Name of Employer Renewal Housing Association Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2006

Transaction ID: C10288

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Catherine Lee

Mailing Address 75 Baston Road

City North Yarmouth State ME Zip Code 04097

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

Name of Employer Gallagher, Callahan & Gartrell, PA Occupation Lawyer/Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 385.00

Date of Receipt
09 / 23 / 2006

Transaction ID: C10505

Amount of Each Receipt this Period
35.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Levin, Esq.

Mailing Address 2 Chestnut Hill Rd

City Manalapan State NJ Zip Code 07726

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

Name of Employer Levin, Shea, Pfeffer & Topas Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
08 / 22 / 2006

Transaction ID: C10307

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dean C. Marriott

Mailing Address 2432 NE Halsey Street

City Portland State OR Zip Code 97232-1640

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

Name of Employer City of Portland, OR Occupation City Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
07 / 31 / 2006

Transaction ID: C10275

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **635.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial) Ms. Cherie Mason		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 39 121 Sellers Rock Run		Transaction ID: C10513
City State Zip Code Sunset ME 04683	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Self -- Writer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

B. Full Name (Last, First, Middle Initial) Eric Mehnert		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 21 College Heights		Transaction ID: C10473
City State Zip Code Orono ME 04473	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Alfred G. Mosca		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 25 Dunning Boulevard		Transaction ID: C10493
City State Zip Code Bangor ME 04401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Coastal Agency	Occupation Realtor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
George And Sally Newman

Mailing Address 60 Carriage Lane

City State Zip Code
Bedford NH 03110

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2006

Transaction ID: C10158

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. David O'Heir

Mailing Address 5 Newland Ave

City State Zip Code
Waterville ME 04901

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

Name of Employer NA Occupation Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: C10271

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Hon. John L. Patrick

Mailing Address 206 Strafford Avenue

City State Zip Code
Rumford ME 04276

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

Name of Employer Mead Paper Company Occupation Maintenance Worker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2006

Transaction ID: C10148

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Gwethalyn M. Phillips		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 75 South Park Street		Transaction ID: C10348
City State Zip Code Bangor ME 04401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Glass Light Designs	Occupation Tube Bender	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Talia Pierluissi		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006
Mailing Address 260 Holyoke Street		Transaction ID: C10319
City State Zip Code San Francisco CA 94134	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Stanford Investment Group	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas Platz		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 100 Evergreen Road		Transaction ID: C10330
City State Zip Code Auburn ME 04210	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Platz Associates	Occupation Architect	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Henry A. Pogorzelski

Mailing Address 383 College Avenue

City Orono State ME Zip Code 04473

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

Name of Employer University of Maine, Orono Occupation Professor of Mathematics

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: C10268

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Richard S. Porter

Mailing Address 206 Woodside Road

City Brunswick State ME Zip Code 04011

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: C10451

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Howard Rich

Mailing Address 289 Ocean Avenue

City Marblehead State MA Zip Code 01945

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2006

Transaction ID: C10166

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Steve Rosenthal		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006	
Mailing Address 26091 Romany Way		Transaction ID: C10291	
City State Zip Code Franklin MI 48025	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Real Estate Investor	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mr. Roger A. Roy		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006	
Mailing Address 19 Baird Road		Transaction ID: C10240	
City State Zip Code Caribou ME 04736	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of Maine, Fort Kent Occupation Professor	Election Cycle-to-Date 340.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Ms. Patricia Ryan		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 34 Oak Hill Road		Transaction ID: C10499	
City State Zip Code Mount Desert ME 04660	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Retired	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Daniel Sabah

Mailing Address 16720 Chaplin Avenue

City State Zip Code
Encino CA 91436

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

360.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: C10708

Amount of Each Receipt this Period
360.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Colette And lyad Sabbagh

Mailing Address 26 Camden Ct

City State Zip Code
Brewer ME 04412

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

Name of Employer EMMC Occupation Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: C10469

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. David J. Schindler

Mailing Address 511 Toyopa Drive

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer Latham & Watkins Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: C10427

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **910.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Hon. Maralyn Schoenberger

Mailing Address 25 College Heights

City Orono State ME Zip Code 04473

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C10452

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
M Sereteau

Mailing Address 700 Oakbrook Circle

City Boca Raton State FL Zip Code 33434

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

Name of Employer Self Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: C10479

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Esther C. Shay

Mailing Address 22 Ledge Road #69

City Blue Hill State ME Zip Code 04614

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C10521

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Cynthia And Fred Smith

Mailing Address 127 Washington St

City Belmont State MA Zip Code 02478

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

Name of Employer Self Occupation Self

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2006

Transaction ID: C10169

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Stonberg

Mailing Address 31 Brook Street

City Wellesley State MA Zip Code 02482

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

Name of Employer Property Resources Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2006

Transaction ID: C10172

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. John Stone

Mailing Address 1134 South Wetherly Drive

City Los Angeles State CA Zip Code 90035

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

Name of Employer Self Occupation General Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2006

Transaction ID: C10294

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Mr. Donald Sussman		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2006
Mailing Address 200 American Lane		Transaction ID: C10270
City State Zip Code Greenwich CT 06836	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Trust Asset Management, LLP	Occupation Partner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Sidney Thaxter		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 7 Blanchard Road		Transaction ID: C10494
City State Zip Code Cumberland ME 04021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Curtis Thaxter Stevens et al	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. George Violin		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2006
Mailing Address 16 Main Street		Transaction ID: C10164
City State Zip Code Dover MA 02030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer New England Eye Center	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Mr. Harold E. West		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 169 Kansas Road		Transaction ID: C10174
City State Zip Code Milbridge ME 04658	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. David Westphal		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 34 Oak Hill Drive		Transaction ID: C10498
City State Zip Code Mount Desert ME 04660	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Filmmaker	Election Cycle-to-Date ▼ 400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Lloyd E. Willey		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 244 Perry Road Box 1207		Transaction ID: C10378
City State Zip Code Bangor ME 04402-1207	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Canteen Service Co. Occupation President	Election Cycle-to-Date ▼ 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Lillian Ziff

