

FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 18 11 40 AM '92

1. NAME OF COMMITTEE (in full)		SUMMARY PAGE MAIL ROOM Oct 18 11 40 AM '92	
LINDA BEAN FOR CONGRESS COMMITTEE		2. FEC IDENTIFICATION NUMBER	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 295 FOREST AVE. BOX 204		C00255117 140872	
CITY, STATE and ZIP CODE		3. IS THIS REPORT AN AMENDMENT?	
PORTLAND, MAINE 04101		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
STATE/DISTRICT			
MAINE - 1			

4. TYPE OF REPORT

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period <u>7/01/92</u> through <u>9/30/92</u>		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (from Line 11(e))		77255.64	167805.98
(b) Total Contribution Refunds (from Line 20(d))		-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))		77255.64	167805.98
7. Net Operating Expenditures			
(a) Total Operating Expenditures (from Line 17)		412028.62	910189.87
(b) Total Offsets to Operating Expenditures (from Line 14)		-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))		412028.62	910189.87
8. Cash on Hand at Close of Reporting Period (from Line 27)		35041.61	For further information contact: Federal Election Commission 999 E. Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		794363.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of _____			

Type or Print Name of Treasurer

JAMES W. GORMAN JR., TREASURER

Signature of Treasurer

Date _____

10/15/92

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

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RECEIVED
OFFICE OF RECORDS & REGISTRATION
92 OCT 19 AM 11:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
Election

DETAILED SUMMARY PAGE

Of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) LINDA BEAN FOR CONGRESS COMMITTEE		Report Covering the Period: From: 7/01/92 To: 9/30/92	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		30540.00	
(ii) Unitemized		24657.41	
(iii) Total of contributions from individuals		55197.41	132797.75
(b) Political Party Committees		-0-	-0-
(c) Other Political Committees (such as PACs)		14450.00	26400.00
(d) The Candidate		7608.23	8608.23
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		77255.64	167805.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		-0-	-0-
13. LOANS:			
(a) Made or Guaranteed by the Candidate		355380.00	783740.00
(b) All Other Loans		-0-	-0-
(c) TOTAL LOANS (add 13(a) and (b))		355380.00	783740.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		-0-	-0-
15. OTHER RECEIPTS (Dividends, Interest, etc.)		-0-	-0-
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		432635.64	951545.98
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		412028.62	910189.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		-0-	-0-
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		-0-	-0-
(b) Of All Other Loans		-0-	-0-
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other than Political Committees		-0-	-0-
(b) Political Party Committees		-0-	-0-
(c) Other Political Committees (such as PACs)		-0-	-0-
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		-0-	-0-
21. OTHER DISBURSEMENTS		9035.50	11276.12
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		421064.12	921465.99
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$	23470.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$	432635.64
25. SUBTOTAL (add Line 23 and Line 24)		\$	456105.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$	421064.12
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$	35041.61

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 16
FOR LINE NUMBER 11AT

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

NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code
SUSAN S. DILLON
960 FIFTH AVENUE
NEW YORK, NY
10021

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
N/A

Occupation
HOUSEWIFE

Date (month, day, year)
07/24/92

Amount of Each Receipt this Period
1000.00

Aggregate Year-To-Date \$ 1500.00

B. Full Name, Mailing Address and ZIP Code
WILLIAM R. HARRIS
P.O. BOX 586
SALISBURY, CT
06068

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
HERRICK TRAVEL SERVICES

Occupation
PRESIDENT

Date (month, day, year)
07/24/92

Amount of Each Receipt this Period
500.00

Aggregate Year-To-Date \$ 1250.00

C. Full Name, Mailing Address and ZIP Code
MR. & MRS. JOHN F. BABB
P.O. BOX 8
MANCHESTER, ME
04351

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Occupation
REQUEST SENT

Date (month, day, year)
07/24/92

Amount of Each Receipt this Period
300.00

Aggregate Year-To-Date \$ 325.00

D. Full Name, Mailing Address and ZIP Code
KENNEBEC COUNTY WOMEN'S
REPUBLICAN CLUB
RFD #2, BOX 970
LITCHFIELD, ME 04350

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
N/A

Occupation
N/A

Date (month, day, year)
07/21/92

Amount of Each Receipt this Period
200.00

Aggregate Year-To-Date \$ 200.00

E. Full Name, Mailing Address and ZIP Code
DIANA B. BEAN
13 OLE MUSKET ROAD
CUMBERLAND, ME
04110

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
SELF-EMPLOYED

Occupation
REQUEST SENT

Date (month, day, year)
07/28/92

Amount of Each Receipt this Period
1000.00

Aggregate Year-To-Date \$ 1000.00

F. Full Name, Mailing Address and ZIP Code
HAZEL JUNE DYER
P.O. BOX 817
YARMOUTH, ME
04096

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
RETIRED

Occupation
N/A

Date (month, day, year)
07/28/92

Amount of Each Receipt this Period
1000.00

Aggregate Year-To-Date \$ 1000.00

G. Full Name, Mailing Address and ZIP Code
KEVIN KEOGH
RR #1, BOX 4229
CAMDEN, ME
04843

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Occupation
REQUEST SENT

Date (month, day, year)
07/27/92

Amount of Each Receipt this Period
250.00

Aggregate Year-To-Date \$ 250.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

92014760354

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 16
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code
JOHN MARR
285 FORESIDE RD.
FALMOUTH, ME
04105

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Date (month,
day, year)
08/01/92

Amount of Each
Receipt this Period
200.00

Occupation

REQUEST SENT

Aggregate Year-To-Date \$ 300.00

B. Full Name, Mailing Address and ZIP Code
MICHAEL A. SMITH
379 SEBAGO LAKE RD.
GORHAM, ME
04038

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
N/A

Date (month,
day, year)
08/06/92

Amount of Each
Receipt this Period
100.00

Occupation

RETIRED

Aggregate Year-To-Date \$ 200.00

C. Full Name, Mailing Address and ZIP Code
HARRY W. ROGERS
276 SUMMIT ST.
PORTLAND, ME
04103

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
RETIRED

Date (month,
day, year)
08/05/92

Amount of Each
Receipt this Period
50.00

Occupation

RETIRED USMC

Aggregate Year-To-Date \$ 300.00

D. Full Name, Mailing Address and ZIP Code
FRANK POMERLEAU
29 STATE STREET
AUGUSTA, ME
04330

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
FRANK POMERLEAU, INC.

Date (month,
day, year)
08/05/92

Amount of Each
Receipt this Period
100.00

Occupation

SELF-EMPLOYED

Aggregate Year-To-Date \$ 300.00

E. Full Name, Mailing Address and ZIP Code
CHARLOTTE T. ISERBYT
1062 WASHINGTON ST.
BATH, ME
04530

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
SELF-EMPLOYED

Date (month,
day, year)
08/17/92

Amount of Each
Receipt this Period
50.00

Occupation

WRITER

Aggregate Year-To-Date \$ 225.00

F. Full Name, Mailing Address and ZIP Code
DAVID C. TYLER D.D.S.
RR #2, BOX 4282
UNION, ME
04862

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
SELF-EMPLOYED

Date (month,
day, year)
08/11/92

Amount of Each
Receipt this Period
200.00

Occupation

DENTIST

Aggregate Year-To-Date \$ 200.00

G. Full Name, Mailing Address and ZIP Code
MARGUERITE STEVENS
P.O. BOX 69
SKANEATELES, NY
13152

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
N/A

Date (month,
day, year)
08/11/92

Amount of Each
Receipt this Period
100.00

Occupation

HOUSEWIFE

Aggregate Year-To-Date \$ 1110.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 16
FOR LINE NUMBER 11AI

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code
E. VIRGINIA LLOYD-HARRIS
P.O. BOX 586
SALISBURY, CT
06068

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Date (month, day, year)
08/15/92

Amount of Each Receipt this Period
500.00

Occupation

REQUEST SENT

Aggregate Year-To-Date \$ 500.00

B. Full Name, Mailing Address and ZIP Code
DAVID P. BRIDGE
P.O. BOX 245
MANCHESTER, ME
04351

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Date (month, day, year)
08/10/92

Amount of Each Receipt this Period
100.00

Occupation

REQUEST SENT

Aggregate Year-To-Date \$ 200.00

C. Full Name, Mailing Address and ZIP Code
MR. & MRS. DAVID H. KEYSTON
P.O. BOX 966
PEBBLE BEACH, CA
93953

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
N/A

Date (month, day, year)
08/23/92

Amount of Each Receipt this Period
200.00

Occupation

RETIRED

Aggregate Year-To-Date \$ 200.00

D. Full Name, Mailing Address and ZIP Code
MR. & MRS. MICHAEL A. WHITE
104 HARDY ROAD
FALMOUTH, ME
04092

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
WHITE BROS. INDUSTRIES

Date (month, day, year)
08/31/92

Amount of Each Receipt this Period
1000.00

Occupation

PRESIDENT

Aggregate Year-To-Date \$ 1000.00

E. Full Name, Mailing Address and ZIP Code
MRS. RUTH R. WOODBURY
P.O. BOX 912
OGUNQUIT, ME
03907

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Date (month, day, year)
08/28/92

Amount of Each Receipt this Period
50.00

Occupation

REQUEST SENT

Aggregate Year-To-Date \$ 225.00

F. Full Name, Mailing Address and ZIP Code
FRED SACHER
P.O. BOX 2676
GRASS VALLEY, CA
95945

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
SACHER REAL ESTATE

Date (month, day, year)
08/05/92

Amount of Each Receipt this Period
1000.00

Occupation

REAL ESTATE INVESTOR

Aggregate Year-To-Date \$ 2000.00

G. Full Name, Mailing Address and ZIP Code
RUTH F. SACHER
P.O. BOX 2676
GRASS VALLEY, CA
95945

Receipt for: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer
REQUEST SENT

Date (month, day, year)
08/28/92

Amount of Each Receipt this Period
1000.00

Occupation

REQUEST SENT

Aggregate Year-To-Date \$ 1000.00

SUBTOTAL of Receipts This Page (optional)

