

# 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  
Tom Allen for Congress Committee

ADDRESS (number and street) PO Box 17766  
 Check if different than previously reported. (ACC)  
Portland ME 04112 8766

2. **FEC IDENTIFICATION NUMBER** C00328245  
**CITY** STATE ZIP CODE STATE DISTRICT  
ME 1

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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 through 09 30 2006

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 Robert Mitchell

Signature of Treasurer Electronically Filed by Robert Mitchell Date 04 05 2007

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

Tom Allen for Congress Committee

Report Covering the Period: From:    To:

|   | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Election Cycle-to-Date |
|---|--------------------------------|---|
| <b>6. Net Contributions (other than loans)</b>  |                                |   |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 184567.51                      | 833937.32                                 |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 1000.00                        | 2700.00                                   |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 183567.51                      | 831237.32                                 |
| <b>7. Net Operating Expenditures</b>  |                                |   |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 74733.62                       | 433887.72                                 |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 640.00                         | 833.25                                    |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 74093.62                       | 433054.47                                 |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 379423.79                      |   |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                           |   |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 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  
Tom Allen for Congress Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

81412.16

435159.34

(ii) Unitemized.....

29620.35

117835.65

(iii) TOTAL of contributions

111032.51

552994.99

from individuals..... ▶

0.00

289.04

(b) Political Party Committees.....

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

73535.00

280653.29

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

184567.51

833937.32

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.).....

640.00

833.25

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

22.92

1040.71

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

185230.43

835811.28

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 74733.62                              | 433887.72                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 200.00                                     |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 1000.00                               | 2500.00                                    |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1000.00                               | 2700.00                                    |
| 21. OTHER DISBURSEMENTS.....   | 54250.00                              | 153546.37                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 129983.62                             | 590134.09                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 324176.98 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 185230.43 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 509407.41 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 129983.62 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 379423.79 |

# 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 / 133                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Alex Agnew   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2006                                      |  |
| Mailing Address 4 Avon Rd   |                                    | <b>Transaction ID:</b> C832893  |  |
| City Falmouth   | State ME                           | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code 04105-1904   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer Navigator  | Occupation Publisher               |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>290.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Alice L. Allen   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006                                      |  |
| Mailing Address 45 Glenridge  |                                    | <b>Transaction ID:</b> C840305  |  |
| City Portland   | State ME                           | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code 04102-1852   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer None   | Occupation Homemaker               |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>225.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Marian Allen   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                      |  |
| Mailing Address 4319 Vallhalla Dr   |                                    | <b>Transaction ID:</b> C846044  |  |
| City Sitka  | State AK                           | Amount of Each Receipt this Period<br>200.00  |  |
| Zip Code 99835-9518   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer AMSEA  | Occupation Librarian/Educator      |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 133                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
William N. Allen

Mailing Address 21 Mayflower Rd

City State Zip Code  
Hallowell ME 04347-1221

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

Name of Employer State of Maine Occupation Computer Programmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C829910

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)  
John W. Ambrose, Jr.

Mailing Address 233 Pleasant Point Rd

City State Zip Code  
Topsham ME 04086-5319

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

Name of Employer None Occupation Retired Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C829723

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joan Amory

Mailing Address 188 Pine St

City State Zip Code  
Portland ME 04102-3513

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

Name of Employer Self Occupation Free Lance Writer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 15 / 2006

Transaction ID: C793939

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 133                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Anthony A. Armstrong   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 30 / 2006                                    |
| Mailing Address 32 Lawson Rd  |  | <b>Transaction ID:</b> C846074  |
| City<br>Cape Elizabeth  | State<br>ME                                  | Zip Code<br>04107-1900  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>Maine Home Mortgage   | Occupation<br>Owner/President                | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Michael P. Asen  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 20 / 2006                                    |
| Mailing Address 64 Oakmont Dr   |  | <b>Transaction ID:</b> C829730  |
| City<br>Falmouth  | State<br>ME                                  | Zip Code<br>04105-1194  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>250.00 |   |
| Name of Employer<br>Mittel, Asen, Hunter & Ca-ry  | Occupation<br>Attorney                       | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Paul Atanasio  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 26 / 2006                                    |
| Mailing Address 1285 Avenue Of The Americas<br>Ubs - Municipal Securities Group   |  | <b>Transaction ID:</b> C847807  |
| City<br>New York  | State<br>NY                                      | Zip Code<br>10019-6028  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  | Amount of Each Receipt this Period<br>1000.00    |   |
| Name of Employer<br>UBS Financial Services  | Occupation<br>Managing Director, Muni Securities | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00              |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 133                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Shawn A. Babine