Mailing Address 303 Century Hill

City State Zip Code
Los Angeles CA 90067

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

Name of Employer NA Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: C10302

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edward Zimblar

Mailing Address 939 Manning Ave

City State Zip Code
Los Angeles CA 90024

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

Name of Employer GMAC Mortgage Occupation Loan Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2006

Transaction ID: C10320

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	33635.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 96
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC

Mailing Address 1932 WYNNTON ROAD

City State Zip Code
COLUMBUS GA 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2006

Transaction ID: C10362

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave NW
Suite 400W

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: C10475

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address Suite 700
1101 Washington Avenue NW

City State Zip Code
Washington DC 20005-3570

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: C10384

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. AMERICAN INTERNATIONAL GROUP INC. EMPLOYEE POLITIC

Full Name (Last, First, Middle Initial)
Mailing Address 70 PINE STREET
3RD FLOOR

City State Zip Code
NEW YORK NY 10270

FEC ID number of contributing federal political committee. **C** C00097725

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: C10326

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1101 VERMONT AVENUE NW
12TH FLOOR

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: C10351

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1505 Prince Street
Suite 300

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: C10226

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial)
A. AMERICAN PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 499 SOUTH CAPITOL STREET SW #409

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00041061

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: C10364

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC

Mailing Address 1219 28th Street NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00118208

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: C10388

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. Anthem Insurance Companies Inc. Good Government Program PAC

Mailing Address 120 Monument Circle

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00198069

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: C10353

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 333 JOHN CARLYLE STREET		Transaction ID: C10440
City ALEXANDRIA State VA Zip Code 22314	FEC ID number of contributing federal political committee. C C00082917	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Association of Trial Lawyers of America PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1050 31st Street NW		Transaction ID: C10363
City Washington State DC Zip Code 20007	FEC ID number of contributing federal political committee. C C00024521	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. BAKERY CONFECTIONERY TOBACCO WORKERS AND GRAIN MIL		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006
Mailing Address 10401 Connecticut Avenue		Transaction ID: C10227
City Kensington State MD Zip Code 20895	FEC ID number of contributing federal political committee. C C00127621	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
BROWN AND COMPANY INC PAC

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 304

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00326405

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 19 / 2006

Transaction ID: C10365

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2006

Transaction ID: C10366

Amount of Each Receipt this Period
 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH ST. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 18 / 2006

Transaction ID: C10439

Amount of Each Receipt this Period
 3500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 96
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 50 F Street NW Suite 900		Transaction ID: C10367
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00193631		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. FMR CORP. POLITICAL ACTION COMMITTEE - FEDERAL		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 82 Devonshire Street		Transaction ID: C10370
City Boston State MA Zip Code 02109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00380550		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. HUMAN RIGHTS CAMPAIGN PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 1640 Rhode Island Avenue NW		Transaction ID: C10690
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C C00235853		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2025.00	

SUBTOTAL of Receipts This Page (optional) ▶	1525.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address 1750 New York Ave NW		Transaction ID: C10387
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00029447		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006
Mailing Address 17 Battery Place		Transaction ID: C10368
City New York	State NY	Zip Code 10004
FEC ID number of contributing federal political committee. C C00158576		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF N.A.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006
Mailing Address 905 16th St. N.W. Second Floor		Transaction ID: C10225
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00007922		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. MACHINISTS NON PARTISAN POLITICAL LEAGUE		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 9000 Machinists Place		Transaction ID: C10415
City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 4500.00	
FEC ID number of contributing federal political committee. C C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9500.00	

Full Name (Last, First, Middle Initial) B. NATIONAL ACTION COMMITTEE (NACPAC)		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006
Mailing Address 3389 Sheridan St. #424		Transaction ID: C10313
City State Zip Code Hollywood FL 33021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00147983		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF DEVELOPMENT COMPANIES 504 PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 6764 OLD MCLEAN VILLAGE RD		Transaction ID: C10195
City State Zip Code MCLEAN VA 22101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00332254		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 430 North Michigan Avenue		Transaction ID: C10412
City State Zip Code Chicago IL 60611	FEC ID number of contributing federal political committee. C C00030718	Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 430 North Michigan Avenue		Transaction ID: C10325
City State Zip Code Chicago IL 60611	FEC ID number of contributing federal political committee. C C00030718	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 1101 King Street Suite 600		Transaction ID: C10242
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. C C00144766	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 96
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL POTATO COUNCIL POTATO POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006
Mailing Address 1300 L Street N.W. Suite 910		Transaction ID: C10241
City Washington State DC Zip Code 20007	FEC ID number of contributing federal political committee. C C00154104	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address 1630 Duke Street 4th floor		Transaction ID: C10490
City Alexandria State VA Zip Code 22314	FEC ID number of contributing federal political committee. C C00072025	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL UTILITY CONTRACTORS ASSOCIATION LEGISLATI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 07 / 2006
Mailing Address 4301 North Fairfax Drive Suite 360		Transaction ID: C10248
City Arlington State VA Zip Code 22203	FEC ID number of contributing federal political committee. C C00004101	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 96
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. NEA FUND FOR CHILDREN AND PUBLIC EDUCATION		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1201 16th St NW Ste 420		Transaction ID: C10369
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00003251		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. PLUM CREEK TIMBER CO GOOD GOVT FUND		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 999 THIRD AVENUE SUITE 4300		Transaction ID: C10385
City State Zip Code SEATTLE WA 98104	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00255224		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU CORP)		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1800 Massachusetts Ave NW		Transaction ID: C10485
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00004036		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 96
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 Second Street 2nd Flr.