3850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 16
FOR LINE NUMBER 11AI

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code OLIVER P. MUFF 32 CONGRESS STREET PORTLAND, ME 04101	Name of Employer R.G. GERBER, INC.	Date (month, day, year) 09/04/92	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GEOLOGICAL ENGINEER		
	Aggregate Year-To-Date \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code JENNIFER MUFF 32 CONGRESS STREET PORTLAND, ME 04101	Name of Employer SOUTHERN MAINE NEUROLOGICAL ASSOCIATION	Date (month, day, year) 09/04/92	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACCOUNTANT		
	Aggregate Year-To-Date \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code ARNOLD H. STURTEVANT BOX 2350 KENTS HILL, ME 04349	Name of Employer SELF-EMPLOYED	Date (month, day, year) 08/12/92	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INNKEEPERS		
	Aggregate Year-To-Date \$ 700.00		
D. Full Name, Mailing Address and ZIP Code LINWOOD E. BELL 57 STONEGATE RD. CAPE ELIZABETH, ME 04107	Name of Employer COOPERS & LYBRAND	Date (month, day, year) 09/11/92	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGING PARTNER		
	Aggregate Year-To-Date \$ 500.00		
E. Full Name, Mailing Address and ZIP Code ARNOLD H. STURTEVANT BOX 2350 KENTS HILL, ME 04039	Name of Employer SELF-EMPLOYED	Date (month, day, year) 09/02/92	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INNKEEPERS		
	Aggregate Year-To-Date \$ 800.00		
F. Full Name, Mailing Address and ZIP Code MAUREEN M. GORMAN 54 STONEGATE RD. CAPE ELIZABETH, ME 04107	Name of Employer N/A	Date (month, day, year) 09/14/92	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER		
	Aggregate Year-To-Date \$ 1000.00		
G. Full Name, Mailing Address and ZIP Code RICHARD M. DE VOS, JR 2003 HILLSBORO, S.E. GRAND RAPIDS, MI 49546	Name of Employer WINDQUEST GROUP, INC.	Date (month, day, year) 08/12/92	Amount of Each Receipt this Period 200.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT		
	Aggregate Year-To-Date \$ 450.00		

SUBTOTAL of Receipts This Page (optional)	3900.00
TOTAL This Period (last page this line number only)	

92014760357

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 5 OF 16
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code FRANCIS W. SAUNDERS 10 BROOKMERE WAY BRUNSWICK, ME 04011 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 550.00	Date (month, day, year) 07/05/92	Amount of Each Receipt this Period 150.00
B. Full Name, Mailing Address and ZIP Code FRANCIS W. SAUNDERS 10 BROOKMERE WAY BRUNSWICK, ME 04011 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 750.00	Date (month, day, year) 07/26/92	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code FRANCIS W. SAUNDERS 10 BROOKMERE WAY BRUNSWICK, ME 04011 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 850.00	Date (month, day, year) 09/16/92	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code HAVEN SAWYER, JR. P.O. BOX 181 NEW HARBOR, ME 04554 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 350.00	Date (month, day, year) 09/17/92	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code WILLIAM D. DAHLING 60 HAWTHORNE RD. GROSSE POINTE SHORES, MI 48236 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 1250.00	Date (month, day, year) 09/21/92	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code EDGAR PRINCE 1057 SOUTH SHORE DRIVE HOLLAND, MI 49423 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/21/92	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code ELSA D. PRINCE 1057 SOUTH SHORE DRIVE HOLLAND, MI 49423 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/21/92	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

92014760358

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 16
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code CHRISTOPHER J. MCCORMICK BALSAM FARM, 7 BALSAM LN. WEST FALMOUTH, ME 04105 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer L.L. BEAN, INC. Occupation V.P. ADV. & MKTING Aggregate Year-To-Date \$ 400.00	Date (month, day, year) 09/22/92	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code ELILIE D. WIERDA 148 WEST 39TH STREET HOLLAND, MI 49423 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/22/92	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code J. ZANE SMITH 175 BLACK POINT RD. SCARBOROUGH, ME 04074 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ADONAL FOODS Occupation PRESIDENT Aggregate Year-To-Date \$ 350.00	Date (month, day, year) 09/22/92	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code ROBERT E. BUCK STAR ROUTE WEST SOUTHPORT, ME 04576 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 150.00	Date (month, day, year) 09/22/92	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code JOSEPH S. JONES 1156 BROADWAY SOUTH PORTLAND, ME 04106 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MEGQUIER & JONES CORP Occupation OWNER Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 07/24/92	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code JOHN GILBERT 10 WILLOW GROVE RD. BRUNSWICK, ME 04011 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SHAW'S SUPERMARKET Occupation ASST. STORE MGR Aggregate Year-To-Date \$ 150.00	Date (month, day, year) 07/30/92	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code JOHN GILBERT 10 WILLOW GROVE RD. BRUNSWICK, ME 04011 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SHAW'S SUPERMARKET Occupation ASST. STORE MGR Aggregate Year-To-Date \$ 200.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	

92014760359

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code ROBERTA GREEN AHMANSON P.O. BOX 17627 IRVINE, CAL. 92713	Name of Employer REQUEST SENT Occupation REQUEST SENT	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code RICHARD HOPPER 6333 S. PEORIA, NO. 202 TULSA, OK 74136	Name of Employer REQUEST SENT Occupation REQUEST SENT	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 900.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 900.00		
C. Full Name, Mailing Address and ZIP Code JOHN GILBERT 10 WILLOW GROVE RD. BRUNSWICK, ME 04011	Name of Employer SHAW'S SUPERMARKET Occupation ASST. STORE MGR	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 125.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 325.00		
D. Full Name, Mailing Address and ZIP Code MR. JAMES W. GORMAN 54 STONEGATE RD. CAPE ELIZABETH, ME 04107	Name of Employer N/A Occupation RETIRED	Date (month, day, year) 09/14/92	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code RICHARD M. DE VOS, JR. 2003 HILLSBORO, S.E. GRAND RAPIDS, MI 49546	Name of Employer WINDQUEST GROUP, INC. Occupation PRESIDENT	Date (month, day, year) 09/15/92	Amount of Each Receipt this Period 650.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1100.00		
F. Full Name, Mailing Address and ZIP Code JOSEPH S. JONES 1156 BROADWAY SOUTH PORTLAND, ME 04106	Name of Employer MEGQUIER & JONES CORP Occupation OWNER	Date (month, day, year) 09/22/92	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 600.00		
G. Full Name, Mailing Address and ZIP Code MR. SCOTT HOWARD P.O. BOX 811 BRUNSWICK, MAINE 04011	Name of Employer L.I. BEAN, INC. Occupation SENIOR V.P.	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 125.00
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1875.00		

SUBTOTAL of Receipts This Page (optional)	3900.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code GARISON K. MURRELL P.O. BOX 4351, STA A PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer G.K. MURRELL CONSULTANTS Occupation MARKETING CONSULTANT Aggregate Year-To-Date \$ 375.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and ZIP Code DAVID P. BRIDGE P.O. BOX 245 MANCHESTER, ME 04351 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BRIDGE CONSTRUCTION Occupation OWNER Aggregate Year-To-Date \$ 325.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 125.00
C. Full Name, Mailing Address and ZIP Code MRS. RUTH R. WOODBURY P.O. 912 OGUNQUIT, ME. 03907 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 275.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code MRS. RUTH R. WOODBURY P.O. BOX 912 OGUNQUIT, ME. 03907 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 315.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 40.00
E. Full Name, Mailing Address and ZIP Code DR. & MRS. RONALD J. CARROLL 255 WEST PROMENADE PORTLAND, MAINE 04102 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAINE MEDICAL CENTER Occupation PHYSICIAN Aggregate Year-To-Date \$ 100.00	Date (month, day, year) 08/06/92	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code DR. & MRS. RONALD J. CARROLL 255 WEST PROMENADE PORTLAND, MAINE 04102 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAINE MEDICAL CENTER Occupation PHYSICIAN Aggregate Year-To-Date \$ 225.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 125.00
G. Full Name, Mailing Address and ZIP Code MR. EARL D. REED 14 OCEAN STREET SOUTH PORTLAND, MAINE 04106 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 255.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	665.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code BETTINA HALL RUBICAM BOX 343, CROSS POINT ROAD EDGECOMB, ME 04556 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code EILEEN D. ELLENS 1364 HEATHER DRIVE HOLLAND, MI 49423 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code MR. DENNIS H. ELLENS 1364 HEATHER DRIVE HOLLAND, MI 49423 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SETN Occupation REQUEST SENT Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code MATTINA R. PROCTOR STONE POINT, BOX 339 CAMDEN, ME. 04843 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation GRAPHOANALYST Aggregate Year-To-Date \$ 175.00	Date (month, day, year) 08/03/92	Amount of Each Receipt this Period 75.00
E. Full Name, Mailing Address and ZIP Code MATTINA R. PROCTOR STONE POINT, BOX 339 CAMDEN, ME. 04843 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation GRAPHOANALYST Aggregate Year-To-Date \$ 275.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code MR. WADE A. COWART 71 TALLWOOD ROAD JACKSONVILLE BEACH, FL 32250 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code MAJORIE W. MYERS P.O. BOX 2518 LEUCADIA, CA 92024 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation CONSULTANT Aggregate Year-To-Date \$ 250.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	3425.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code NEAL B. FREEMAN P.O. BOX 2169 VIENNA, VA 22181 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BLACKWELL CORP. Occupation EXECUTIVE Aggregate Year-To-Date \$ 1500.00	Date (month, day, year) 09/29/92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code DEXTER YAGER P.O. BOX 412080 CHARLOTTE, NC. 28241 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code BIRDIE YAGER P.O. BOX 412080 CHARLOTTE, NC. 28241 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code LARHEA SMITH 900 W. CHANDLER BLVD. # A-7 CHANDLER, AZ 85224 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BENECO, INC. Occupation EMPLOYEE BENEFITS Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/29/92	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code MONICA W. MYLOD 421 ARLINTON ROAD BIRMINGHAM, MI 48009 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUEST SENT Occupation REQUEST SENT Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code JAMES D. MCCOTTER 12440 PARK AVENUE WINDEMERE, FL 32811 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PROFIT GROUP CORP. Occupation ENTREPRENEUR Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code BARBARA MCCOTTER 12440 PARK AVENUE WINDEMERE, FL 32811 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation HOMEMAKER Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)	5100.00
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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation FIELD DIRECTOR Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/02/92 Amount of Each Receipt this Period -0- MEMO 317.50 PURCHASE OF BALLOONS REIMB SEE SCH B P1
B. Full Name, Mailing Address and ZIP Code MIKE LEWIS BOX 1475 SANFORD, MAINE 04073 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER SERVICE Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/20/92 Amount of Each Receipt this Period -0- MEMO 40.00 TRAVEL EXP. REIMBURSEMENT SEE SCH B P7
C. Full Name, Mailing Address and ZIP Code MIKE LEWIS BOX 1475 SANFORD, MAINE 04073 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER SERVICE Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/22/92 Amount of Each Receipt this Period -0- MEMO 21.93 TRAVEL EXP. REIMBURSEMENT SEE SCH B P7
D. Full Name, Mailing Address and ZIP Code MIKE LEWIS BOX 1475 SANFORD, MAINE 04073 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER SERVICE Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/24/92 Amount of Each Receipt this Period -0- MEMO 20.00 TRAVEL EXP. REIMBURSEMENT SEE SCH B P8
E. Full Name, Mailing Address and ZIP Code JOHN DIGRINNEY SCARBOROUGH MAINE 04074 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation SPECIAL EVENTS COORD. Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/24/92 Amount of Each Receipt this Period -0- MEMO 30.00 TRAVEL EXP. REIMBURSEMENT SEE SCH B P8
F. Full Name, Mailing Address and ZIP Code NANCY MILANI BOX 1040 YORK HARBOR, MAINE 03919 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation CAMPAIGN MANAGER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/29/92 Amount of Each Receipt this Period -0- MEMO 241.31 TELEPHONE EXP REIMBURSEMENT SEE SCH B P9
G. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/29/92 Amount of Each Receipt this Period -0- MEMO 56.70 PRINTING EXP. REIMBURSEMENT SEE SCH B P9

