

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michaud for Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	53376.28	74531.28
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	53376.28	74531.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30505.06	67940.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	79.00	79.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30426.06	67861.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56896.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Michaud for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5050.00

5550.00

(ii) Unitemized.....

320.00

475.00

(iii) TOTAL of contributions

5370.00

6025.00

from individuals..... ▶

6.28

6.28

(b) Political Party Committees.....

48000.00

68500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

53376.28

74531.28

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

79.00

79.00

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

.26

.44

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

53455.54

74610.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30505.06	67940.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2000.00	4250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32505.06	72190.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35945.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	53455.54
25. SUBTOTAL (add Line 23 and Line 24).....	89401.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32505.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56896.41

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Jane Calderwood		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 222 Third Street, NE		Transaction ID: C10665
City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Brown and Company, Inc. Occupation Vice President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kaylene Green		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address PO Box 410		Transaction ID: C10666
City Reedville State VA Zip Code 22539	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The PMA Group Occupation Govt. Relations & Legislative Counsel		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John E. Jones		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 45 Longmeadow Rd		Transaction ID: C10737
City Winnetka State IL Zip Code 60093	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cummins Allison Occupation stockholder		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ▶	3800.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
William Jones

Mailing Address C/O Cummins
891 Freehanville

City State Zip Code
Mt Prospect IL 60056

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

Name of Employer Cummins Allison Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: C10745

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Kevin Kearns

Mailing Address 910 16th Street, NW
Suite 300

City State Zip Code
Washington DC 20006

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

Name of Employer US Business Industry Council Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: C10736

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	5050.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one)	PAGE 7 / 37
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial)
A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6.28

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: C10757

Amount of Each Receipt this Period
6.28

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

* In-Kind: Fund-raising Services

SUBTOTAL of Receipts This Page (optional)	▶	6.28
TOTAL This Period (last page this line number only)	▶	6.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. AIR LINE PILOTS ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 1625 Massachusetts Ave. NW 8th Floor		Transaction ID: C10680
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00035451		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. AMALGAMATED TRANSIT UNION-COPE		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2007
Mailing Address 5025 WISCONSIN AVE. N.W.		Transaction ID: C10670
City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00032995		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 1050 31st Street N.W.		Transaction ID: C10734
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00024521		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1015 15TH STREET, NW #802		Transaction ID: C10744
City WASHINGTON State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00010868	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 80 F Street NW		Transaction ID: C10676
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C C00009936	Amount of Each Receipt this Period 500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	500.00	

Full Name (Last, First, Middle Initial) C. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2007
Mailing Address 1625 L STREET NW		Transaction ID: C10658
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00011114	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Receipt
Mailing Address 1625 L STREET NW		M M / D D / Y Y Y Y Y 03 / 31 / 2007
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee. C C00011114		Transaction ID: C10732
Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Election Cycle-to-Date ▼		1000.00
2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt
Mailing Address 325 Seventh Street NW Suite 700		M M / D D / Y Y Y Y Y 03 / 31 / 2007
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. C C00106146		Transaction ID: C10733
Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Election Cycle-to-Date ▼		1000.00
1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. AMERICAN MARITIME OFFICERS RETIREES ASSOCIATION VOLUNTARY POLITICAL ACTION FUND		Date of Receipt
Mailing Address 2 West Dixie Highway		M M / D D / Y Y Y Y Y 03 / 31 / 2007
City	State	Zip Code
Dania Beach	FL	33004
FEC ID number of contributing federal political committee. C C00089557		Transaction ID: C10718
Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Election Cycle-to-Date ▼		1000.00
2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 1111 North Fairfax Street		Transaction ID: C10678
City State Zip Code Alexandria VA 22314	FEC ID number of contributing federal political committee. C C00012880	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2007
Mailing Address 499 SOUTH CAPITOL STREET SW #409		Transaction ID: C10667
City State Zip Code WASHINGTON DC 20003	FEC ID number of contributing federal political committee. C C00041061	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1000 Wilson Boulevard Suite 1825		Transaction ID: C10729
City State Zip Code Arlington VA 22209	FEC ID number of contributing federal political committee. C C00373696	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1219 28th Street NW		Transaction ID: C10743
City Washington State DC Zip Code 20007	FEC ID number of contributing federal political committee. C C00118208	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 520 N. NORTHWEST HIGHWAY		Transaction ID: C10751
City PARK RIDGE State IL Zip Code 60068	FEC ID number of contributing federal political committee. C C00255752	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) C. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1125 17TH ST. NW		Transaction ID: C10717
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00029504	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2500.00	