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2006

Transaction ID: C10689

Amount of Each Receipt this Period
 10.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Website Endorsement

B. Full Name (Last, First, Middle Initial)
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PA)

Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 26 / 2006

Transaction ID: C10447

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PA)

Mailing Address 888 16TH ST NW SUITE 650

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 18 / 2006

Transaction ID: C10361

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1510.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 96
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB
 Mailing Address 1775 K STREET N.W.
 City State Zip Code
 WASHINGTON DC 20006
 FEC ID number of contributing federal political committee. **C** C00002766
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 29 2006
Transaction ID: C10224
 Amount of Each Receipt this Period
 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA EMPLOYEE PAC
 Mailing Address 9800 Fredericksburg Road
 ROOM 501
 City State Zip Code
 San Antonio TX 78288
 FEC ID number of contributing federal political committee. **C** C00164145
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 28 2006
Transaction ID: C10396
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION P
 Mailing Address 14600 DETROIT AVENUE
 City State Zip Code
 CLEVELAND OH 44107
 FEC ID number of contributing federal political committee. **C** C00001636
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 28 2006
Transaction ID: C10386
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 96
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
WOMEN'S ALLIANCE FOR ISRAEL

Mailing Address 8306 WILSHIRE BLVD SUITE 1579

City State Zip Code
BEVERLY HILLS CA 90212

FEC ID number of contributing federal political committee.
C C00236596

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: C10481

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	63035.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial) 215 Lisbon Street Associates Mailing Address 215 Lisbon St City Lewiston State ME Zip Code 04240 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2769 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Full Name (Last, First, Middle Initial) 215 Lisbon Street Associates Mailing Address 215 Lisbon St City Lewiston State ME Zip Code 04240 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2757 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Full Name (Last, First, Middle Initial) 215 Lisbon Street Associates Mailing Address 215 Lisbon St City Lewiston State ME Zip Code 04240 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2742 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Adelpia Full Name (Last, First, Middle Initial) Mailing Address 83 Anthony Ave City Augusta State ME Zip Code 04330 Purpose of Disbursement DSL Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2779 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 201.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Adelpia Full Name (Last, First, Middle Initial) Mailing Address 83 Anthony Ave City Augusta State ME Zip Code 04330 Purpose of Disbursement DSL Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2800 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 50.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Adelpia Full Name (Last, First, Middle Initial) Mailing Address 83 Anthony Ave City Augusta State ME Zip Code 04330 Purpose of Disbursement DSL Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2764 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period 50.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	301.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

<p>A. Adelphia</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 83 Anthony Ave</p> <p>City Augusta State ME Zip Code 04330</p> <p>Purpose of Disbursement DSL Cable</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>Transaction ID: D2744</p> <p>Date of Disbursement</p> <p>09 / 29 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>100.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Alamo Rental Car</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10001 Westbrook Street</p> <p>City Portland State ME Zip Code 04102</p> <p>Purpose of Disbursement Rental Car</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>Transaction ID: D2814</p> <p>Date of Disbursement</p> <p>07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>176.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>C. Alamo Rental Car</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10001 Westbrook Street</p> <p>City Portland State ME Zip Code 04102</p> <p>Purpose of Disbursement Rental Car</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>Transaction ID: D2822</p> <p>Date of Disbursement</p> <p>07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>178.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>454.99</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

<p>A. Alamo Rental Car</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 10001 Westbrook Street</p>		<p>Transaction ID: D3036 Date of Disbursement 07 / 19 / 2006</p>
<p>City Portland State ME Zip Code 04102</p>	<p>Purpose of Disbursement Rental Car</p>	<p>Amount of Each Disbursement this Period 82.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. All Points Communications, LLC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 379 Canaan St</p>		<p>Transaction ID: D2770 Date of Disbursement 07 / 01 / 2006</p>
<p>City Canaan State NH Zip Code 03741</p>	<p>Purpose of Disbursement Media Consulting</p>	<p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. American Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Establishment Services</p>		<p>Transaction ID: D3044 Date of Disbursement 08 / 01 / 2006</p>
<p>City Phoenix State AZ Zip Code 85072</p>	<p>Purpose of Disbursement Merchant Service Fee</p>	<p>Amount of Each Disbursement this Period 4.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Candidate Name</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1087.10</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D3049 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address Establishment Services		Amount of Each Disbursement this Period 229.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85072		
Purpose of Disbursement Merchant Account Charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Banknorth NA		Transaction ID: D2826 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 271 Main Street		Amount of Each Disbursement this Period 134.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lewiston State ME Zip Code 04240		
Purpose of Disbursement Merchant Account Charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Banknorth NA		Transaction ID: D3050 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 271 Main Street		Amount of Each Disbursement this Period 8.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lewiston State ME Zip Code 04240		
Purpose of Disbursement Merchant Account Charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	371.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Banknorth NA		Transaction ID: D3060 Date of Disbursement 08 / 29 / 2006
Mailing Address 271 Main Street		Amount of Each Disbursement this Period 16.50
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Check Printing Charge	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Banknorth NA		Transaction ID: D3067 Date of Disbursement 09 / 08 / 2006
Mailing Address 271 Main Street		Amount of Each Disbursement this Period 10.00
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charge	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Banknorth NA		Transaction ID: D3066 Date of Disbursement 09 / 12 / 2006
Mailing Address 271 Main Street		Amount of Each Disbursement this Period 16.50
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Check Printing Charge	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	43.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Bennett, Petts & Blumenthal		Transaction ID: D2787 Date of Disbursement 07 / 25 / 2006
Mailing Address 1010 Wisconsin Ave NW Ste 208		Amount of Each Disbursement this Period 16200.00
City Washington State DC Zip Code 20007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Survey Research Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bertucci's		Transaction ID: D3038 Date of Disbursement 07 / 27 / 2006
Mailing Address 1218 Connecticut Avenue		Amount of Each Disbursement this Period 246.33
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Central Maine Power		Transaction ID: D2777 Date of Disbursement 07 / 01 / 2006
Mailing Address Edison Drive		Amount of Each Disbursement this Period 65.95
City Augusta State ME Zip Code 04332	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement electricity Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	16512.28
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