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/29/92 Amount of Each Receipt this Period -0- MEMO 656.35 TELEPHONE EXP. REIMBURSEMENT SEE SCH B P9
B. Full Name, Mailing Address and ZIP Code TERRY L. COOPER 4861-B SOUTH 28TH STREET ARLINGTON, VIRGINIA 22206 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer OPPOSITION RESEARCH INC. Occupation RESEARCHER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 07/29/92 Amount of Each Receipt this Period -0- MEMO 368.25 TRAVEL EXP. REIMBURSEMENT SEE SCH B P9
C. Full Name, Mailing Address and ZIP Code CAROLYN COSBY 48 GLENHAVEN ROAD WEST PORTLAND, MAINE 04102 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation FUNDRAISER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/02/92 Amount of Each Receipt this Period -0- MEMO 78.63 CATERING EXP. REIMBURSEMENT SEE SCH B P35
D. Full Name, Mailing Address and ZIP Code TIM BAGLEY P.O. BOX 9739-1128 PORTLAND, MAINE 04104 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation FIELD CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/07/92 Amount of Each Receipt this Period -0- MEMO 82.08 CATERING EXP. REIMBURSEMENT SEE SCH B P14
E. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/07/92 Amount of Each Receipt this Period -0- MEMO 93.30 TRAVEL EXP. REIMBURSEMENT SEE SCH B P34
F. Full Name, Mailing Address and ZIP Code JAMES W. GORMAN, JR 7 LOWER PLEASANT STREET FREEPORT, MAINE 04032 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer L.L. BEAN, INC. Occupation FACILITY MANAGER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/08/92 Amount of Each Receipt this Period -0- MEMO 51.50 CATERING EXP. REIMBURSEMENT SEE SCH B P35
G. Full Name, Mailing Address and ZIP Code CHARLES A. NILES RR #3, BOX 184 GORHAM, MAINE 04038 Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation RETIRED Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/11/92 Amount of Each Receipt this Period -0- MEMO 115.40 TELEPHONE EXP. REIMBURSEMENT SEE SCH B P16

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code PAT MAVANE RR #2, BOX 734 CASCO, MAINE 04015 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/11/92	Amount of Each Receipt this Period -0- MEMO 51.73 TELEPHONE EXP REIMBURSEMENT SEE SCH B P16
B. Full Name, Mailing Address and ZIP Code DENNIS LEIGHT HCR 35, BOX 727 TENANTS HARBOR, MAINE 04860 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer D.M. LEIGHT CO. Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/12/92	Amount of Each Receipt this Period -0- MEMO 63.74 TELEPHONE EXP REIMBURSEMENT SEE SCH B P35
C. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/14/92	Amount of Each Receipt this Period -0- MEMO 53.60 TRAVEL EXP. REIMBURSEMENT SEE SCH B P34
D. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/20/92	Amount of Each Receipt this Period -0- MEMO 120.39 SUPPLIES EXP. REIMBURSEMENT SEE SCH B P19
E. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/21/92	Amount of Each Receipt this Period -0- MEMO 105.50 TRAVEL EXP. REIMBURSEMENT SEE SCH B P18
F. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/24/92	Amount of Each Receipt this Period -0- MEMO 149.10 TRAVEL EXP. REIMBURSEMENT SEE SCH B P34
G. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/24/92	Amount of Each Receipt this Period -0- MEMO 39.60 SUPPLIES EXP. REIMBURSEMENT SEE SCH B P34

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/24/92 Amount of Each Receipt this Period -0- MEMO 601.16 TELEPHONE EXP. REIMBURSEMENT SEE SCH B P20
B. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/24/92 Amount of Each Receipt this Period -0- MEMO 197.96 OFFICE EXP. REIMBURSEMENT SEE SCH B P21
C. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/27/92 Amount of Each Receipt this Period -0- MEMO 30.00 TRAVEL EXP. REIMBURSEMENT SEE SCH B P22
D. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 08/28/92 Amount of Each Receipt this Period -0- MEMO 70.55 TRAVEL EXP. REIMBURSEMENT SEE SCH B P36
E. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7, BOX 925 AUGUSTA, MAINE 04330 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/02/92 Amount of Each Receipt this Period -0- MEMO 727.31 TELEPHONE EXP. REIMBURSEMENT SEE SCH B P24
F. Full Name, Mailing Address and ZIP Code TIM BAGLEY P.O. BOX 9739-1128 PORTLAND, MAINE 04104 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation FIELD CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/04/92 Amount of Each Receipt this Period -0- MEMO 9.10 TRAVEL EXP. REIMBURSEMENT SEE SCH B P36
G. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/08/92 Amount of Each Receipt this Period -0- MEMO 71.40 TRAVEL EXP. REIMBURSEMENT SEE SCH B P34

SUBTOTAL of Receipts This Page (optional)

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TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 15 OF 16
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LARRY RICHARDSON RFD 1, BOX 929 LIMERICK, MAINE 04048 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HARVEY INDUSTRIES Occupation SALESMEN Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/09/92	Amount of Each Receipt this Period -0- MEMO 109.20 TELEPHONE EXP REIMBURSEMENT SEE SCH B P36
B. Full Name, Mailing Address and ZIP Code NANCY MILANI BOX 1040 YORK HARBOR, MAINE 03919 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation CAMPAIGN MANGER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/10/92	Amount of Each Receipt this Period -0- MEMO 237.29 TELEPHONE EXP REIMBURSEMENT SEE SCH B P26
C. Full Name, Mailing Address and ZIP Code PAUL VOLLE 260 LUDLOW STREET PORTLAND, MAINE 04102 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAINE CONSOLIDATED SERVICES Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/10/92	Amount of Each Receipt this Period -0- MEMO 31.97 OFFICE EXP. REIMBURSEMENT SEE SCH B P36
D. Full Name, Mailing Address and ZIP Code PAUL VOLLE 260 LUDLOW STREET PORTLAND, MAINE 04102 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAINE CONSOLIDATED SERVICES, INC. Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/14/92	Amount of Each Receipt this Period -0- MEMO 115.80 OFFICE EXP. REIMBURSEMENT SEE SCH B P28
E. Full Name, Mailing Address and ZIP Code SANDRA FAUCHER KEEFER RR #7, BOX 925 AUGUSTA, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SFK ASSOCIATED Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/14/92	Amount of Each Receipt this Period -0- MEMO 68.81 DINNER EXP. REIMBURSEMENT SEE SCH B P28
F. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND, SPRINGS, MAINE 04274 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LINDA BEAN FOR CONGRESS COMMITTEE Occupation COURIER Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/18/92	Amount of Each Receipt this Period -0- MEMO 33.75 TRAVEL EXP. REIMBURSEMENT SEE SCH B P35
G. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269, 405 WESTERN AVE. SOUTH PORTLAND, MAINE 04106 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/18/92	Amount of Each Receipt this Period -0- MEMO 100.00 OFFICE EXP. REIMBURSEMENT SEE SCH B P31

SUBTOTAL of Receipts This Page (optional)

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TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code RICHARD JACKSON 335 FOREST AVE. APT #205 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAINE STANDARD NURSERY & PRODUCE CO Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/25/92	Amount of Each Receipt this Period -0- MEMO 95.40 EQUIP PURCHASE REIMBURSEMENT SEE SCH B P33
B. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269, 405 WESTERN AVE. SOUTH PORTLAND, MAINE 04106 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/25/92	Amount of Each Receipt this Period -0- MEMO 103.73 OFFICE SUPP. REIMBURSEMENT SEE SCH B P33
C. Full Name, Mailing Address and ZIP Code PAUL VOLLE 260 LUDLOW STREET PORTLAND, MAINE 04102 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MAINE CONSOLIDATED SERVICES Occupation CONSULTANT Aggregate Year-To-Date \$ -0-	Date (month, day, year) 09/29/92	Amount of Each Receipt this Period -0- MEMO 111.30 REPAIR EXP. REIMBURSEMENT SEE SCH B P34
D. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	-0-
TOTAL This Period (last page this line number only)	30540.00