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

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

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2007

Transaction ID: C10671

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.
Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: C10749

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: C10679

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION		Date of Receipt
Mailing Address 1750 New York Ave NW		M M / D D / Y Y Y Y 03 / 31 / 2007
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee. C C00029447		Transaction ID: C10731
Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 1000.00
Election Cycle-to-Date ▼ 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND		Date of Receipt
Mailing Address 753 State Ave. Suite 565		M M / D D / Y Y Y Y 02 / 14 / 2007
City	State	Zip Code
Kansas City	KS	66101
FEC ID number of contributing federal political committee. C C00005157		Transaction ID: C10672
Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 1000.00
Election Cycle-to-Date ▼ 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt
Mailing Address 900 Seventh Street, NW		M M / D D / Y Y Y Y 03 / 31 / 2007
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. C C00027342		Transaction ID: C10739
Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 5000.00
Election Cycle-to-Date ▼ 5000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 17 Battery Place		Transaction ID: C10681
City State Zip Code New York NY 10004	FEC ID number of contributing federal political committee. C C00158576	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. MARINE ENGINEERS BENEFICIAL ASSOCIATION RETIREES G		Date of Receipt M M / D D / Y Y Y Y Y 02 / 14 / 2007
Mailing Address 444 N CAPITOL STREET NW SUITE 800		Transaction ID: C10673
City State Zip Code WASHINGTON DC 20001	FEC ID number of contributing federal political committee. C C00003863	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1325 Massachusetts Ave. NW		Transaction ID: C10748
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00238725	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION FOR UNIFORMED SERVICES PAC
 Mailing Address 5535 HEMPSTEAD WAY
 City State Zip Code
 SPRINGFIELD VA 22151
 FEC ID number of contributing federal political committee. **C** C00086348
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2007
Transaction ID: C10738
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE
 Mailing Address 1771 N Street NW
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C** C00009985
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2007
Transaction ID: C10750
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Association of Federal Credit Unions Political Action Committee
 Mailing Address P.O.Box 3769
 City State Zip Code
 Washington DC 20007
 FEC ID number of contributing federal political committee. **C** C00040659
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2007
Transaction ID: C10716
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 1101 King Street Suite 600		Transaction ID: C10741
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00144766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFDA-DC)		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 13625 BISHOP'S DRIVE		Transaction ID: C10735
City State Zip Code BROOKFIELD WI 53005		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00204008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL READY MIXED CONCRETE ASSN. PAC (CONCRETEPAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 900 Spring St.		Transaction ID: C10746
City State Zip Code Silver Spring MD 20910		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00114025		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL UTILITY CONTRACTORS ASSOCIATION LEGISLATIVE INFORMATION AND ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 4301 North Fairfax Drive Suite 360		Transaction ID: C10742
City Arlington State VA Zip Code 22203	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00004101		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. OLDCASTLE MATERIALS INC. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 101 Constitution Avenue 600 W		Transaction ID: C10730
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00346353		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. PMA GROUP POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2007
Mailing Address 251 18th Street South Suite 1107		Transaction ID: C10669
City Arlington State VA Zip Code 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00280321		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. PORTLAND CEMENT ASSOCIATION INC. PCA PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2007
Mailing Address 500 New Jersey Avenue NW 7th Floor		Transaction ID: C10747
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00237065		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2007
Mailing Address 888 16TH ST NW SUITE 650		Transaction ID: C10668
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00280909		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2007
Mailing Address 1775 K STREET N.W.		Transaction ID: C10674
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00002766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 37	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE

Mailing Address 8315 LEE HIGHWAY FIFTH FLOOR

City State Zip Code
FAIRFAX VA 22031

FEC ID number of contributing federal political committee.
C C00013342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: C10728