Mailing Address 1 Summerfield Ln

City State Zip Code  
Scarborough ME 04074-9068

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

Name of Employer Occupation  
TD BankNorth Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2006

Transaction ID: C793942

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ellyn C. Ballou

Mailing Address PO Box 328

City State Zip Code  
South Freeport ME 04078-0328

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2006

Transaction ID: C829913

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
David H. Barber

Mailing Address 14 Eagle Point Rd

City State Zip Code  
Bath ME 04530-4016

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

Name of Employer Occupation  
None Retired Pediatrician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2006

Transaction ID: C829733

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 133                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Philip L Bartlett, II

Mailing Address 141 South St

City State Zip Code  
Gorham ME 04038-1733

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

Name of Employer  
Scaccia, Lenkowski & Aranson

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

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

Transaction ID: C769265

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Philip L Bartlett, II

Mailing Address 141 South St

City State Zip Code  
Gorham ME 04038-1733

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

Name of Employer  
Scaccia, Lenkowski & Aranson

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2006

Transaction ID: C795253

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
David P. Becker

Mailing Address 94 Neal St

City State Zip Code  
Portland ME 04102-3428

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

Name of Employer  
Self

Occupation  
Writer/Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: C847810

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) ..... ► **1000.00**

**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 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
William R. Becker

Mailing Address 10 Hoffses Dr

City State Zip Code  
Camden ME 04843-4311

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: C807076

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Beebe

Mailing Address 582 Island Ave

City State Zip Code  
Peaks Island ME 04108-1518

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

Name of Employer Self Occupation Businessman/Fishing

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: C762896

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Greg Behrman

Mailing Address 2 Willow Ln

City State Zip Code  
Scarsdale NY 10583-3412

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

Name of Employer Aspen Institute Occupation Author/Scholar

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2006

Transaction ID: C829915

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) ..... ► 1100.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John Benziger</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2006                                      |  |
| Mailing Address PO Box 156  |  | <b>Transaction ID: C847811</b>  |  |
| City<br>South China   | State<br>ME  | Zip Code<br>04358-0156  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Information Requested<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested<br>Election Cycle-to-Date ▼<br>250.00 |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. A. Jan Berlin</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 15 / 2006                                      |  |
| Mailing Address PO Box 511  |   | <b>Transaction ID: C795254</b>  |  |
| City<br>South Freeport  | State<br>ME   | Zip Code<br>04078-0511  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Maine Medical Center - PHO<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Physician<br>Election Cycle-to-Date ▼<br>600.00 |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Barbara Aiello Berry</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 26 / 2006                                      |  |
| Mailing Address 16 Delwin Dr   |  | <b>Transaction ID: C829916</b>  |  |
| City<br>North Yarmouth   | State<br>ME  | Zip Code<br>04097-6002  | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C  |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Coldwell Banker Residential Brokerage<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Real Estate Broker<br>Election Cycle-to-Date ▼<br>750.00 |   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert L. Black, Jr.  
Mailing Address 5900 Drake Rd  
City Cincinnati State OH Zip Code 45243-3306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 6  
Transaction ID: C829918  
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)  
Scott M. Black  
Mailing Address 9 Sears Rd  
City Brookline State MA Zip Code 02445-7409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Delphi Management Occupation Pres/CEO  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 0 6  
Transaction ID: C793964  
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)  
John H. Boomer  
Mailing Address 16 McMaster Ln  
City Orrs Island State ME Zip Code 04066-2311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Environmentalist  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6  
Transaction ID: C840309  
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) ..... ► 2750.00  
**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 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Leonard J. Bornstein

Mailing Address 563 Weeks Mills Rd

City State Zip Code  
New Sharon ME 04955-3025

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2006

Transaction ID: C793951

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Leonard J. Bornstein

Mailing Address 563 Weeks Mills Rd

City State Zip Code  
New Sharon ME 04955-3025

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C847813

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kenneth W. Bowden

Mailing Address 12 Terison Dr

City State Zip Code  
Falmouth ME 04105-2618

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

Name of Employer First Atlantic Corporation Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

Transaction ID: C769729

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) ..... ► **700.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Wayne M. Burton