<p>A. Central Maine Power</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Edison Drive</p>		<p>Transaction ID: D2745 Date of Disbursement 08 / 04 / 2006</p>
<p>City Augusta State ME Zip Code 04332</p>	<p>Amount of Each Disbursement this Period 34.38</p>	
<p>Purpose of Disbursement Electricity Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Central Maine Power</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Edison Drive</p>		<p>Transaction ID: D2746 Date of Disbursement 09 / 29 / 2006</p>
<p>City Augusta State ME Zip Code 04332</p>	<p>Amount of Each Disbursement this Period 95.69</p>	
<p>Purpose of Disbursement Electricity Candidate Name</p>	<p>001 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Dale Rand Printing</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 104 Washington Ave</p>		<p>Transaction ID: D2783 Date of Disbursement 07 / 19 / 2006</p>
<p>City Portland State ME Zip Code 04101</p>	<p>Amount of Each Disbursement this Period 565.95</p>	
<p>Purpose of Disbursement Printing Candidate Name</p>	<p>003 Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>696.02</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Dale Rand Printing		Transaction ID: D2799 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 104 Washington Ave		Amount of Each Disbursement this Period 981.75
City Portland State ME Zip Code 04101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dale Rand Printing		Transaction ID: D2751 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 104 Washington Ave		Amount of Each Disbursement this Period 693.00
City Portland State ME Zip Code 04101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dale Rand Printing		Transaction ID: D2760 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 104 Washington Ave		Amount of Each Disbursement this Period 126.00
City Portland State ME Zip Code 04101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1800.75
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. David L. Andrukitis Inc. Full Name (Last, First, Middle Initial) Mailing Address 50 E St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2734 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 1671.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Dirigo Choice Full Name (Last, First, Middle Initial) Mailing Address 2 Gannett Drive City South Portland State ME Zip Code 04106 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2782 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 713.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

C. Dirigo Choice Full Name (Last, First, Middle Initial) Mailing Address 2 Gannett Drive City South Portland State ME Zip Code 04106 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2762 Date of Disbursement 09 / 06 / 2006 Amount of Each Disbursement this Period 337.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2722.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Dirigo Choice Full Name (Last, First, Middle Initial) Mailing Address 2 Gannett Drive City South Portland State ME Zip Code 04106 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2741 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 688.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Dixie Canyon LLC Full Name (Last, First, Middle Initial) Mailing Address 22440 Clarendon St 2nd Floor City Woodland Hills State CA Zip Code 91367 Purpose of Disbursement Room Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2735 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. House Democratic Campaign Committee Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5258 City Augusta State ME Zip Code 04332 Purpose of Disbursement Fundraising Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2873 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2688.14
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Liberty Concepts		Transaction ID: D2798 Date of Disbursement 08 / 04 / 2006
Mailing Address Box 390715		Amount of Each Disbursement this Period 1000.00
City Cambridge State MA Zip Code 02139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Development Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MAINE DEMOCRATIC STATE COMMITTEE		Transaction ID: D3048 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 5258 16 Winthrop St.		Amount of Each Disbursement this Period 255.00
City Augusta State ME Zip Code 04330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Charge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MAINE DEMOCRATIC STATE COMMITTEE		Transaction ID: D2759 Date of Disbursement 09 / 06 / 2006
Mailing Address P.O. Box 5258 16 Winthrop St.		Amount of Each Disbursement this Period 301.25
City Augusta State ME Zip Code 04330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Convention Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1556.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. MAINE DEMOCRATIC STATE COMMITTEE		Transaction ID: D2875 Date of Disbursement 09 / 29 / 2006
Mailing Address P.O. Box 5258 16 Winthrop St.		Amount of Each Disbursement this Period 300.00
City Augusta State ME Zip Code 04330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Ad	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 137.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 137.00
Candidate Name	Category/Type	

Full Name (Last, First, Middle Initial) B. Maine Employers Mutual Insurance Company		Transaction ID: D3196 Date of Disbursement 07 / 01 / 2006
Mailing Address PO Box 6900		Amount of Each Disbursement this Period 137.00
City Lewiston State ME Zip Code 04243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Workers Compensation	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 137.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 137.00
Candidate Name	Category/Type	