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	48000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. 215 Lisbon Street Associates		Transaction ID: D3013 Date of Disbursement 01 / 04 / 2007
Mailing Address 215 Lisbon St		Amount of Each Disbursement this Period 750.00
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. 215 Lisbon Street Associates		Transaction ID: D3024 Date of Disbursement 01 / 24 / 2007
Mailing Address 215 Lisbon St		Amount of Each Disbursement this Period 750.00
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Central Maine Power		Transaction ID: D3017 Date of Disbursement 01 / 24 / 2007
Mailing Address Edison Drive		Amount of Each Disbursement this Period 49.04
City Augusta State ME Zip Code 04332	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Electricity Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1549.04
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 37

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Central Maine Power		Transaction ID: D3230 Date of Disbursement 02 / 22 / 2007
Mailing Address Edison Drive		Amount of Each Disbursement this Period 47.84
City Augusta State ME Zip Code 04332	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Electricity Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David Desjardins		Transaction ID: D3229 Date of Disbursement 02 / 21 / 2007
Mailing Address 215 Lisbon Street, Apt. 23		Amount of Each Disbursement this Period 184.70
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David Desjardins		Transaction ID: D3239 Date of Disbursement 03 / 07 / 2007
Mailing Address 215 Lisbon Street, Apt. 23		Amount of Each Disbursement this Period 184.70
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	417.24
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 37

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. David Desjardins		Transaction ID: D3240 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 215 Lisbon Street, Apt. 23		Amount of Each Disbursement this Period 184.70
City Lewiston State ME Zip Code 04240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dirigo Choice		Transaction ID: D3026 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 2 Gannett Drive		Amount of Each Disbursement this Period 336.11
City South Portland State ME Zip Code 04106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hancock County Democratic Committee		Transaction ID: D3025 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 52B Main Street		Amount of Each Disbursement this Period 1000.00
City Ellsworth State ME Zip Code 04605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1520.81
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Kingsmill Resort		Transaction ID: D3221 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 1010 Kingsmill Road		Amount of Each Disbursement this Period 1300.00
City Williamsburg State VA Zip Code 23185	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Heather R. Quinn		Transaction ID: D3027 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 339.30
City Portland State ME Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms. Heather R. Quinn		Transaction ID: D3213 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1509.56
City Portland State ME Zip Code 04102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3148.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Ms. Heather R. Quinn		Transaction ID: D3214 Date of Disbursement 01 / 23 / 2007
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1509.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State ME Zip Code 04102	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Heather R. Quinn		Transaction ID: D2981 Date of Disbursement 01 / 31 / 2007
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 475.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State ME Zip Code 04102	Category/ Type	
Purpose of Disbursement Travel Reimbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms. Heather R. Quinn		Transaction ID: D3222 Date of Disbursement 02 / 07 / 2007
Mailing Address 52 Carleton St #1		Amount of Each Disbursement this Period 1509.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State ME Zip Code 04102	Category/ Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3494.72
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. NAACP - Portland Branch		Transaction ID: D3249 Date of Disbursement 03 / 05 / 2007
Mailing Address PO Box 3631		Amount of Each Disbursement this Period 300.00
City Portland State ME Zip Code 04104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad Sponsorship Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: D3241 Date of Disbursement 02 / 22 / 2007
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 700.16
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: D3242 Date of Disbursement 02 / 22 / 2007
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 297.69
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Membership Renewal Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1297.85
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2980 Date of Disbursement 01 / 09 / 2007 Amount of Each Disbursement this Period 996.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2979 Date of Disbursement 01 / 09 / 2007 Amount of Each Disbursement this Period 20.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3211 Date of Disbursement 01 / 23 / 2007 Amount of Each Disbursement this Period 40.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1058.08
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3212 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 996.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3223 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 20.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 495.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1512.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3228 Date of Disbursement 02 / 21 / 2007 Amount of Each Disbursement this Period 39.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3227 Date of Disbursement 02 / 21 / 2007 Amount of Each Disbursement this Period 20.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Payroll Management Full Name (Last, First, Middle Initial) Mailing Address 100 Manley Rd City Auburn State ME Zip Code 04210 Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3235 Date of Disbursement 03 / 07 / 2007 Amount of Each Disbursement this Period 20.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	80.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Payroll Management		Transaction ID: D3237 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 39.04
City Auburn State ME Zip Code 04210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Payroll Management		Transaction ID: D3236 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 20.90
City Auburn State ME Zip Code 04210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Fee		Category/ Type
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Payroll Management		Transaction ID: D3238 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 100 Manley Rd		Amount of Each Disbursement this Period 39.04
City Auburn State ME Zip Code 04210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	98.98
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Rocks Diner		Transaction ID: D3234 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 378 West Main Street		Amount of Each Disbursement this Period 595.00	
City Fort Kent State ME Zip Code 04743	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Safeway		Transaction ID: D3220 Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2007	
Mailing Address 514 Rhode Island Avenue, NE		Amount of Each Disbursement this Period 231.16	
City Washington State DC Zip Code 20002	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Spectacular Event Center		Transaction ID: D3021 Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2007	
Mailing Address Griffin Rd		Amount of Each Disbursement this Period 1664.65	
City Bangor State ME Zip Code 04401	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007	