92014760369

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE **1** OF **3**
FOR LINE NUMBER
11C

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

NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code V-PAC 45472 HOLIDAY DRIVE, STE. 9 STERLING, VA. 22170 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code AMERICAN POLITICAL ACTION COMMITTEE P.O. BOX 1682 BELLEVUE, WA 98009 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 400.00	Date (month, day, year) 09/14/92	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code MOBIL OIL CORP. PAC 3225 GALLOWES RD. FAIRFAX, VA 22037 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 07/11/92	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code THE LEADER PAC P.O. BOX 7001 FAIRFAX STATION, VA 22039 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 07/24/92	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code THE NATIONAL CONGRESSIONAL CLUB P.O. BOX 18848 RALEIGH, NC 27619 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 08/11/92	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code HOUPAC P.O. BOX 27497 HOUSTON, TX 77227 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 08/08/92	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code POLITICAL ACTION COORS EMPLOYEES C/O ADOLPH COORS CO. GOLDEN, CO 80401 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/01/92	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	4200.00
TOTAL This Period (last page this line number only)	

92014760370

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code REPUBLICAN LEADERS FUND P.O. BOX 65290 WASHINGTON, D.C. 20035-5290 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 2000.00	Date (month, day, year) 09/14/92	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code NATIONAL RIFLE ASSOCIATION 1600 RHODE ISLAND AVE., N. W. WASHINGTON, D.C. 20036 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 7450.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 2500.00
C. Full Name, Mailing Address and ZIP Code HARRIS FEPAC MELBOURNE, FLORIDA 32919 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code NATIONAL RIGHT TO LIFE PAC SUITE 500, 419 7TH STREET, N.W. WASHINGTON, D.C. 20004 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 3500.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code EXPAC P.O. BOX 2180 HOUSTON, TX 77001 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code NATIONAL FEDERATION OF INDEPENDENT BUSINESS 53 CENTURY BLVD., SUITE 300 NASHVILLE, TN 37214 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/01/92	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code PEPSICO CONCERNED CITIZENS FUND ANDERSON HILL ROAD PURCHASE N.Y. 10577 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 1000.00	Date (month, day, year) 09/23/92	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

92014760371

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code SCOTTPAC 1726 M STREET, N.W. STE. 901 WASHINGTON D.C. 20036 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code COOPERS & LYBRAND PAC 1800 M STREET, N.W. WASHINGTON, D.C. 20036 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code PRINT PAC 100 DAINGERFIELD ROAD ARLINGTON, VA. 22314 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code RUFF PAC SIX HUNDRED SIXTY-SIX PENN AVENUE, S.W. WASHINGTON D.C. 20003 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 250.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code THE RIGHT TO WORK PAC 4 PORT ROYAL ROAD STE 211 SPRINGFIELD, VA 22151 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code NATIONAL RIFLE ASSOCIATION 1600 RHODE ISLAND AVE., N.W. WASHINGTON, D.C. 20036 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 8450.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code FREE CONGRESS PAC 717-2ND STREET, N.E. WASHINGTON, D.C. 20002 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 500.00	Date (month, day, year) 09/28/92	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			3750.00
TOTAL This Period (last page this line number only)			14450.00

92014760372

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 2500.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 1500.00 (IN KIND - RENTAL OF DODGE VAN)
B. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 2650.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 150.00 (IN KIND - RENTAL OF CELLULAR PHONE)
C. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 2700.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 50.00 (IN KIND - RENTAL OF CELLULAR PHONE)
D. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 2750.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 50.00 (IN KIND - RENTAL OF CELLULAR PHONE)
E. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 3050.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 300.00 (IN KIND - RENTAL OF FAX MACHINE)
F. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 3800.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 750.00 (IN KIND - RENTAL OF COMPUTER EQUIPMENT)
G. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 4250.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 450.00 (IN KIND - RENTAL OF PHOTO COPIER)

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 ORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 4550.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 300.00 (IN KIND - OFFICE FURNITURE RENTAL)
B. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 4700.00	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 150.00 (IN KIND - TELEPHONE SYSTEM RENTAL)
C. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 5389.33	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 689.33 (IN KIND - GAS FOR DODGE VAN)
D. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 8589.33	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 3200.00 (IN KIND - TRAVEL EXPENSE)
E. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-To-Date \$ 8608.23	Date (month, day, year) 09/30/92	Amount of Each Receipt this Period 18.90 (IN KIND - TOLLS)
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	4358.23
TOTAL This Period (last page this line number only)	7608.23

92014760374

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 430360.00	Date (month, day, year) 7/16/92	Amount of Each Receipt this Period 2000.00 LOAN FROM PERSONAL FUNDS
B. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 440860.00	Date (month, day, year) 7/21/92	Amount of Each Receipt this Period 10500.00 LOAN FROM PERSONAL FUNDS
C. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 480860.00	Date (month, day, year) 8/4/92	Amount of Each Receipt this Period 40000.00 LOAN FROM PERSONAL FUNDS
D. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 490860.00	Date (month, day, year) 8/5/92	Amount of Each Receipt this Period 10000.00 LOAN FROM PERSONAL FUNDS
E. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 510860.00	Date (month, day, year) 8/7/92	Amount of Each Receipt this Period 20000.00 LOAN FROM PERSONAL FUNDS
F. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 575370.00	Date (month, day, year) 8/13/92	Amount of Each Receipt this Period 64510.00 LOAN FROM PERSONAL FUNDS
G. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 615370.00	Date (month, day, year) 8/24/92	Amount of Each Receipt this Period 40000.00 LOAN FROM PERSONAL FUNDS

SUBTOTAL of Receipts This Page (optional)	187010.00
TOTAL This Period (last page this line number only)	

92014760375

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 680370.00	Date (month, day, year) 8/31/92	Amount of Each Receipt this Period 65000.00 LOAN FROM PERSONAL FUNDS
B. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 698670.00	Date (month, day, year) 8/31/92	Amount of Each Receipt this Period 18300.00 LOANS FROM PERSONAL FUNDS
C. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 742740.00	Date (month, day, year) 9/14/92	Amount of Each Receipt this Period 44070.00 LOANS FROM PERSONAL FUNDS
D. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 758740.00	Date (month, day, year) 9/22/92	Amount of Each Receipt this Period 16000.00 LOANS FROM PERSONAL FUNDS
E. Full Name, Mailing Address and ZIP Code LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation CANDIDATE Aggregate Year-To-Date \$ 783740.00	Date (month, day, year) 9/25/92	Amount of Each Receipt this Period 25000.00 LOANS FROM PERSONAL FUNDS
F. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	168370.00
TOTAL This Period (last page this line number only)	355380.00

92014760376

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code TERRY COOPER 4861-B SOUTH 28TH STREET ARLINGTON, VIRGINIA 22206	Purpose of Disbursement RESEARCH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/92	Amount of Each Disbursement This Period 1892.50
B. Full Name, Mailing Address and ZIP Code FABRIZIO MCLAUGHIN ASSOCIATION 801 N. FAIRFAX STREET SUITE 213 ALEXANDRIA, VA. 22314	Purpose of Disbursement POLLING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/92	Amount of Each Disbursement This Period 8150.00
C. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 202.69
D. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement REIMBURSEMENT - BALLOONS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 317.50
E. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 200.00
F. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 3250.00
G. Full Name, Mailing Address and ZIP Code ON THE TOP 75 COURT STREET AUGUSTA, MAINE 04330	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 1270.73
H. Full Name, Mailing Address and ZIP Code MAINE PAINT SERVICE P.O. BOX 6632 WOODFORDS STATION PORTLAND, ME 04101-6632	Purpose of Disbursement PAINT SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 297.50
I. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement BALLOONS & HELIUM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 760.36

SUBTOTAL of Receipts This Page (optional) **16341.28**

TOTAL This Period (last page this line number only)

92014760377

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LEAVITT & PARIS, INC. BOX 621 SCARBOROUGH, MAINE 04070	Purpose of Disbursement ADVERTISING - BANNERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/2/92	Amount of Each Disbursement This Period 115.00
B. Full Name, Mailing Address and ZIP Code PORTLAND WELDING P.O. BOX 8361 PORTLAND, MAINE 04104	Purpose of Disbursement HELIUM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 125.06
C. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement BALLOONS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 32.00
D. Full Name, Mailing Address and ZIP Code JOHN T. MERRILL 156 N. GORHAM STREET NORTH GORHAM, MAINE 04038	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 180.00
E. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 300.00
F. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 400.00
G. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 300.00
H. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 200.00

SUBTOTAL of Receipts This Page (optional)

2152.06

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code CATHERINE SCHUR 1396 FOREST AVENUE PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 375.00
B. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 5000.00
C. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/3/92	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code LORING, SHORT & HARMON 125 INDUSTRIAL WAY PORTLAND, MAINE 04103	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/8/92	Amount of Each Disbursement This Period 463.75
E. Full Name, Mailing Address and ZIP Code NOT USED	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/8/92	Amount of Each Disbursement This Period 9.95
G. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement HELIUM TANK DEPOSIT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/9/92	Amount of Each Disbursement This Period 135.85
H. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 300.00
I. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 400.00

SUBTOTAL of Receipts This Page (optional)

6884.55

TOTAL This Period (last page this line number only)

92014760379

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code CATHERINE SCHUR 1396 FOREST AVENUE PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 375.00
E. Full Name, Mailing Address and ZIP Code NANCY H. MILANI BOX 1040 YORK HARBOR, MAINE 03919	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 2500.00
F. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 200.00
G. Full Name, Mailing Address and ZIP Code JOHN T. MERRILL 156 N. GORHAM STREET NORTH GORHAM, MAINE 04038	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 180.00
H. Full Name, Mailing Address and ZIP Code WIKES LUMBER CO. 238 RIVERSIDE DRIVE PORTLAND, MAINE 04103	Purpose of Disbursement PLYWOOD FOR SIGNS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 216.84
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/10/92	Amount of Each Disbursement This Period 34.50

