

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Michaud for Congress

ADDRESS (number and street) 213 Lisbon St.

Check if different than previously reported. (ACC)

Lewiston ME 04240

2. **FEC IDENTIFICATION NUMBER** C00367821

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

ME 02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on 11 04 2008 in the State of ME

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Lindsay Angerholzer

Signature of Treasurer Electronically Filed by Lindsay Angerholzer Date 12 04 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Michaud for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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)).....	29123.00	800306.15
(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)).....	29123.00	800306.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	81387.41	457935.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2115.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81387.41	455819.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	273881.37	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Michaud for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
4300.00	179525.00	250.00																																																
(ii) Unitemized																																																		
2298.00	37699.87	0.00																																																
(iii) Total of contributions from individuals																																																		
6598.00	217224.87	250.00																																																
(b) Political Party Committees																																																		
0.00	6.28	0.00																																																
(c) Other Political Committees																																																		
22525.00	583075.00	0.00																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
29123.00	800306.15	250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	2115.83	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
818.76	5705.95	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
29941.76	808127.93	250.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Michaud for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
81387.41	457935.69	12287.46
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
66000.00	76000.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

16600.00	40750.00	2000.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

163987.41	574685.69	14287.46
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

29123.00	800306.15	250.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

81387.41	455819.86	12287.46
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	407927.02
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	29941.76
25. SUBTOTAL(add Line 23 and Line 24) .....	437868.78
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	163987.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	273881.37

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 34  
(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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Arthur Carroll</p> <p>Mailing Address 42 Elm Street</p> <p>City State Zip Code Limerick ME 04048</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Arthur Carroll Insurance Insurance Agent Agency</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 23 / 2008</p> <p><b>Transaction ID:</b> C4055511</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) James S. Davis</p> <p>Mailing Address 48 Sargent St.</p> <p>City State Zip Code Newton MA 02458</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation New Balance Athletic Shoes Chairman Inc.</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 23 / 2008</p> <p><b>Transaction ID:</b> C4055817</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) William Jones</p> <p>Mailing Address C/O Cummins 891 Freehanville</p> <p>City State Zip Code Mt Prospect IL 60056</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Cummins Allison Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 27 / 2008</p> <p><b>Transaction ID:</b> C4062307</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3850.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 34  
(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)  
Brockway McMillan

Mailing Address P.O. Box 27

City State Zip Code  
Sedgwick ME 04676

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

**Transaction ID:** C4085542

Amount of Each Receipt this Period  
200.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Carroll F. Willette

Mailing Address 1841 Bangor Road

City State Zip Code  
Linneus ME 04730

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

Name of Employer Self-employed Occupation Forestry

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

**Transaction ID:** C4077404

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4300.00</b>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 34  
(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)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2008  
**Transaction ID:** C4069813

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)  
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 VERMONT AVENUE NW  
12TH FLOOR

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2008  
**Transaction ID:** C4055792

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Osteopathic Information Association - Osteopathic Political Action Committee

Mailing Address 1090 Vermont Ave, NW  
Suite 510

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2008  
**Transaction ID:** C4069814

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34  
(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)  
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITIC

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 10 / 24 / 2008  
**Transaction ID:** C4057853

Amount of Each Receipt this Period: 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
ANHEUSER-BUSCH COMPANIES INC (AB-PAC)

Mailing Address ONE BUSCH PLACE

City ST. LOUIS State MO Zip Code 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 20 / 2008  
**Transaction ID:** C4050277

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)  
AT&T CORP. POLITICAL ACTION COMMITTEE

Mailing Address 175 E. Houston Street  
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 10 / 27 / 2008  
**Transaction ID:** C4062311

Amount of Each Receipt this Period: 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34  
(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)  
CUMMINS-ALLISON CORP EMPLOYEES FOR GOOD GOVERNMENT

Mailing Address 1919 ALGONQUIN ROAD

City State Zip Code  
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. **C** C00408914

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

**Transaction ID:** C4062310

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Deloitte & Touche Federal PAC

Mailing Address PO Box 365

City State Zip Code  
Washington DC 20044

FEC ID number of contributing federal political committee. **C** c00211318

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

**Transaction ID:** C4085545

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

**Transaction ID:** C4057861

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 34  
(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)  
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