Mailing Address 106 Madbury Rd

City State Zip Code  
Durham NH 03824-2012

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

Name of Employer Occupation  
North Shore Community College President

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

300.00

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

**Transaction ID:** C829921

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)  
James W. Case

Mailing Address 57 Curtis Rd

City State Zip Code  
Yarmouth ME 04096-5946

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

Name of Employer Occupation  
McTeague & Higbee Attorney

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** C823200

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)  
John Cavaretta

Mailing Address PO Box 2250

City State Zip Code  
Ogunquit ME 03907-2250

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

Name of Employer Occupation  
Village Food Market Corporate Officer

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** C769141

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) ..... ► **1700.00**

**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 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                     |  |   |
|---|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Aldus H. Chapin  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 21 / 2006 |   |
| Mailing Address 1628 29th St NW   |                                     | Transaction ID: C847815                                    |   |
| City<br>Washington  | State<br>DC                         | Zip Code<br>20007-2901                                     | Amount of Each Receipt this Period<br>2000.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |   |
| Name of Employer<br>None  | Occupation<br>Retired               |  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4100.00 |  |   |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Katherine Chappell   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 11 / 2006 |  |
| Mailing Address PO Box 920  |                                    | Transaction ID: C768907                                    |  |
| City<br>Kennebunk   | State<br>ME                        | Zip Code<br>04043-0920                                     | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>Tom's of Maine  | Occupation<br>Vice President       |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |  |  |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Susan M. Clark   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 11 / 2006 |   |
| Mailing Address 1242 Westbrook St   |   | Transaction ID: C794291                                    |   |
| City<br>Portland  | State<br>ME                                 | Zip Code<br>04102-1917                                     | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br>C   |   |  |   |
| Name of Employer<br>Self  | Occupation<br>Educator-Consultant-Volunteer |  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1150.00         |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Judith M. Coburn   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 24 / 2006                                    |  |
| Mailing Address 48 Bucknam Point Rd   |                                     | Transaction ID: C769193   |  |
| City Yarmouth   | State ME                            | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code 04096-5707   |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |  |
| Name of Employer<br>Verrill & Dana  | Occupation<br>Attorney              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Alyse L. Corson  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 19 / 2006                                    |  |
| Mailing Address 587 Beckwith Rd   |  | Transaction ID: C829770   |  |
| City Cornville  | State ME                                 | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code 04976-6221   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>None  | Occupation<br>Retired State Tax Examiner |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>525.00       |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Randy J. Creswell  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 19 / 2006                                    |  |
| Mailing Address 150 Middle St<br>Apt 2-1  |                                    | Transaction ID: C769179   |  |
| City Portland   | State ME                           | Amount of Each Receipt this Period<br>250.00  |  |
| Zip Code 04101-4150   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer<br>Perkins Thompson  | Occupation<br>Attorney             |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>750.00 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1250.00 |
| <b>TOTAL</b> 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 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Daniel N. Crewe

Mailing Address 17 Jessies Ln

City State Zip Code  
Cumberland Center ME 04021-3717

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

Name of Employer Self Occupation Business Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2006

Transaction ID: C772792

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)  
Carol F. Curran

Mailing Address 20 College Ave

City State Zip Code  
Gorham ME 04038-1004

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

Name of Employer None Occupation Student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

Transaction ID: C763807

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Eliot R. Cutler

Mailing Address 1172 Shore Rd

City State Zip Code  
Cape Elizabeth ME 04107-2115

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

Name of Employer Cutler & Stanfield Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2006

Transaction ID: C823202

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) ..... ► **3050.00**

**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 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Deborah A. Deatrck

Mailing Address PO Box 779

City State Zip Code  
South Freeport ME 04078-0779

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

Name of Employer Health Commons Institute Occupation Health Educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C847820

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 425 E 72nd St Apt 5e

City State Zip Code  
New York NY 10021-4423

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

Name of Employer Options Group Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: C806784

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bruce Donath

Mailing Address PO Box 7115

City State Zip Code  
Cape Porpoise ME 04014-7115

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C768929

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) ..... ► **1000.00**

**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 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
William C. Duffy, Jr.