SUBTOTAL of Receipts This Page (optional)

4606.34

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/14/92	Amount of Each Disbursement This Period 13.00
B. Full Name, Mailing Address and ZIP Code MAINE LASER TECH. 101 JOHN ROBERTS ROAD SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement EQUIPMENT REPAIRS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/15/92	Amount of Each Disbursement This Period 413.80
C. Full Name, Mailing Address and ZIP Code MAINE LASER TECH. 101 JOHN ROBERTS ROAD SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/15/92	Amount of Each Disbursement This Period 109.70
D. Full Name, Mailing Address and ZIP Code U.S. CONGRESSIONAL CONSULTANTS 102 S. PEJON, SUITE #1100 COLORADO SPRINGS, CO. 80901-99	Purpose of Disbursement FUNDRAISING COMMISSION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/15/92	Amount of Each Disbursement This Period 5000.00
E. Full Name, Mailing Address and ZIP Code TONY PAYNE 68 PLEASANT HILL RD FALMOUTH, MAINE 04105	Purpose of Disbursement OFFICE FURNITURE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 350.00
F. Full Name, Mailing Address and ZIP Code MICHAEL A. LEE BOX 540 DENMARK, MAINE 04022	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 140.47
G. Full Name, Mailing Address and ZIP Code WINTESS PROPERTIES III 106 CLINTON STREET PORTLAND, MAINE 04102	Purpose of Disbursement RENT HQ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 700.00
H. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement HELIUM & TANK RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 308.00
I. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 300.00

SUBTOTAL of Receipts This Page (optional)

7334.97

TOTAL This Period (last page this line number only)

92014760381

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 550.00
E. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 200.00
F. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 200.00
G. Full Name, Mailing Address and ZIP Code JOHN T. MERRILL 156 N. GORHAM STREET NORTH GORHAM, MAINE 04038	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 280.00
H. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/17/92	Amount of Each Disbursement This Period 262.34
I. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/20/92	Amount of Each Disbursement This Period 375.00

SUBTOTAL of Receipts This Page (optional)

3067.34

TOTAL This Period (last page this line number only)

92014760382

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/20/92	Amount of Each Disbursement This Period 40.00
B. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/92	Amount of Each Disbursement This Period 21.93
C. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/92	Amount of Each Disbursement This Period 435.00
D. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/22/92	Amount of Each Disbursement This Period 110.53
E. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/23/92	Amount of Each Disbursement This Period 151.58
F. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/23/92	Amount of Each Disbursement This Period 121.37
G. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement BALLOONS & TANK RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 1090.68
H. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 375.00

SUBTOTAL of Receipts This Page (optional)

2846.09

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 400.00
C. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 225.00
D. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 375.00
E. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 200.00
F. Full Name, Mailing Address and ZIP Code HEATHER STEEVES BOX 109 VALLEY ROAD RAYMOND, MAINE 04071	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 200.00
G. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 20.00
H. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 30.00
I. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/24/92	Amount of Each Disbursement This Period 576.92

SUBTOTAL of Receipts This Page (optional)

2426.92

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 26.78
B. Full Name, Mailing Address and ZIP Code QUICK PRINT 723 EAST FILLMORE COLORADO SPRINGS, COLORADO 80907	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 200.00
C. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 8718.29
D. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/27/92	Amount of Each Disbursement This Period 5832.85
E. Full Name, Mailing Address and ZIP Code NANCY H. MILANI BOX 1040 YORK HARBOR, MAINE 03919	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/29/92	Amount of Each Disbursement This Period 241.31
F. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement PRINTING REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/29/92	Amount of Each Disbursement This Period 56.70
G. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/29/92	Amount of Each Disbursement This Period 656.35
H. Full Name, Mailing Address and ZIP Code WELCOME ABOARD TRAVEL, INC. 213 CAPITAL STREET AUGUSTA, MAINE 04330	Purpose of Disbursement TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/29/92	Amount of Each Disbursement This Period 570.00
I. Full Name, Mailing Address and ZIP Code TERRY L. COOPER 4861-B SOUTH 28TH STREET ARLINGTON, VIRGINIA 22206	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/29/92	Amount of Each Disbursement This Period 368.25

SUBTOTAL of Receipts This Page (optional)

16670.53

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code SDR TECHNOLOGIES, INC. 19510 VENTURA BLVD. SUITE 205 TARZANA, CAL. 91356	Purpose of Disbursement COMPUTER SOFTWARE	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/92	353.41
B. Full Name, Mailing Address and ZIP Code PARTY WORLD 28 ALLEN AVENUE PORTLAND, MAINE 04103	Purpose of Disbursement CHAIR RENTAL	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/92	250.00
C. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/92	209.62
D. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement TANK RENTAL & HELIUM	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/92	67.84
E. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/92	500.00
F. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/92	375.00
G. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/92	400.00
H. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement SALARY	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/92	350.00
I. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/92	225.00

SUBTOTAL of Receipts This Page (optional)	2730.87
TOTAL This Period (last page this line number only)	

92014760386

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code GAIL I. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 375.00
B. Full Name, Mailing Address and ZIP Code HEATHER STEEVES BOX 109 VALLEY ROAD RAYMOND, MAINE 04071	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 120.00
C. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 576.92
D. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 3000.00
E. Full Name, Mailing Address and ZIP Code WINTESS PROPERTIES III 106 CLINTON STREET PORTLAND, MAINE 04102	Purpose of Disbursement RENT HQ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 700.00
F. Full Name, Mailing Address and ZIP Code BERNIE AIELLO 4 WINSOR GREEN NAPLES, MAINE 04055	Purpose of Disbursement MEDIA CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 2250.00
G. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 3250.00
H. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 5000.00
I. Full Name, Mailing Address and ZIP Code L & A TENT & AWNING CO. 240 RIVER ROAD LEWISTON, MAINE 04240	Purpose of Disbursement TENT RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/92	Amount of Each Disbursement This Period 400.00

SUBTOTAL of Receipts This Page (optional)

15671.92

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code D.M. LEIGHT & CO HCR 35 BOX 727 TENANTS HARBOR, MAINE 04860	Purpose of Disbursement CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/92	Amount of Each Disbursement This Period 166.99
B. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE 75 PREBLE STREET PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/31/92	Amount of Each Disbursement This Period 881.82
C. Full Name, Mailing Address and ZIP Code "CHILDREN OF THE KING" BETH CHESLEY ROUTE #1, BOX 765 WINTHROP, MAINE 04364	Purpose of Disbursement CHILDREN ENTERTAINMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/92	Amount of Each Disbursement This Period 300.00
D. Full Name, Mailing Address and ZIP Code SPORTSMAN'S GRILL 905-911 CONGRESS STREET PORTLAND, MAINE 04102	Purpose of Disbursement CATERING COSTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/92	Amount of Each Disbursement This Period 1980.00
E. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/03/92	Amount of Each Disbursement This Period 69.70
F. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/92	Amount of Each Disbursement This Period 16260.00
G. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/92	Amount of Each Disbursement This Period 60.69
H. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/92	Amount of Each Disbursement This Period 200.00
I. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/92	Amount of Each Disbursement This Period 446.00

SUBTOTAL of Receipts This Page (optional)	20365.20
TOTAL This Period (last page this line number only)	

92014760388

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code NYNEX P.O. BOX 1939 PORTLAND, MAINE 04104-5010	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/92	Amount of Each Disbursement This Period 2576.01
B. Full Name, Mailing Address and ZIP Code NYNEX P.O. BOX 1939 PORTLAND, MAINE 04104-5010	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/92	Amount of Each Disbursement This Period 7277.10
C. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE P.O. BOX 871 PORTLAND, MAINE 04104	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/05/92	Amount of Each Disbursement This Period 548.02
D. Full Name, Mailing Address and ZIP Code CHASE BUSINESS FORMS & SYSTEMS 449 ROUTE ONE YORK, MAINE 03909	Purpose of Disbursement LAPEL STICKERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/05/92	Amount of Each Disbursement This Period 503.89
E. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE P.O. BOX 871 PORTLAND, MAINE 04104	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 189.00
F. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 260.00
G. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 375.00
I. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 400.00

SUBTOTAL of Receipts This Page (optional)	12629.02
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code JOHN DI GRINNEY SCARBOROUGH MAINE 04074	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 350.00
B. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 225.00
C. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 375.00
D. Full Name, Mailing Address and ZIP Code HEATHER STEEVES BOX 109 VALLEY ROAD RAYMOND, MAINE 04071	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 200.00
E. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 625.00
F. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement CATERING COST REIMB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 82.08
G. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 250.00
H. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 20.14
I. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE P.O. BOX 871 PORTLAND, MAINE 04104	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 431.42

SUBTOTAL of Receipts This Page (optional)

2558.64

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code MAINE CELLULAR 190 RIVERSIDE ST. PORTLAND, MAINE 04103	Purpose of Disbursement TELEPHONE	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 509.30
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 60.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code STUDIO 201 201 FALMOUTH ROAD FALMOUTH, MAINE 04105	Purpose of Disbursement BUMPER STICKERS	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 954.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code TEL-COMM CONTRACTING, INC ROUTE 202 P.O. BOX 308 MANCHESTER, MAINE 04351	Purpose of Disbursement TELEPHONE INSTALLATION	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 418.70
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code MAINE LASER TECH. 101 JOHN ROBERTS ROAD SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement EQUIPMENT REPAIRS	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 311.16
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code DIRECT MAIL OF MAINE 40 LIBBY ROAD SCARBOROUGH, MAINE 04074	Purpose of Disbursement PRINTING	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 934.16
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code CENTRAL MAINE POWER 162 CANCO ROAD P.O. BOX 1801 PORTLAND, MAINE 04104	Purpose of Disbursement UTILITIES	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 122.17
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code MAINE LASER TECH. 101 JOHN ROBERTS ROAD SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 54.85
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE	Date (month, day, year) 08/11/92	Amount of Each Disbursement This Period 20.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	3384.34
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92014760391