**Transaction ID:** C4085565

Amount of Each Receipt this Period  
25.00

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

\* In-Kind: Website Advocacy

**B.** Full Name (Last, First, Middle Initial)  
KRAFT FOODS GLOBAL INC. POLITICAL ACTION COMMITTEE

Mailing Address 975 F Street NW Ste. 1000

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00077701

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 2 / 2 0 0 8

**Transaction ID:** C4055784

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16th St NW Ste 420

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 8

**Transaction ID:** C4070980

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) ..... ► **3025.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 13 / 34</span>
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS	Date of Receipt
	Mailing Address 317 MASSACHUSETTS AVENUE NE	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City State Zip Code WASHINGTON DC 20002	<b>Transaction ID:</b> C4050278
	FEC ID number of contributing federal political committee. <input type="text" value="C00343137"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" 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 ▼ <input type="text" value="1000.00"/>		

<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION P	Date of Receipt
	Mailing Address 14600 DETROIT AVENUE	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City State Zip Code CLEVELAND OH 44107	<b>Transaction ID:</b> C4062320
	FEC ID number of contributing federal political committee. <input type="text" value="C00001636"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" 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 ▼ <input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="22525.00"/>

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

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

FOR LINE NUMBER: PAGE 14 / 34  
(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)  
Banknorth NA

Mailing Address 271 Main Street

City State Zip Code  
Lewiston ME 04240

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5407.86

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

Transaction ID: C4085575

Amount of Each Receipt this Period  
587.59

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

**B.**

Full Name (Last, First, Middle Initial)  
Northeast Bank

Mailing Address PO Box 2017

City State Zip Code  
Lewiston ME 04241-2017

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
298.09

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

Transaction ID: C4085577

Amount of Each Receipt this Period  
231.17

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>818.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>818.76</b>

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) 215 Lisbon Street Associates  Mailing Address 215 Lisbon St  City Lewiston State ME Zip Code 04240  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D207504 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 150.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) All Points Communications, LLC  Mailing Address 379 Canaan St  City Canaan State NH Zip Code 03741  Purpose of Disbursement Ad Production Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D207462 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8  Amount of Each Disbursement this Period 5031.14  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Anthem  Mailing Address 2 Gannett Dr.  City South Portland State ME Zip Code 04106  Purpose of Disbursement Health Insurance Premium Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D207502 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 661.06  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5842.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Atkins Printing</p> <p>Mailing Address 155 Main St</p> <p>City Waterville State ME Zip Code 04901</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D207509</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2362.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Atkins Printing</p> <p>Mailing Address 155 Main St</p> <p>City Waterville State ME Zip Code 04901</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D207544</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2236.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Avis Rent A Car System</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Car Rental Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D207530</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 65.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**4664.00**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 34

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Avis Rent A Car System

Mailing Address 6 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D207456  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.**

Full Name (Last, First, Middle Initial)  
Banknorth NA

Mailing Address 271 Main Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D207487  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.**

Full Name (Last, First, Middle Initial)  
Caribou Inn And Convention Center

Mailing Address 19 Main St

City Caribou State ME Zip Code 04736

Purpose of Disbursement  
Food, Beverage & Lodging

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D207454  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Central Maine Power

Mailing Address Edison Drive

City Augusta State ME Zip Code 04332

Purpose of Disbursement  
Electric Bill

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207503

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

135.16

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

B.

Full Name (Last, First, Middle Initial)  
DAV Chapter 22

Mailing Address 2323 Medway Rd

City Medway State ME Zip Code 04460

Purpose of Disbursement  
Hall Rental

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207518

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

275.00

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

C.

Full Name (Last, First, Middle Initial)  
Employee Health & Benefits

Mailing Address Statehouse Station

City Augusta State ME Zip Code 04333

Purpose of Disbursement  
COBRA Dental

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207541

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

52.04

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

462.20

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Fairpoint Communications

Transaction ID: D207499  
Date of Disbursement

Mailing Address PO Box 1939

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

City Portland State ME Zip Code 04104-5010

Amount of Each Disbursement this Period

246.30
--------

Purpose of Disbursement  
Phone Bill

Category/Type
---------------

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Grassroots Catering

Transaction ID: D207516  
Date of Disbursement

Mailing Address 6 Eastern Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

City East Millinocket State ME Zip Code 04430

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Event Catering

Category/Type
---------------

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Grassroots Catering

Transaction ID: D207517  
Date of Disbursement

Mailing Address 6 Eastern Ave

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

City East Millinocket State ME Zip Code 04430

Amount of Each Disbursement this Period

480.00
--------

Purpose of Disbursement  
Event Catering

Category/Type
---------------

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1326.30
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.	Full Name (Last, First, Middle Initial) Hampton Inn	Transaction ID: D207438
	Mailing Address 10 Bangor Mall Blvd.	Date of Disbursement 10 / 16 / 2008
	City Bangor State ME Zip Code 04401	Amount of Each Disbursement this Period 112.00
	Purpose of Disbursement Conference Space	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hampton Inn	Transaction ID: D207441
	Mailing Address 10 Bangor Mall Blvd.	Date of Disbursement 10 / 16 / 2008
	City Bangor State ME Zip Code 04401	Amount of Each Disbursement this Period 138.03
	Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Maine Democrat	Transaction ID: D207508
	Mailing Address PO Box 311	Date of Disbursement 11 / 03 / 2008
	City Solon State ME Zip Code 04979	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Greg Olson

Mailing Address 3 Higgins St

City Augusta State ME Zip Code 04330

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207458  
Date of Disbursement

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

Amount of Each Disbursement this Period

1731.00
---------

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

B.