Mailing Address 104 Spruce St

City Portland State ME Zip Code 04102-3626

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

Transaction ID: C769248

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)  
Daniel W. Emery

Mailing Address 63 Deer Run Rd

City North Yarmouth State ME Zip Code 04097-6959

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2006

Transaction ID: C769204

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peter M. Enggass

Mailing Address PO Box 315

City Spruce Head State ME Zip Code 04859-0315

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2006

Transaction ID: C823209

Amount of Each Receipt this Period  
100.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> John Paul Paul Erler   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 18 / 2006                                      |
| Mailing Address 213 Chase Rd  |  | <b>Transaction ID:</b> C829781  |
| City State Zip Code<br>Parsonsfield ME 04047-6017   | Amount of Each Receipt this Period<br>200.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>Curtis Thaxter Attorney  |  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Joseph D. Fay  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 21 / 2006                                      |
| Mailing Address 14 Lily Pond Dr   |  | <b>Transaction ID:</b> C793963  |
| City State Zip Code<br>Camden ME 04843-2247   | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>On-Target Utility Services Executive Vice President  |  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Pamela Fenrich   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 05 / 2006                                      |
| Mailing Address 3 Fox Hall Rd   |  | <b>Transaction ID:</b> C823210  |
| City State Zip Code<br>Falmouth ME 04105-2043   | Amount of Each Receipt this Period<br>250.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>Self Consultant  |  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 950.00 |
| <b>TOTAL</b> 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 21 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Fiori

Mailing Address 5 Locust Ln

City Brunswick State ME Zip Code 04011-3462

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

Name of Employer Self Occupation Businessman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C831891

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)  
Robert H. Flory, Jr.

Mailing Address 299 State Route 129

City Walpole State ME Zip Code 04573-3009

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

Name of Employer Flory Investments, Inc. Occupation Venture Capitalist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** C846073

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)  
Joseph R. Foley

Mailing Address 72 Waites Landing Rd

City Falmouth State ME Zip Code 04105-1935

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

Name of Employer UnumProvident Corporation Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C846053

Amount of Each Receipt this Period  
 500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David L. Friedman

Mailing Address 3773 Orange Ln

City Boulder State CO Zip Code 80304-0777

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

Name of Employer Sandy River Health System Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: C823211

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
James P. Garland

Mailing Address 2486 Bexley Park Rd

City Columbus State OH Zip Code 43209-2123

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

Name of Employer The Jeffrey Company Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2006

Transaction ID: C840320

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Terry Gerritsen

Mailing Address 55 Clay Brook Rd

City Camden State ME Zip Code 04843-4527

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

Name of Employer Self Occupation Novelist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: C762903

Amount of Each Receipt this Period  
500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John A.D. Gilmore

Mailing Address 47 Reservoir St

City State Zip Code  
Cambridge MA 02138-3335

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

Name of Employer Occupation  
DLA Piper Rudnick Attorney

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

300.00

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

Transaction ID: C831893

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Judith Ellis Glickman

Mailing Address 888 Shore Rd

City State Zip Code  
Cape Elizabeth ME 04107-1531

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

Name of Employer Occupation  
Self Photographer

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

2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2006

Transaction ID: C802251

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)  
Anne C. Godfrey

Mailing Address PO Box 508

City State Zip Code  
Vinalhaven ME 04863-0508

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

Name of Employer Occupation  
None Retired Teacher

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C794293

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) .....           | ▶ | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Godfrey

Mailing Address PO Box 508

City Vinalhaven State ME Zip Code 04863-0508

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

Name of Employer None Occupation Retired Architect

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 3 / 2 0 0 6

Transaction ID: C794292

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ann Goggin

Mailing Address 232 Foreside Rd

City Falmouth State ME Zip Code 04105-1729

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

Name of Employer The Goggin Co. Occupation Real Estate Development

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 1 / 2 0 0 6

Transaction ID: C823891

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address PO Box 1417

City Kennebunkport State ME Zip Code 04046-1417

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

Name of Employer Ram Management Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 1 4 / 2 0 0 6

Transaction ID: C769140

Amount of Each Receipt this Period  
 500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Joel K. Goloskie

Mailing Address 82 S Pleasant St

City Hingham State MA Zip Code 02043-4418

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

Name of Employer None Occupation Law Student

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

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

**Transaction ID:** C840321

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Charlotte Goodhue

Mailing Address 144 Roberts Cemetery Rd

City Vinalhaven State ME Zip Code 04863-3615

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

Name of Employer Self Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** C807070