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code SHELBY/BLASEG INC 3400 DENT PLACE N.W. SUITE 200 WASHINGTON DC 20007	Purpose of Disbursement RETAINER FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/11/92	Amount of Each Disbursement This Period 3000.00
B. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/11/92	Amount of Each Disbursement This Period 51.73
C. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 20.00
D. Full Name, Mailing Address and ZIP Code SUMMIT COMMUNICATIONS 710 FOREST AVENUE PORTLAND, MAINE 04010	Purpose of Disbursement BEEPER PURCHASE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 196.10
E. Full Name, Mailing Address and ZIP Code P.C. COMPUTER RENTAL, INC 21 PEN PLAZA NEW YORK, N.Y. 10001	Purpose of Disbursement COMPUTER RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 321.00
F. Full Name, Mailing Address and ZIP Code NEW ENGLAND TELEPHONE CO. 5 WINSLOW STREET ARLINGTON, MA 02174	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 350.00
G. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 20.00
H. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 59.42
I. Full Name, Mailing Address and ZIP Code CHARLES A. NILES RR #3 BOX 184 GORHAM, MAINE 04038	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/11/92	Amount of Each Disbursement This Period 115.40

SUBTOTAL of Receipts This Page (optional) 4133.65

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92014760392

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code AD SPECS, INC 1337 PENNSYLVANIA AVE., S.E. WASHINGTON, D.C. 20003	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/13/92	Amount of Each Disbursement This Period 324.00
B. Full Name, Mailing Address and ZIP Code ALTID PROPERTIES 17 MONSIGNOR O'BRIAN HIGHWAY CAMBRIDGE, MASS 02141	Purpose of Disbursement RENT - PC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/13/92	Amount of Each Disbursement This Period 1000.00
C. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/13/92	Amount of Each Disbursement This Period 625.00
D. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/13/92	Amount of Each Disbursement This Period 38039.50
E. Full Name, Mailing Address and ZIP Code BLACK & WHITE IMAGES 40 ELM STREET PORTLAND, MAINE 04101	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/13/92	Amount of Each Disbursement This Period 102.85
F. Full Name, Mailing Address and ZIP Code BLACK & WHITE IMAGES 40 ELM STREET PORTLAND, MAINE 04101	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 191.81
G. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 31.75
H. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 375.00

SUBTOTAL of Receipts This Page (optional)

41189.91

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 225.00
B. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 400.00
C. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/14/92	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/21/92	Amount of Each Disbursement This Period 105.50
E. Full Name, Mailing Address and ZIP Code HEATHER STEEVES BOX 109 VALLEY ROAD RAYMOND, MAINE 04071	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 120.00
F. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 375.00
G. Full Name, Mailing Address and ZIP Code HARPERS CONNECTING POINT 319 MARGINAL WAY PORTLAND, MAINE 04101	Purpose of Disbursement COMPUTER REPAIR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 184.44
H. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/17/92	Amount of Each Disbursement This Period 92.25
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/17/92	Amount of Each Disbursement This Period 13.00

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1765.19

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92014760394

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code NANCY H. MILANI BOX 1040 YORK HARBOR, MAINE 03919	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/18/92	Amount of Each Disbursement This Period 2500.00
B. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SUPPLY REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/20/92	Amount of Each Disbursement This Period 120.39
C. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 625.00
D. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 375.00
F. Full Name, Mailing Address and ZIP Code TIM LYONS 176 WHITNEY AVE. PORTLAND, MAINE 04102	Purpose of Disbursement RESEARCH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 225.00
G. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 400.00
H. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 375.00
I. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/21/92	Amount of Each Disbursement This Period 250.00

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5370.39

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MAINE CELLULAR 190 RIVERSIDE ST. PORTLAND, MAINE 04103	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/92	270.46
B. Full Name, Mailing Address and ZIP Code LETTER SYSTEMS INC. 52 WATER STREET HALLOWELL, MAINE 04347	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/92	4111.74
C. Full Name, Mailing Address and ZIP Code LETTER SYSTEMS INC. 52 WATER STREET HOLLOWELL, MAINE 04347	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/92	712.32
D. Full Name, Mailing Address and ZIP Code CENTRAL MAINE POWER 162 CANCO ROAD P.O. BOX 1801 PORTLAND, MAINE 04104	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/21/92	203.32
E. Full Name, Mailing Address and ZIP Code SHELBY/BLASEG INC 3400 DENT PLACE N.W. SUITE 200 WASHINGTON DC 20007	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/92	1392.00
F. Full Name, Mailing Address and ZIP Code SEK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/92	601.16
G. Full Name, Mailing Address and ZIP Code STUDIO 201 201 FALMOUTH ROAD FALMOUTH, MAINE 04105	BUMPER STICKERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/92	462.50
H. Full Name, Mailing Address and ZIP Code DIRECT MAIL OF MAINE 40 LIBBY ROAD SCARBOROUGH, MAINE 04074	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/92	17264.02
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/24/92	13.00

SUBTOTAL of Receipts This Page (optional)	25030.52
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92014760396

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code MR. PRINTER 483 GRAF ROAD WINDHAM, MAINE 04062	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/24/92	Amount of Each Disbursement This Period 106.00
B. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/24/92	Amount of Each Disbursement This Period 14815.00
C. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLY REIMBUR. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/24/92	Amount of Each Disbursement This Period 197.96
D. Full Name, Mailing Address and ZIP Code KINKO'S 448 FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/26/92	Amount of Each Disbursement This Period 153.70
E. Full Name, Mailing Address and ZIP Code NYNEX P.O. BOX 1939 PORTLAND, MAINE 04104-5010	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/26/92	Amount of Each Disbursement This Period 700.00
F. Full Name, Mailing Address and ZIP Code NYNEX P.O. BOX 1939 PORTLAND, MAINE 04104-5010	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/26/92	Amount of Each Disbursement This Period 350.00
G. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/26/92	Amount of Each Disbursement This Period 13.00
H. Full Name, Mailing Address and ZIP Code CUMBERLAND CTY GOP CMTE 18 TALL PINES ROAD SCARBOROUGH, MAINE 04074	Purpose of Disbursement BOOTH RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 360.00
I. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 580.00

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17275.66

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement TRAVEL REIMBURSEMENT	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 30.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code NYNEX P.O. BOX 1939 PORTLAND, MAINE 04104-5010	Purpose of Disbursement TELEPHONE	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 1234.24
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code MAIL BOXES, ETC. USA 295 FOREST AVE. PORTLAND, MAINE 04104	Purpose of Disbursement POSTAGE	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 238.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 164.44
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code BUREAU OF EMPLOYMENT SECURITY 62 ELM STREET PORTLAND, MAINE 04101	Purpose of Disbursement UNEMPLOYMENT INSURANCE	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 737.22
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code DEBONAIRE BALLOONS 345 BROWN STREET WESTBROOK, MAINE 04092	Purpose of Disbursement HELIUM TANKS	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 64.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES	Date (month, day, year) 08/27/92	Amount of Each Disbursement This Period 142.62
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 577.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)

3687.52

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 375.00
B. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 135.00
C. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 400.00
D. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 375.00
E. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/31/92	Amount of Each Disbursement This Period 16730.00
G. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/01/92	Amount of Each Disbursement This Period 4000.00
H. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/01/92	Amount of Each Disbursement This Period 5000.00
I. Full Name, Mailing Address and ZIP Code MAX SHULZ THE BUNSWICK WEST GRAND AVE OLD ORCHARD BEACH, ME 04064	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/01/92	Amount of Each Disbursement This Period 875.00

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETER COCCARO THE BRUNSWICK WEST GRAND AVE OLD OCHARD BEACH, ME. 04064	CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/92	875.00
B. Full Name, Mailing Address and ZIP Code WELCOME ABOARD TRAVEL, INC 213 CAPITAL STREET AUGUSTA, MAINE 04330	TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/92	800.00
C. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/92	20986.73
D. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE P.O. BOX 871 PORTLAND, MAINE 04104	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/92	1375.21
E. Full Name, Mailing Address and ZIP Code SHELBY/BLASEG INC 3400 DENT PLACE N.W. SUITE 200 WASHINGTON DC 20007	RETAINER FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/92	3000.00
F. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/02/92	727.31
G. Full Name, Mailing Address and ZIP Code SIR SPEEDY 137 KENNEBUNK ROAD PORTLAND, MAINE 04101	PHOTOCOPYING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/03/92	320.21
H. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/04/92	673.00
I. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/04/92	625.00

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29382.46

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SCHEDULE B

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/04/92	Amount of Each Disbursement This Period 375.00
B. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/04/92	Amount of Each Disbursement This Period 375.00
C. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/4/92	Amount of Each Disbursement This Period 225.00
D. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/4/92	Amount of Each Disbursement This Period 400.00
E. Full Name, Mailing Address and ZIP Code JANE JACKSON 4 SHERWOOD DRIVE FALMOUTH, MAINE 04105	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/4/92	Amount of Each Disbursement This Period 280.00
F. Full Name, Mailing Address and ZIP Code MAINE CELLULAR 190 RIVERSIDE ST. PORTLAND, MAINE 04103	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/4/92	Amount of Each Disbursement This Period 1990.91
G. Full Name, Mailing Address and ZIP Code SHELBY/BLASEG INC. P.O. BOX 871 PORTLAND, MAINE 04104	Purpose of Disbursement RETAINER FEE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/04/92	Amount of Each Disbursement This Period 3000.00
H. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/04/92	Amount of Each Disbursement This Period 13315.00
I. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 95 HUTCHINS DRIVE PORTLAND, MAINE 04102	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/04/92	Amount of Each Disbursement This Period 50.25

SUBTOTAL of Receipts This Page (optional)