Full Name (Last, First, Middle Initial)  
Greg Olson

Mailing Address 3 Higgins St

City Augusta State ME Zip Code 04330

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207523  
Date of Disbursement

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

Amount of Each Disbursement this Period

1731.00
---------

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

C.

Full Name (Last, First, Middle Initial)  
Greg Olson

Mailing Address 3 Higgins St

City Augusta State ME Zip Code 04330

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207524  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

1731.00
---------

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5193.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Ourso Beychok Johnson

Mailing Address 352 Napoleon St

City Baton Rouge State LA Zip Code 70802

Purpose of Disbursement  
Direct Mail

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: D207463  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

47500.00

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

B.

Full Name (Last, First, Middle Initial)  
Payroll Management

Mailing Address 100 Manley Rd

City Auburn State ME Zip Code 04210

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: D207460  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

132.42

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

C.

Full Name (Last, First, Middle Initial)  
Payroll Management

Mailing Address 100 Manley Rd

City Auburn State ME Zip Code 04210

Purpose of Disbursement  
Payroll Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: D207461  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

40.10

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

SUBTOTAL of Disbursements This Page (optional) ▶

47672.52

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Payroll Management</p> <p>Mailing Address 100 Manley Rd</p> <p>City Auburn State ME Zip Code 04210</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D207525 <b>Date of Disbursement</b> 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 132.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Payroll Management</p> <p>Mailing Address 100 Manley Rd</p> <p>City Auburn State ME Zip Code 04210</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D207526 <b>Date of Disbursement</b> 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 23.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Payroll Management</p> <p>Mailing Address 100 Manley Rd</p> <p>City Auburn State ME Zip Code 04210</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D207527 <b>Date of Disbursement</b> 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 132.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

287.99

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Payroll Management

Mailing Address 100 Manley Rd

City Auburn State ME Zip Code 04210

Purpose of Disbursement  
Payroll Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207528  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

23.15
-------

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

B.

Full Name (Last, First, Middle Initial)  
Penobscot County Democratic Committee

Mailing Address P.O. Box 2473

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
Election Night Party

Candidate Name  
Penobscot County Democratic Committee

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207519  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Amount of Each Disbursement this Period

200.00
--------

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

C.

Full Name (Last, First, Middle Initial)  
Ramada Inn & Conference Center

Mailing Address 490 Pleasant St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207522  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Amount of Each Disbursement this Period

246.77
--------

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

469.92
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Sea Dog Brewing Co.

Mailing Address 26 Front St

City Bangor State ME Zip Code 04401

Purpose of Disbursement  
Food & Beverage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D207468  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

42.92

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

B.

Full Name (Last, First, Middle Initial)  
Staples Office Supply Store

Mailing Address Main Street

City Waterville State ME Zip Code 04901

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D207440  
Date of Disbursement

10 / 18 / 2008

Amount of Each Disbursement this Period

34.64

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

C.

Full Name (Last, First, Middle Initial)  
Staples Office Supply Store

Mailing Address Main Street

City Waterville State ME Zip Code 04901

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D207538  
Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

191.08

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

268.64

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Sutter's Mill

Transaction ID: D207543  
Date of Disbursement

Mailing Address 499 S Capitol St SW  
Ste 103

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

155.42
--------

Purpose of Disbursement  
Fundraising Consulting

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Sutter's Mill

Transaction ID: D207464  
Date of Disbursement

Mailing Address 499 S Capitol St SW  
Ste 103

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

7440.00
---------

Purpose of Disbursement  
Fundraising Consulting

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Hon. Michael H. Michaud

Transaction ID: D207534  
Date of Disbursement

Mailing Address 3 Birch Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	8

City East Millinocket State ME Zip Code 04430

Amount of Each Disbursement this Period

274.49
--------

Purpose of Disbursement  
Reimbursement

--

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

Candidate Name  
Michael Michaud

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

SUBTOTAL of Disbursements This Page (optional) .....