SUBTOTAL of Disbursements This Page (optional) ▶	2490.81
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

A. Sudbury Inn Full Name (Last, First, Middle Initial) Mailing Address 151 Main Street City Bethel State ME Zip Code 04217 Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3217 Date of Disbursement 01 / 29 / 2007 Amount of Each Disbursement this Period 1286.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Sutter's Mill Full Name (Last, First, Middle Initial) Mailing Address 499 S Capitol St SW Ste 103 City Washington State DC Zip Code 20003 Purpose of Disbursement Fundraising Consulting Fees Jan, Feb Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3019 Date of Disbursement 01 / 24 / 2007 Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sutter's Mill Full Name (Last, First, Middle Initial) Mailing Address 499 S Capitol St SW Ste 103 City Washington State DC Zip Code 20003 Purpose of Disbursement Reimbursement for expenses phone, fax, s Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D3020 Date of Disbursement 01 / 24 / 2007 Amount of Each Disbursement this Period 88.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	7375.24
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Sutter's Mill		Transaction ID: D3245 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 604.39
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement for Travel, Phone, Fax		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sutter's Mill		Transaction ID: D3244 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 499 S Capitol St SW Ste 103		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: D3132 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 9148		Amount of Each Disbursement this Period 100.62
City Chelsea State MA Zip Code 02150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DSL Cable		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3705.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: D3246 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address PO Box 9148		Amount of Each Disbursement this Period 103.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chelsea State MA Zip Code 02150	Purpose of Disbursement DSL Cable Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Transco Business Technologies		Transaction ID: D3014 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 56 Leighton Rd		Amount of Each Disbursement this Period 219.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Augusta State ME Zip Code 04330	Purpose of Disbursement Copier Rental Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: D3219 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address College Avenue		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterville State ME Zip Code 04901	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	518.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: D3022 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address College Avenue		Amount of Each Disbursement this Period 468.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterville State ME Zip Code 04901		
Purpose of Disbursement Postage Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: D3023 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address College Avenue		Amount of Each Disbursement this Period 5.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterville State ME Zip Code 04901		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: D3225 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address College Avenue		Amount of Each Disbursement this Period 156.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterville State ME Zip Code 04901		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	629.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D3016 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 1939		Amount of Each Disbursement this Period 213.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State ME Zip Code 04104	Purpose of Disbursement Phone Charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D3247 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address PO Box 1939		Amount of Each Disbursement this Period 212.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portland State ME Zip Code 04104	Purpose of Disbursement Phone Charges Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Veterans of Foreign Wars		Transaction ID: D3015 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 405 Western Ave #329		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Portland State ME Zip Code 04106	Purpose of Disbursement Convention Ad Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	676.31
TOTAL This Period (last page this line number only) ▶	29573.98

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Michaud for Congress

Full Name (Last, First, Middle Initial) A. CARNEY FOR CONGRESS		Transaction ID: D3251 Date of Disbursement 03 / 28 / 2007
Mailing Address PO Box A		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarks Summit	State PA	
Zip Code 18411		
Purpose of Disbursement Contribution Candidate Name Carney for Congress Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PATRICK MURPHY FOR CONGRESS		Transaction ID: D3250 Date of Disbursement 03 / 28 / 2007
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Levittown	State PA	
Zip Code 19058		
Purpose of Disbursement Contribution Candidate Name Patrick Murphy Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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