Full Name (Last, First, Middle Initial) C. Maine Employers Mutual Insurance Company		Transaction ID: D3092 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 6900		Amount of Each Disbursement this Period 137.00
City Lewiston State ME Zip Code 04243	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Workers Compensation	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 137.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 137.00
Candidate Name	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	574.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Mitchell Institute		Transaction ID: D2872 Date of Disbursement 09 / 29 / 2006
Mailing Address 22 Monument Square		Amount of Each Disbursement this Period 550.00
City Portland State ME Zip Code 04101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Charge Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ms. Heather R. Quinn		Transaction ID: D3040 Date of Disbursement 07 / 06 / 2006
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 434.00
City Portland State ME Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Ms. Heather R. Quinn		Transaction ID: D3033 Date of Disbursement 07 / 12 / 2006
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1502.84
City Portland State ME Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2486.84
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Ms. Heather R. Quinn		Transaction ID: D2788 Date of Disbursement 07 / 25 / 2006	
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 315.64	
City Portland State ME Zip Code 04102	Purpose of Disbursement Travel Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Ms. Heather R. Quinn		Transaction ID: D2797 Date of Disbursement 07 / 31 / 2006	
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 671.29	
City Portland State ME Zip Code 04102	Purpose of Disbursement Travel Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Ms. Heather R. Quinn		Transaction ID: D3047 Date of Disbursement 08 / 02 / 2006	
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1502.84	
City Portland State ME Zip Code 04102	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2489.77
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Ms. Heather R. Quinn Full Name (Last, First, Middle Initial) Mailing Address 52 Carleton St #1 City Portland State ME Zip Code 04102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3051 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 1502.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Ms. Heather R. Quinn Full Name (Last, First, Middle Initial) Mailing Address 52 Carleton St #1 City Portland State ME Zip Code 04102 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3058 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 470.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Ms. Heather R. Quinn Full Name (Last, First, Middle Initial) Mailing Address 52 Carleton St #1 City Portland State ME Zip Code 04102 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3056 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 1502.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3476.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Ms. Heather R. Quinn		Transaction ID: D3064 Date of Disbursement 09 / 05 / 2006	
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1502.84	
City Portland	State ME	Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) B. Ms. Heather R. Quinn		Transaction ID: D2755 Date of Disbursement 09 / 06 / 2006	
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 883.32	
City Portland	State ME	Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel Reimbursement		Category/ Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) C. Ms. Heather R. Quinn		Transaction ID: D3065 Date of Disbursement 09 / 20 / 2006	
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1502.84	
City Portland	State ME	Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	3889.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Ms. Heather R. Quinn		Transaction ID: D2738 Date of Disbursement 09 / 29 / 2006
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 531.77
City Portland State ME Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MSHC Partners		Transaction ID: D3069 Date of Disbursement 09 / 06 / 2006
Mailing Address 1155 15th St Suite 300		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct Mail	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NGP Software		Transaction ID: D2763 Date of Disbursement 09 / 06 / 2006
Mailing Address PMB 277		Amount of Each Disbursement this Period 650.00
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Database Software	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6181.77
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

<p>A. Office Max</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 88 Union St</p>		<p>Transaction ID: D2754 Date of Disbursement 08 / 01 / 2006</p>
<p>City Auburn State ME Zip Code 04210</p>	<p>Purpose of Disbursement Supplies</p>	<p>Amount of Each Disbursement this Period 20.97</p>
<p>Candidate Name</p>	<p>Category/Type 003</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Office Max</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 88 Union St</p>		<p>Transaction ID: D2752 Date of Disbursement 09 / 17 / 2006</p>
<p>City Auburn State ME Zip Code 04210</p>	<p>Purpose of Disbursement Office Supplies</p>	<p>Amount of Each Disbursement this Period 221.97</p>
<p>Candidate Name</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Payroll Management</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd</p>		<p>Transaction ID: D3032 Date of Disbursement 07 / 12 / 2006</p>
<p>City Auburn State ME Zip Code 04210</p>	<p>Purpose of Disbursement Payroll Taxes</p>	<p>Amount of Each Disbursement this Period 908.52</p>
<p>Candidate Name</p>	<p>Category/Type</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1151.46</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3031 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 20.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2804 Date of Disbursement 07 / 26 / 2006 Amount of Each Disbursement this Period 405.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3045 Date of Disbursement 08 / 02 / 2006 Amount of Each Disbursement this Period 908.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1335.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2882 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 37.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2879 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 20.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

C. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2880 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 908.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	967.27
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Payroll Management		Transaction ID: D3055 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 20.90
City Auburn State ME Zip Code 04210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Payroll Management		Transaction ID: D3054 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 908.52
City Auburn State ME Zip Code 04210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Payroll Management		Transaction ID: D3062 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 20.90
City Auburn State ME Zip Code 04210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	950.32
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Payroll Management		Transaction ID: D2878 Date of Disbursement 09 / 05 / 2006
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 908.52
City Auburn State ME Zip Code 04210	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Payroll Management		Transaction ID: D3063 Date of Disbursement 09 / 20 / 2006
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 20.90
City Auburn State ME Zip Code 04210	Purpose of Disbursement Payroll Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Payroll Management		Transaction ID: D2881 Date of Disbursement 09 / 20 / 2006
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 908.52
City Auburn State ME Zip Code 04210	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1837.94
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Presque Isle Inn		Transaction ID: D2785 Date of Disbursement 07 / 15 / 2006
Mailing Address 116 Main St		Amount of Each Disbursement this Period 128.40
City Presque Isle State ME Zip Code 04769	Purpose of Disbursement Lodging Candidate Name Category/Type: 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Presque Isle Inn		Transaction ID: D2789 Date of Disbursement 07 / 15 / 2006
Mailing Address 116 Main St		Amount of Each Disbursement this Period 448.72
City Presque Isle State ME Zip Code 04769	Purpose of Disbursement Catering Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Sam's Club		Transaction ID: D2792 Date of Disbursement 07 / 26 / 2006
Mailing Address 197 Civic Center Dr		Amount of Each Disbursement this Period 186.13
City Augusta State ME Zip Code 04330	Purpose of Disbursement Catering Candidate Name Category/Type: 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	763.25
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Staples Office Supply Store		Transaction ID: D2771 Date of Disbursement 07 / 07 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 48.27	
City Waterville State ME Zip Code 04901	Purpose of Disbursement Office Supplies Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Staples Office Supply Store		Transaction ID: D2748 Date of Disbursement 08 / 04 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 1747.99	
City Waterville State ME Zip Code 04901	Purpose of Disbursement Computer Supplies Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Staples Office Supply Store		Transaction ID: D2747 Date of Disbursement 08 / 28 / 2006	
Mailing Address Main Street		Amount of Each Disbursement this Period 24.52	
City Waterville State ME Zip Code 04901	Purpose of Disbursement Fundraising Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1820.78
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Transaction ID: D2806 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 12.00
City Orlando State FL Zip Code 32862	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Suntrust Bank		Transaction ID: D2831 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 12.00
City Orlando State FL Zip Code 32862	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Suntrust Bank		Transaction ID: D3061 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 12.00
City Orlando State FL Zip Code 32862	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Maintenance Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	36.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Sutter's Mill		Transaction ID: D2775 Date of Disbursement 07 / 10 / 2006
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 111.22
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for phone and fax Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sutter's Mill		Transaction ID: D2774 Date of Disbursement 07 / 10 / 2006
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fees Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sutter's Mill		Transaction ID: D2802 Date of Disbursement 08 / 05 / 2006
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fees Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7111.22
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Sutter's Mill		Transaction ID: D2803 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 6
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 65.98
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for phone and fax		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sutter's Mill		Transaction ID: D2737 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 66.64
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Phone Fax and Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sutter's Mill		Transaction ID: D2736 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3632.62
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial) Hon. Michael H. Michaud		Transaction ID: D2828 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address 111 Main Street		Amount of Each Disbursement this Period 83.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City East Millinocket	State ME		Zip Code 04430
Purpose of Disbursement Travel Reimbursement			Category/Type <input type="checkbox"/>
Candidate Name Michael H. Michaud			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) The Senator Inn		Transaction ID: D2805 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address Western Avenue		Amount of Each Disbursement this Period 621.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Augusta	State ME		Zip Code 04330
Purpose of Disbursement Catering			Category/Type 003
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Tortilla Coast		Transaction ID: D2772 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6	
Mailing Address 400 1st St SE		Amount of Each Disbursement this Period 556.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement Catering			Category/Type 003
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶

1261.52

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Transco Business Technologies		Transaction ID: D2778 Date of Disbursement 07 / 01 / 2006
Mailing Address 56 Leighton Rd		Amount of Each Disbursement this Period 330.00
City Augusta State ME Zip Code 04330	Purpose of Disbursement Copier Rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Transco Business Technologies		Transaction ID: D2801 Date of Disbursement 08 / 04 / 2006
Mailing Address 56 Leighton Rd		Amount of Each Disbursement this Period 165.00
City Augusta State ME Zip Code 04330	Purpose of Disbursement Copier Rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Transco Business Technologies		Transaction ID: D2761 Date of Disbursement 09 / 06 / 2006
Mailing Address 56 Leighton Rd		Amount of Each Disbursement this Period 165.00
City Augusta State ME Zip Code 04330	Purpose of Disbursement Copier Rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	660.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: D2768 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address College Avenue		Amount of Each Disbursement this Period 195.00
City Waterville State ME Zip Code 04901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: D2765 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address College Avenue		Amount of Each Disbursement this Period 4.05
City Waterville State ME Zip Code 04901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: D2790 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address College Avenue		Amount of Each Disbursement this Period 117.00
City Waterville State ME Zip Code 04901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	316.05
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: D2749 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address College Avenue		Amount of Each Disbursement this Period 8.45
City Waterville State ME Zip Code 04901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: D2753 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address College Avenue		Amount of Each Disbursement this Period 73.20
City Waterville State ME Zip Code 04901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: D2756 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address College Avenue		Amount of Each Disbursement this Period 44.41
City Waterville State ME Zip Code 04901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	126.06
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address College Avenue City Waterville State ME Zip Code 04901 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2810 Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 1170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. US Airways Full Name (Last, First, Middle Initial) Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3029 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 559.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. US Airways Full Name (Last, First, Middle Initial) Mailing Address 111 W. Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3030 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 559.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2289.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 1939 City Portland State ME Zip Code 04104 Purpose of Disbursement Phone charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2780 Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 224.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 1939 City Portland State ME Zip Code 04104 Purpose of Disbursement Phone Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2773 Date of Disbursement 07 / 10 / 2006 Amount of Each Disbursement this Period 24.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 1939 City Portland State ME Zip Code 04104 Purpose of Disbursement Phone Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2786 Date of Disbursement 07 / 25 / 2006 Amount of Each Disbursement this Period 211.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	460.56
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D2758 Date of Disbursement 09 / 06 / 2006	
Mailing Address PO Box 1939		Amount of Each Disbursement this Period 256.94	
City Portland	State ME	Zip Code 04104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Phone Charges		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D2743 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 1939		Amount of Each Disbursement this Period 226.71	
City Portland	State ME	Zip Code 04104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Phone Charges		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional)	483.65
TOTAL This Period (last page this line number only)	74035.29

**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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. ARCURI FOR CONGRESS		Transaction ID: D2849 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13505	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Mike Arcuri for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BOSWELL FOR CONGRESS		Transaction ID: D2884 Date of Disbursement 09 / 24 / 2006
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50309	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Leonard Boswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BRALEY FOR CONGRESS		Transaction ID: D2850 Date of Disbursement 08 / 04 / 2006
Mailing Address PO BOX 390		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WATERLOO State IA Zip Code 50704	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Bruce Braley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. CARNEY FOR CONGRESS		Transaction ID: D2835 Date of Disbursement 08 / 04 / 2006
Mailing Address PO Box A		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarks Summit	State PA	
Zip Code 18411		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Carney for Congress	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 10	