20011.16

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92014760401

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/08/92	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code DIRECT MAIL OF MAINE 40 LIBBY ROAD SCARBOROUGH, MAINE 04074	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/08/92	Amount of Each Disbursement This Period 1260.00
C. Full Name, Mailing Address and ZIP Code WINTESS PROPERTIES III 106 CLINTON STREET PORTLAND, MAINE 04102	Purpose of Disbursement RENT HQ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 700.00
D. Full Name, Mailing Address and ZIP Code NANCY H. MILANI BOX 1040 YORK HARBOR, MAINE 03919	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 237.29
E. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 435.00
F. Full Name, Mailing Address and ZIP Code ALTID PROPERTIES 17 MONSIGNOR O'BRIAN HIGHWAY CAMBRIDGE, MASS 02141	Purpose of Disbursement RENT - PC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 1000.00
G. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 375.00
H. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 375.00
I. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/10/92	Amount of Each Disbursement This Period 225.00

SUBTOTAL of Receipts This Page (optional) 4857.29

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92014760402

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	400.00
B. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	240.00
C. Full Name, Mailing Address and ZIP Code NANCY H. MILANI BOX 1040 YORK HARBOR, MAINE 03919	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	2500.00
D. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	625.00
E. Full Name, Mailing Address and ZIP Code JANE JACKSON 4 SHERWOOD DRIVE FALMOUTH, MAINE 04105	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	224.00
F. Full Name, Mailing Address and ZIP Code CAROL QUINT 30 STROUDWATER PLACE WESTBROOK, MAINE 04092	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	192.50
G. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	625.00
H. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/92	290.00
I. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/92	2175.00

SUBTOTAL of Receipts This Page (optional)

7271.50

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92014760403

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code NEW ENGLAND TELEPHONE CO. 5 WINSLOW STREET ARLINGTON, MA 02174	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 1802.09
B. Full Name, Mailing Address and ZIP Code SUMMIT COMMUNICATIONS 710 FOREST AVE. PORTLAND, MAINE 04010	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 159.03
C. Full Name, Mailing Address and ZIP Code DIRECT MAIL OF MAINE 40 LIBBY ROAD SCARBOROUGH, MAINE 04074	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 7283.31
D. Full Name, Mailing Address and ZIP Code PAUL VOLLE 260 LUDLOW STREET PORTLAND, MAINE 04102	Purpose of Disbursement SUPPLY REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 115.80
E. Full Name, Mailing Address and ZIP Code SANDRA KEEFER RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement DINNER REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 68.81
F. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE P.O. BOX 871 PORTLAND, MAINE 04104	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 168.54
G. Full Name, Mailing Address and ZIP Code MAINE LASER TECH. 101 JOHN ROBERTS ROAD SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 109.70
H. Full Name, Mailing Address and ZIP Code MAINE LASER TECH. 101 JOHN ROBERTS ROAD SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 82.50
I. Full Name, Mailing Address and ZIP Code MR. PRINTER 483 GRAF ROAD WINDHAM, MAINE 04062	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 159.00

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9948.78

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code DIRECT MAIL OF MAINE 40 LIBBY ROAD SCARBOROUGH, MAINE 04074	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 5049.85
B. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 1885.00
C. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/14/92	Amount of Each Disbursement This Period 12080.00
D. Full Name, Mailing Address and ZIP Code MAINE STATE TREASURER P.O. BOX 3574 PORTLAND, MAINE 04104	Purpose of Disbursement UNEMPLOYMENT TAXES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/15/92	Amount of Each Disbursement This Period 440.00
E. Full Name, Mailing Address and ZIP Code THE JOURNAL TRIBUNE ALFRED ROAD BIDDEFORD, MAINE 04005	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/15/92	Amount of Each Disbursement This Period 613.42
F. Full Name, Mailing Address and ZIP Code PORTLAND NEWSPAPER P.O. BOX BOX 1460 PORTLAND, MAINE 04101	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/15/92	Amount of Each Disbursement This Period 3748.98
G. Full Name, Mailing Address and ZIP Code MAX SHULZ THE BRUNSWICK WEST GRAND AVE. OLD ORCHARD BEACH, ME. 04064	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/16/92	Amount of Each Disbursement This Period 875.00
H. Full Name, Mailing Address and ZIP Code PETER COCCARO THE BRUNSWICK WEST GRAND AVE. OLD ORCHARD BEACH, ME. 04064	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/16/92	Amount of Each Disbursement This Period 875.00
I. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/16/92	Amount of Each Disbursement This Period 179.61

SUBTOTAL of Receipts This Page (optional)

25746.86

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SCHEDULE B

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE EQUIPMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/16/92	Amount of Each Disbursement This Period 106.00
B. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/16/92	Amount of Each Disbursement This Period 90.02
C. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 625.00
D. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 625.00
E. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 375.00
F. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 375.00
G. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 225.00
H. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 400.00
I. Full Name, Mailing Address and ZIP Code JANE JACKSON 4 SHERWOOD DRIVE FALMOUTH, MAINE 04105	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 280.00

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92014760406

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code CAROL QUINT 30 STROUDWATER PLACE WESTBROOK, MAINE 04092	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 266.00
B. Full Name, Mailing Address and ZIP Code RICHARD JACKSON 335 FOREST AVE. APT. 205 PORTLAND, MAINE 04104	Purpose of Disbursement CONTRACT SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 180.00
C. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement REIMB. ADVERTISING EXP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 100.00
E. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/21/92	Amount of Each Disbursement This Period 20007.11
F. Full Name, Mailing Address and ZIP Code SHELBY/BLASEG INC 3400 DENT PLACE N.W. SUITE 200 WASHINGTON DC 20007	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/21/92	Amount of Each Disbursement This Period 1509.90
G. Full Name, Mailing Address and ZIP Code MR. PRINTER 483 GRAF ROAD WINDHAM, MAINE 04062	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/21/92	Amount of Each Disbursement This Period 137.80
H. Full Name, Mailing Address and ZIP Code NEW ENGLAND TELEPHONE CO. 5 WINSLOW STREET ARLINGTON, MA 02174	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/21/92	Amount of Each Disbursement This Period 951.47
I. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/21/92	Amount of Each Disbursement This Period 129.55

SUBTOTAL of Receipts This Page (optional)

23531.83

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/22/92	Amount of Each Disbursement This Period 179.50
B. Full Name, Mailing Address and ZIP Code ROBERT GOODMAN AGENCY 2201 OLD COURT ROAD BALTIMORE, MARYLAND 21208	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/22/92	Amount of Each Disbursement This Period 16005.00
C. Full Name, Mailing Address and ZIP Code GEMINI SYSTEMS, INC. 2273 CONGRESS STREET PORTLAND, MAINE 04103	Purpose of Disbursement VOTERS LIST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/22/92	Amount of Each Disbursement This Period 143.10
D. Full Name, Mailing Address and ZIP Code MAINE SUNDAY TELEGRAM 390 CONGRESS STREET PORTLAND, MAINE 04101	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 2450.70
E. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 625.00
F. Full Name, Mailing Address and ZIP Code JANET DAY RR 1, BOX 415 POLAND SPRING, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 471.19
G. Full Name, Mailing Address and ZIP Code PATRICIA MACVANE RR 2, BOX 734 CASCO, MAINE 04015	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 375.00
H. Full Name, Mailing Address and ZIP Code GAIL L. MELITA RR #1, BOX 169A TOPSHAM, MAINE 04086	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 277.31
I. Full Name, Mailing Address and ZIP Code HOLLIS W. MORGAN 32 ST. GEORGES STREET PORTLAND, MAINE 04103	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 181.79

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20708.59

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92014760408

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code COMPUTER CONSULTANTS CO. P.O. BOX 2760 SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 400.00
B. Full Name, Mailing Address and ZIP Code JANE JACKSON 4 SHERWOOD DR. FALMOUTH, MAINE 04105	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 234.05
C. Full Name, Mailing Address and ZIP Code CAROL QUINT 30 STROUDWATER PLACE WESTBROOK, MAINE 04092	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 197.41
D. Full Name, Mailing Address and ZIP Code RICHARD JACKSON 335 FOREST AVE. APT #205 PORTLAND, MAINE 04104	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 300.00
E. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 209.78
F. Full Name, Mailing Address and ZIP Code RICHARD JACKSON 335 FOREST AVE. APT #205 PORTLAND, MAINE 04104	Purpose of Disbursement EQUIP. REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 95.40
G. Full Name, Mailing Address and ZIP Code TOWN OF GARDINER 6 CHURCH STREET GARDNER, MAINE 04345	Purpose of Disbursement VOTER LIST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement REIMB. OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 103.73
I. Full Name, Mailing Address and ZIP Code GEMINI SYSTEMS, INC 2273 CONGRESS STREET PORTLAND, MAINE 04103	Purpose of Disbursement VOTERS LIST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 206.70

SUBTOTAL of Receipts This Page (optional)

1947.07

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 34 OF 38
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code MICHAEL LEWIS BOX 1475 SANFORD, MAINE 04073	Purpose of Disbursement SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/25/92	Amount of Each Disbursement This Period 168.70
B. Full Name, Mailing Address and ZIP Code MR. PRINTER 483 GRAF ROAD WINDHAM, MAINE 04062	Purpose of Disbursement PRINTING MATERIAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/92	Amount of Each Disbursement This Period 238.50
C. Full Name, Mailing Address and ZIP Code PRINTMAIL OF MAINE P.O. BOX 871 PORTLAND, MAINE 04104	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/92	Amount of Each Disbursement This Period 905.21
D. Full Name, Mailing Address and ZIP Code PAUL VOLLE 260 LUDLOW STREET PORTLAND, MAINE 04102	Purpose of Disbursement OFFICE SUPPLY REIMB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/29/92	Amount of Each Disbursement This Period 111.30
E. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement TRAVEL EXP REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/07/92	Amount of Each Disbursement This Period 93.30
F. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement TRAVEL EXP REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/14/92	Amount of Each Disbursement This Period 53.60
G. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/24/92	Amount of Each Disbursement This Period 149.10
H. Full Name, Mailing Address and ZIP Code SFK ASSOCIATES RR 7 BOX 925 AUGUSTA, MAINE 04330	Purpose of Disbursement SUPPLY REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/24/92	Amount of Each Disbursement This Period 39.60
I. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/08/92	Amount of Each Disbursement This Period 71.40