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Gouwar

Mailing Address 34 W 74th St Apt 4A

City New York State NY Zip Code 10023-2455

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

Name of Employer McKee Nelson LLP Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C832887

Amount of Each Receipt this Period  
1000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1200.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. William Grabin</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 11 / 2006 |  |
| Mailing Address 137 Sea Rd  |                                    | Transaction ID: C768916                                  |  |
| City<br>Kennebunk   | State<br>ME                        | Zip Code<br>04043-7314                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>None  | Occupation<br>Retired              |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marie Z. Graves</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 25 / 2006 |  |
| Mailing Address 119 Clark St  |                                    | Transaction ID: C769174                                  |  |
| City<br>Portland  | State<br>ME                        | Zip Code<br>04102-3829                                   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>None  | Occupation<br>Retired              |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Layne Gregory</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 24 / 2006 |  |
| Mailing Address 120 Woodville Rd  |                                     | Transaction ID: C840322                                  |  |
| City<br>Falmouth  | State<br>ME                         | Zip Code<br>04105-1107                                   | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |  |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00  |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 600.00 |
| <b>TOTAL</b> 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 27 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Joshua Grodzins  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2006 |  |
| Mailing Address 18 Chestnut Hill St   |   | <b>Transaction ID:</b> C777358                           |  |
| City State Zip Code<br>Camden ME 04843-2214   | Amount of Each Receipt this Period<br>200.00  |  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
| Name of Employer Self<br>Occupation Summer Rentals  | Election Cycle-to-Date<br>300.00  |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Jean K. Gulliver   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 06 / 2006 |  |
| Mailing Address 23 Thornhurst Rd  |   | <b>Transaction ID:</b> C823215                           |  |
| City State Zip Code<br>Falmouth ME 04105-1929   | Amount of Each Receipt this Period<br>500.00  |  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
| Name of Employer None<br>Occupation Homemaker   | Election Cycle-to-Date<br>1750.00   |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Andrew F. Gurley   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2006 |  |
| Mailing Address 1 Park Rd   |   | <b>Transaction ID:</b> C847823                           |  |
| City State Zip Code<br>Irvington NY 10533-2008  | Amount of Each Receipt this Period<br>1000.00   |  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |  |
| Name of Employer UBS Financial Services<br>Occupation Investment Banker   | Election Cycle-to-Date<br>2000.00   |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1700.00 |
| <b>TOTAL</b> 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 28 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Polly Guth<br>Mailing Address PO Box 701<br>City State Zip Code<br>Northeast Harbor ME 04662-0701<br>FEC ID number of contributing federal political committee. <b>C</b>   |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C795293<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>200.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 9 |  | 2 | 0 | 0 | 6 | 200.00 |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 8 |  | 0 | 9 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 200.00  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| Name of Employer Information Requested<br>Occupation Information Requested<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>400.00</td> </tr> </table> |   | 400.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 400.00  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Peter Haffenreffer<br>Mailing Address 20 F St<br>City State Zip Code<br>South Portland ME 04106-3611<br>FEC ID number of contributing federal political committee. <b>C</b>  |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C793966<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 2 | 4 |  | 2 | 0 | 0 | 6 | 500.00 |
| M   | M | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 8 |  | 2 | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 500.00  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| Name of Employer Haffenreffer Beverage<br>Occupation President<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>500.00</td> </tr> </table> |   | 500.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 500.00  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mark L. Haley<br>Mailing Address 395 Danforth St<br>City State Zip Code<br>Portland ME 04102-3610<br>FEC ID number of contributing federal political committee. <b>C</b>   |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C763889<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 |  | 0 | 7 |  | 2 | 0 | 0 | 6 | 1000.00 |
| M   | M | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 7 |   | 0 | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| Name of Employer BAE Systems<br>Occupation Attorney<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>1500.00</td> </tr> </table> |   | 1500.00   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1500.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1700.00</b> |
| <b>TOTAL</b> 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 29 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Christopher Hall   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 13 / 2006                                      |  |
| Mailing Address PO Box 218  |                                     | <b>Transaction ID:</b> C764221  |  |
| City<br>Bristol   | State<br>ME                         | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04539-0218  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Self  | Occupation<br>Consultant            |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Christopher Hall   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 28 / 2006                                      |  |
| Mailing Address PO Box 218  |                                     | <b>Transaction ID:</b> C846004  |  |
| City<br>Bristol   | State<br>ME                         | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04539-0218  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Self  | Occupation<br>Consultant            |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|   |   |   |  |
|---|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Joseph R. Hanslip  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 27 / 2006                                      |  |
| Mailing Address PO Box 191  |   | <b>Transaction ID:</b> C769719  |  |
| City<br>Sanford   | State<br>ME   | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code<br>04073-0191  |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>Town of Sanford/None  | Occupation<br>Town Councilor/Retired Police Officer |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00                  |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Andrea Hanson