Full Name (Last, First, Middle Initial) B. CHRISTINE JENNINGS FOR CONGRESS		Transaction ID: D2852 Date of Disbursement 08 / 04 / 2006
Mailing Address 8211 241ST STREET EAST		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MYAKKA CITY	State FL	
Zip Code 34251		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Christine Jennings for Congress	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 13	

Full Name (Last, First, Middle Initial) C. CHRISTINE JENNINGS FOR CONGRESS		Transaction ID: D2862 Date of Disbursement 09 / 24 / 2006
Mailing Address 8211 241ST STREET EAST		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MYAKKA CITY	State FL	
Zip Code 34251		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Christine Jennings for Congress	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 13	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. CRANLEY FOR CONGRESS		Transaction ID: D2867 Date of Disbursement 09 / 20 / 2006
Mailing Address 37 W 7TH ST SUITE 804		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CINCINNATI State OH Zip Code 45202	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name John Cranley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CRANLEY FOR CONGRESS		Transaction ID: D2860 Date of Disbursement 09 / 24 / 2006
Mailing Address 37 W 7TH ST SUITE 804		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CINCINNATI State OH Zip Code 45202	011 Category/Type	
Purpose of Disbursement Contribution		
Candidate Name John Cranley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DARCY BURNER FOR CONGRESS		Transaction ID: D3068 Date of Disbursement 08 / 04 / 2006
Mailing Address 603 Stewart Street #819		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98101	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Darcy Burner for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: D2845 Date of Disbursement 09 / 24 / 2006
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 62125.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Unlimited Transfer		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ELLSWORTH FOR CONGRESS COMMITTEE		Transaction ID: D2861 Date of Disbursement 09 / 24 / 2006
Mailing Address P.O. Box 62		Amount of Each Disbursement this Period 1000.00
City Evansville	State IN Zip Code 47701	
Purpose of Disbursement Contribution		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Brad Ellsworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 08		

Full Name (Last, First, Middle Initial) C. FARRELL FOR CONGRESS		Transaction ID: D2837 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 5136		Amount of Each Disbursement this Period 500.00
City Westport	State CT Zip Code 06881	
Purpose of Disbursement Contribution		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Farrell For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		

SUBTOTAL of Disbursements This Page (optional)	63625.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. FRIENDS OF JIM MARSHALL		Transaction ID: D3091	
Mailing Address 586 Orange Street		Date of Disbursement 09 / 24 / 2006	
City Macon	State GA	Zip Code 31201	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 8		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN BARROW		Transaction ID: D2883	
Mailing Address PO Box 8166		Date of Disbursement 09 / 20 / 2006	
City Savannah	State GA	Zip Code 31412	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name John Barrow			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 12		

Full Name (Last, First, Middle Initial) C. FRIENDS OF PHIL HARE		Transaction ID: D2866	
Mailing Address 313 17th Street P.O. Box 4183		Date of Disbursement 09 / 20 / 2006	
City Rock Island	State IL	Zip Code 61202	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Phil Hare			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 17		

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. FRIENDS OF TAMMY DUCKWORTH

Full Name (Last, First, Middle Initial)

Mailing Address 416 W. 22nd St.

City Lombard State IL Zip Code 60148

Purpose of Disbursement

Contribution
Candidate Name
Tammy Duckworth

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 06

Transaction ID: D2863

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. GIFFORDS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27565

City Tucson State AZ Zip Code 85726

Purpose of Disbursement

Contribution
Candidate Name
Gabrielle Giffords

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AZ District: 8

Transaction ID: D2864

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. GILLIBRAND FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement

Contribution
Candidate Name
Kirsten Gillibrand

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 20

Transaction ID: D3042

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. HAFEN FOR CONGRESS		Transaction ID: D2833 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO BOX 530996		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City HENDERSON	State NV	
Zip Code 89053	Category/Type 011	
Purpose of Disbursement Contribution Candidate Name Tessa Hafen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	

Full Name (Last, First, Middle Initial) B. HARRY MITCHELL FOR CONGRESS		Transaction ID: D2834 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tempe	State AZ	
Zip Code 85285	Category/Type 011	
Purpose of Disbursement Contribution Candidate Name Harry Mitchell for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 05	