SUBTOTAL of Receipts This Page (optional)

1830.71

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/20/92	Amount of Each Disbursement This Period 27.00
B. Full Name, Mailing Address and ZIP Code JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/18/92	Amount of Each Disbursement This Period 33.75
C. Full Name, Mailing Address and ZIP Code STAPLES OFFICE SUPPLIES 443 WESTERN AVE. SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/17/92	Amount of Each Disbursement This Period 36.35
D. Full Name, Mailing Address and ZIP Code CAROLYN COSBY 48 GLENHAVEN ROAD WEST PORTLAND, MAINE 04102	Purpose of Disbursement PARTY FEE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/02/92	Amount of Each Disbursement This Period 78.63
E. Full Name, Mailing Address and ZIP Code SUMMIT COMMUNICATIONS 710 FOREST AVE. PORTLAND, MAINE 04010	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 34.00
F. Full Name, Mailing Address and ZIP Code JAMES W. GORMAN, JR. 7 LOWER PLEASANT STREET FREEPORT, MAINE 04032	Purpose of Disbursement PARTY FEE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/08/92	Amount of Each Disbursement This Period 51.50
G. Full Name, Mailing Address and ZIP Code DENNIS LEIGHT HCR 35, BOX 727 TENANTS HARBOR MAINE	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/12/92	Amount of Each Disbursement This Period 63.74
H. Full Name, Mailing Address and ZIP Code DISCOUNT PAPER BROKERS BOX 26921 RALEIGH NORTH CAROLINA	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 4957.17
I. Full Name, Mailing Address and ZIP Code TIM LYONS 176 WHITNEY AVE. PORTLAND, MAINE 04102	Purpose of Disbursement RESEARCH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/28/92	Amount of Each Disbursement This Period 90.00

SUBTOTAL of Receipts This Page (optional)

5372.14

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JEREMY DAY RR #1, BOX 415 POLAND SPRINGS, MAINE 04274	TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/28/92	70.55
B. Full Name, Mailing Address and ZIP Code MAINE CONSOLIDATED SERVICES SUITE 269 405 WESTERN AVENUE SOUTH PORTLAND, MAINE 04106	Purpose of Disbursement CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/02/92	2510.00
C. Full Name, Mailing Address and ZIP Code TIM BAGELY P.O. BOX 9739-1128 PORTLAND, MAINE 04104	Purpose of Disbursement TRAVEL REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/04/92	9.10
D. Full Name, Mailing Address and ZIP Code LARRY RICHARDSON RFD 1, BOX 929 LIMERICK, ME 04102	Purpose of Disbursement TELEPHONE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/92	109.20
E. Full Name, Mailing Address and ZIP Code PAUL VOLLE 260 LUDLOW STREET PORTLAND, MAINE 04102	Purpose of Disbursement OFFICE SUPPLIES REIMB. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/92	31.97
F. Full Name, Mailing Address and ZIP Code CENTRAL MAINE POWER 162 CANCO ROAD P.O. BOX 1801 PORTLAND, MAINE 04104	Purpose of Disbursement UTILITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/92	66.55
G. Full Name, Mailing Address and ZIP Code U.S. POST OFFICE FOREST AVENUE PORTLAND, MAINE 04101	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/92	15.95
H. Full Name, Mailing Address and ZIP Code SHELBY/BLASEG INC 3400 DENT PLACE N.W. SUITE 200 WASHINGTON DC 20007	Purpose of Disbursement MAILING EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/04/92	1634.75
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional)

4448.07

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL OF DODGE VAN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 1500.00 (IN KIND - RECEIVED)
B. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL OF PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 150.00 (IN KIND - RECEIVED)
C. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL OF PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 50.00 (IN KIND - RECEIVED)
D. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL OF PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 50.00 (IN KIND - RECEIVED)
E. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL OF FAX MACHINE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 300.00 (IN KIND - RECEIVED)
F. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL - COMPUTER EQUIP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 750.00 (IN KIND - RECEIVED)
G. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL - PHOTO COPIERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 450.00 (IN KIND - RECEIVED)
H. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL OFFICE FURNITURE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 300.00 (IN KIND - RECEIVED)
I. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement RENTAL TELEPHONE SYSTEM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 150.00 (IN KIND - RECEIVED)

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)

LINDA BEAN FOR CONGRESS COMMITTEE

FEC ID No. C00255117

A. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement GAS FOR DODGE VAN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 689.33 (IN KIND - RECEIVED)
B. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement TRAVEL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 3200.00 (IN KIND - RECEIVED)
C. Full Name, Mailing Address and ZIP Code LINDA BEAN (CONTRIBUTOR) 295 FOREST AVENUE, BOX 204 PORTLAND, MAINE 04101	Purpose of Disbursement TOLLS EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/30/92	Amount of Each Disbursement This Period 18.90 (IN KIND - RECEIVED)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional)	3908.23
TOTAL This Period (last page this line number only)	412028.62

92014760414

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 15 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 10050.00	Cumulative Payment To Date 2825.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 7225.00	
Terms: Date Incurred <u>11/7/91</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 6000.00	Cumulative Payment To Date --0--
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 6000.00	
Terms: Date Incurred <u>1/6/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)			13225.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760415

SCHEDULE C
(Revised 3/80)

LOANS

Page 2 of 15 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 10000.00	Balance Outstanding at Close of This Period 10000.00
Terms: Date Incurred 1/14/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured		Cumulative Payment To Date -0-	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 5000.00	Balance Outstanding at Close of This Period 5000.00
Terms: Date Incurred 2/29/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured		Cumulative Payment To Date -0-	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)			15000.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760416

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 10000.00	Cumulative Payment To Date -0-
		Balance Outstanding at Close of This Period 10000.00	
Terms: Date Incurred <u>3/6/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 10000.00	Cumulative Payment To Date -0-
		Balance Outstanding at Close of This Period 10000.00	
Terms: Date Incurred <u>3/12/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		20000.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760417

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 8900.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 8900.00	
Terms: Date Incurred 3/26/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 32900.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 32900.00	
Terms: Date Incurred 4/15/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		41800.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760418

SCHEDULE C
(Revised 3/80)

LOANS

Page 5 of 15 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 44000.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 44000.00	
Terms: Date Incurred <u>4/16/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 34000.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 34000.00	
Terms: Date Incurred <u>4/23/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		78000.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760419

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 25000.00	Cumulative Payment To Date -0-
		Balance Outstanding at Close of This Period 25000.00	
Terms: Date Incurred <u>4/29/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 33560.00	Cumulative Payment To Date -0-
		Balance Outstanding at Close of This Period 33560.00	
Terms: Date Incurred <u>5/8/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		58560.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760420

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 50000.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 50000.00	
Terms: Date Incurred <u>5/29/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 75000.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 75000.00	
Terms: Date Incurred <u>6/4/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)			125000.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760421

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 25000.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 25000.00	
Terms: Date Incurred 6/11/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 34000.00	Cumulative Payment To Date -0-
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 34000.00	
Terms: Date Incurred 6/19/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		59000.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760422

SCHEDULE C
(Revised 3/80)

LOANS

Page 9 of 15 for
LINENUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 25000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 25000.00
Terms: Date Incurred <u>5/21/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 2000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 2000.00
Terms: Date Incurred <u>7/16/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
SUBTOTALS This Period This Page (optional)			27000.00
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760423

SCHEDULE C
(Revised 3/80)

LOANS

Page 10 of 15 for
LINENUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 10500.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 10500.00	
Terms: Date Incurred 7/21/92 Date Due 12/31/92 Interest Rate 0.000 % (apr)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 40000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 40000.00	
Terms: Date Incurred 8/4/92 Date Due 12/31/92 Interest Rate 0.000 % (apr)		<input type="checkbox"/> Secured	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		50500.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760424

SCHEDULE C
(Revised 3/80)

LOANS

Page 11 of 15 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 10000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 10000.00	
Terms: Date Incurred 8/5/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 20000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 20000.00	
Terms: Date Incurred 8/7/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding \$		
SUBTOTALS This Period This Page (optional)		30000.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760425

SCHEDULE C
(Revised 3/80)

LOANS

Page 12 of 15 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 64510.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 64510.00	
Terms: Date Incurred 8/13/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 40000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 40000.00	
Terms: Date Incurred 8/24/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		104510.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014700426

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 65000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 65000.00	
Terms: Date Incurred 8/31/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 18300.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 18300.00	
Terms: Date Incurred 8/31/92 Date Due 12/31/92 Interest Rate 0.000 % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		83300.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

92014760427

SCHEDULE C
(Revised 3/80)

LOANS

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LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 44070.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 44070.00	
Terms: Date Incurred <u>9/14/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101		Original Amount of Loan 16000.00	Cumulative Payment To Date -0-
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Balance Outstanding at Close of This Period 16000.00	
Terms: Date Incurred <u>9/22/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	
		Occupation	
		Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		60070.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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SCHEDULE C
(Revised 3/80)

LOANS

Page 15 of 15 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) LINDA BEAN FOR CONGRESS COMMITTEE		FEC ID No C00255117	
A. Full Name, Mailing Address and ZIP Code of Loan Source LINDA BEAN 295 FOREST AVENUE BOX 204 PORTLAND, MAINE 04101 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 25000.00	Cumulative Payment To Date -0-
		Balance Outstanding at Close of This Period 25000.00	
Terms: Date Incurred <u>9/25/92</u> Date Due <u>12/31/92</u> Interest Rate <u>0.000</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding \$	
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 	Cumulative Payment To Date
		Balance Outstanding at Close of This Period 	
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding \$	
SUBTOTALS This Period This Page (optional)		25000.00	
TOTALS This Period (last page in this line only)		790965.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
LINDA BEAN FOR CONGRESS COMMITTEE				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor COOPERS & LYBRAND 130 MIDDLE STREET PORTLAND, MAINE 04104-5059	-0-	3398.00	-0-	3398.00
Nature of Debt (Purpose): ACCOUNTING SERVICES				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				3398.00
2) TOTALS This Period (last page in this line only)				3398.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				790965.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				794363.00

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