7869.91
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Hon. Michael H. Michaud

Mailing Address 3 Birch Street

City East Millinocket State ME Zip Code 04430

Purpose of Disbursement  
Reimbursement

Candidate Name  
Michael Michaud

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Transaction ID: D207536  
Date of Disbursement

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

Amount of Each Disbursement this Period

691.06
--------

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

B.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 49 Ash Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207546  
Date of Disbursement

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

Amount of Each Disbursement this Period

1744.00
---------

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

C.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 49 Ash Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207547  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

840.00
--------

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

SUBTOTAL of Disbursements This Page (optional) .....

3275.06
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 111 W. Rio Salado Parkway

City State Zip Code  
Tempe AZ 85281

Purpose of Disbursement  
Air Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207529  
Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

617.50

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

B.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address 7600 Montpelier Rd

City State Zip Code  
Laurel MD 20723

Purpose of Disbursement  
Cell Phone Bill

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207506  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

44.70

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

C.

Full Name (Last, First, Middle Initial)  
TD Bank NA

Mailing Address PO Box 230702

City State Zip Code  
Columbus GA 31902-3072

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207542  
Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

1081.32

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

SUBTOTAL of Disbursements This Page (optional) .....

1743.52

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

A.

Full Name (Last, First, Middle Initial)  
Four Points Bangor Airport

Mailing Address 308 Godfrey Rd.

City Bangor State ME Zip Code 04401

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207559  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Amount of Each Disbursement this Period

356.23
--------

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
TD Bank NA

Mailing Address PO Box 230702

City Columbus State GA Zip Code 31902-3072

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D207592  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	8

Amount of Each Disbursement this Period

29.00
-------

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00
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TOTAL This Period (last page this line number only) .....

80339.63
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**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 checked="" 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

<b>A.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Mailing Address 430 South Capitol Street SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Unlimited Transfer Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D207473 Date of Disbursement 10 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 16000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE <hr/> Mailing Address 430 South Capitol Street SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Unlimited Transfer Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D207466 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	66000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	66000.00

# 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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aroostook Democratic County Committee</p> <p>Mailing Address 188 Littletonn Station Rd.</p> <p>City Littleton State ME Zip Code 04730</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Aroostook Democratic County Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D207450</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS</p> <p>Mailing Address P.O. Box 453</p> <p>City Rochester State NH Zip Code 03866</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Carol Shea-Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NH District: 02</p>	<p><b>Transaction ID:</b> D207448</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS</p> <p>Mailing Address PO BOX 38</p> <p>City DIMOCK State PA Zip Code 18816</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Chris Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 10</p>	<p><b>Transaction ID:</b> D207471</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2100.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CAZAYOUX FOR CONGRESS</b>	<b>Transaction ID:</b> D207449 Date of Disbursement 10 / 20 / 2008	
	Mailing Address PO BOX 156		
	City NEW ROADS State LA Zip Code 70802	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name Don Cazayoux		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: LA District: 06	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOHN BOCCIERI FOR CONGRESS</b>	<b>Transaction ID:</b> D207444 Date of Disbursement 10 / 20 / 2008	
	Mailing Address PO BOX 3016		
	City ALLIANCE State OH Zip Code 44601	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name John Bocchieri		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: OH District: 16	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KATHY DAHLKEMPER FOR CONGRESS</b>	<b>Transaction ID:</b> D207447 Date of Disbursement 10 / 20 / 2008	
	Mailing Address 530 SEMINOLE DRIVE		
	City ERIE State PA Zip Code 16505	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name Kathy Dahlkemper		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: PA District: 03	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MAINE DEMOCRATIC STATE COMMITTEE</b> <hr/> Mailing Address P.O. Box 5258 16 Winthrop St. <hr/> City Augusta State ME Zip Code 04330 <hr/> Purpose of Disbursement Unlimited Transfer Candidate Name <b>MAINE DEMOCRATIC STATE COMMITTEE</b> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D207475 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MONTAGANO FOR CONGRESS INC</b> <hr/> Mailing Address PO BOX 615 <hr/> City GOSHEN State IN Zip Code 46527 <hr/> Purpose of Disbursement Contribution Candidate Name Mike Montagano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D207446 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Murtha for Congress Committee</b> <hr/> Mailing Address Suite 120 551 Main Street BT FINANCIAL PLAZA SUITE 220 <hr/> City JOHNSTOWN State PA Zip Code 15901 <hr/> Purpose of Disbursement Contribution Candidate Name John Murtha <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D207470 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Michaud for Congress

**A.** Full Name (Last, First, Middle Initial)  
TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Walz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: D207445

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
CHILDERS FOR CONGRESS

Mailing Address PO BOX 177

City BOONEVILLE State MS Zip Code 38829

Purpose of Disbursement  
Contribution

Candidate Name  
Travis Childers

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Transaction ID: D207625

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

16600.00