Full Name (Last, First, Middle Initial) C. HEATH SHULER FOR CONGRESS		Transaction ID: D2857 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6
Mailing Address PO Box 97		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hazelwood	State NC	
Zip Code 28738	Category/Type 011	
Purpose of Disbursement Contribution Candidate Name Heath Schuler For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 11	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. HOOLEY FOR CONGRESS		Transaction ID: D3089 Date of Disbursement 09 / 24 / 2006
Mailing Address PO BOX 2050		Amount of Each Disbursement this Period 2000.00
City SALEM State OR Zip Code 97308	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. JILL DERBY FOR CONGRESS		Transaction ID: D2842 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 1901		Amount of Each Disbursement this Period 500.00
City Minden State NV Zip Code 89423	Purpose of Disbursement Contribution Candidate Name Jill Derby Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. JOE DONNELLY FOR CONGRESS		Transaction ID: D2848 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 1961 CENTURY BUILDING		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46634	Purpose of Disbursement Contribution Candidate Name Joe Donnelly for Congress Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. KAGEN 4 CONGRESS		Transaction ID: D3090 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6
Mailing Address 100 W. College Ave. 50 D		Amount of Each Disbursement this Period 500.00
City Appleton State WI Zip Code 54911	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. KELLAM FOR CONGRESS		Transaction ID: D2885 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 56254 PO BOX 56254		Amount of Each Disbursement this Period 1000.00
City Virginia Beach State VA Zip Code 23456	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Phil Kellam		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KILROY FOR CONGRESS		Transaction ID: D2854 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3886 North High Street Ste 305		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Mary Jo Kilroy		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. KLEIN FOR CONGRESS		Transaction ID: D2841 Date of Disbursement 08 / 04 / 2006
Mailing Address 21301 POWERLINE ROAD SUITE 204		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BOCA RATON State FL Zip Code 33433	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name Ron Klein for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LAMPSON FOR CONGRESS		Transaction ID: D2839 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77258	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name Lampson for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LINDA STENDER FOR CONGRESS		Transaction ID: D2838 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 730		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scotch Plains State NJ Zip Code 07076	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name Linda Stender for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. LUCAS FOR CONGRESS		Transaction ID: D2859 Date of Disbursement 09 / 24 / 2006
Mailing Address Post Office Box 1726 Post Office Box 1726		Amount of Each Disbursement this Period 1000.00
City Oklahoma City State OK Zip Code 73101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Ken Lucas		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. MADRID FOR CONGRESS		Transaction ID: D2853 Date of Disbursement 08 / 04 / 2006
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87125	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Patricia Madrid		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. MADRID FOR CONGRESS		Transaction ID: D2865 Date of Disbursement 09 / 20 / 2006
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87125	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Patricia Madrid		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. MAINE DEMOCRATIC STATE COMMITTEE		Transaction ID: D2874 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. Box 5258 16 Winthrop St.		Amount of Each Disbursement this Period 5000.00
City Augusta State ME Zip Code 04330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Unlimited Transfer Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MILL TO THE HILL PAC		Transaction ID: D3088 Date of Disbursement 09 / 24 / 2006
Mailing Address 499 SOUTH CAPITOL ST SW SUITE 404		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PATRICK MURPHY FOR CONGRESS		Transaction ID: D2832 Date of Disbursement 09 / 18 / 2006
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 2000.00
City Levittown State PA Zip Code 19058	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Patrick Murphy	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶

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

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FOR LINE NUMBER:
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. PERLMUTTER FOR CONGRESS		Transaction ID: D2858 Date of Disbursement
Mailing Address 3440 Youngfield St #264		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City Wheat Ridge	State CO	Zip Code 80033
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Ed Perlmutter	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: CO District: 07		

Full Name (Last, First, Middle Initial) B. PHYLLIS BUSANSKY FOR CONGRESS		Transaction ID: D2846 Date of Disbursement
Mailing Address 3611 SCHEFFLERA ROAD		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City TAMPA	State FL	Zip Code 33618
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Phyllis Busansky for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: FL District: 09		

Full Name (Last, First, Middle Initial) C. SESTAK FOR CONGRESS		Transaction ID: D2836 Date of Disbursement
Mailing Address P.O. Box 16		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Media	State PA	Zip Code 19063
Purpose of Disbursement Contribution	<input type="text" value="011"/> Category/ Type	
Candidate Name Sestak for Congress	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
State: PA District: 07		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. SPRATT FOR CONGRESS COMMITTEE		Transaction ID: D2856 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO BOX 830		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City YORK State SC Zip Code 29745	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WEAVER FOR CONGRESS 2006		Transaction ID: D2855 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO BOX 807		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City RADCLIFF State KY Zip Code 40159	Purpose of Disbursement Contribution Candidate Name Mike Weaver Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WELCH FOR CONGRESS		Transaction ID: D3057 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address PO Box 1086		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Montpelier State VT Zip Code 05601	Purpose of Disbursement Contribution Candidate Name Peter Welch Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. WETTERLING '06		Transaction ID: D2843																					
Mailing Address P.O. Box 2295		Date of Disbursement																					
City St. Cloud State MN Zip Code 56302		<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>8</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	0	4	/	2	0	0	6														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name Patty Wetterling 06		<table border="1"> <tr> <td colspan="10" style="text-align: center;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: MN District: 06		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
		Category/Type: 011																					

Full Name (Last, First, Middle Initial) B. ZACK SPACE FOR CONGRESS COMMITTEE		Transaction ID: D2847																					
Mailing Address 714 N WOOSTER AVENUE		Date of Disbursement																					
City DOVER State OH Zip Code 44622		<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>8</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	4	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	0	4	/	2	0	0	6														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name Zack Space for Congress		<table border="1"> <tr> <td colspan="10" style="text-align: center;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: OH District: 18		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
		Category/Type: 011																					

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	119125.00

Image# 27930298153

Form/Schedule: **F3A**
Transaction ID:

In response to the letter from the FEC dated 2/12/07, we verified with the FEC via phone conversation that the two PACs noted in your letter are not affiliated and therefore do not need correction.

Form/Schedule: **SB17**
Transaction ID: **D2788**

Receipts on File for mileage and meals

Image# 27930298154

Form/Schedule: **SB17** Receipts on file for mileage, car rental gas, meals
Transaction ID: **D2797**

Form/Schedule: **SB17** Receipts on file for mileage, meals
Transaction ID: **D3058**

Image# 27930298155

Form/Schedule: **SB17**

Receipts on file for tolls, mileage, meals

Transaction ID: **D2755**

Form/Schedule: **SB17**

Receipts on file for parking and meal

Transaction ID: **D2828**

Image# 27930298156

Form/Schedule: **SB17** Mileage only
Transaction ID: **D2738**