Mailing Address 64 Doubling Point Rd

City State Zip Code  
Arrowsic ME 04530-7222

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: C772776

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Whitney Neville Neville Harvey

Mailing Address 28 Danforth Rd

City State Zip Code  
South Portland ME 04106-5115

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

Name of Employer None Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: C772825

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas D. Haskell

Mailing Address 203 Long Sands Rd

City State Zip Code  
York ME 03909-1220

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

Name of Employer None Occupation Retired/Disabled

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: C768909

Amount of Each Receipt this Period  
50.00

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

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas D. Haskell

Mailing Address 203 Long Sands Rd

City York State ME Zip Code 03909-1220

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

Name of Employer None Occupation Retired/Disabled

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: C831917

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Peter Hayes

Mailing Address 1228 W Bryn Mawr Ave

City Chicago State IL Zip Code 60660-4206

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

Name of Employer Northwestern University Occupation History Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C862623

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dermot T. Healey

Mailing Address 193 E Grand Ave Apt 5

City Old Orchard Beach State ME Zip Code 04064-3060

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

Name of Employer Self Occupation Insurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2006

Transaction ID: C758810

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) ..... ▶ **550.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Dermot T. Healey

Mailing Address 193 E Grand Ave  
Apt 5

City State Zip Code  
Old Orchard Beach ME 04064-3060

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

Name of Employer Self Occupation Insurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 23 / 2006

Transaction ID: C769184

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
George D. Hepner, III

Mailing Address 13 Meadow Crossing Dr

City State Zip Code  
Gorham ME 04038-2056

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

Name of Employer Bernstein, Shur, Sawyer & Nelson Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: C769262

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Willard J. Hertz

Mailing Address 99 Whites Cove Rd

City State Zip Code  
Yarmouth ME 04096-5746

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: C829797

Amount of Each Receipt this Period  
100.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Melissa A. Hewey</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 17 / 2006                                    |  |
| Mailing Address 37 Glenwood Ave   |                                     | Transaction ID: C772802   |  |
| City<br>Portland  | State<br>ME                         | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04103-3018  |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Drummond Woodsum  | Occupation<br>Attorney              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Daniel W. Hildreth</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 24 / 2006                                    |  |
| Mailing Address 55 Thornhurst Rd  |                                     | Transaction ID: C769725   |  |
| City<br>Falmouth  | State<br>ME                         | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code<br>04105-1929  |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Diversified Communications  | Occupation<br>Business Development  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3237.16 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Daniel W. Hildreth</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 31 / 2006                                    |  |
| Mailing Address 55 Thornhurst Rd  |                                     | Transaction ID: C823894   |  |
| City<br>Falmouth  | State<br>ME                         | Amount of Each Receipt this Period<br>237.16  |  |
| Zip Code<br>04105-1929  |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Diversified Communications  | Occupation<br>Business Development  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3237.16 |   |  |

\* In-Kind: IN-KIND: event food & beverage

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1737.16     |
| <b>TOTAL</b> This Period (last page this line number only) ..... | (Empty box) |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Horace A. Hildreth, Jr.

Mailing Address PO Box 7437

City State Zip Code  
Portland ME 04112-7437

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

Name of Employer Occupation  
Diversified Communications Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2750.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2006

Transaction ID: C793946

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)  
Peter Hirsch

Mailing Address 40 W 86th St # 6a

City State Zip Code  
New York NY 10024-3605

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

Name of Employer Occupation  
Camp Androscoggin Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

Transaction ID: C823221

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert E. Hirshon

Mailing Address 9628 NW Arborview Dr

City State Zip Code  
Portland OR 97229-6381

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

Name of Employer Occupation  
Tonkon Torp LLP CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2006

Transaction ID: C823222

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00 |
| <b>TOTAL</b> 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 35 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jean Hoffman

Mailing Address 120 Island Ave

City State Zip Code  
Peaks Island ME 04108-1173

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

Name of Employer Putney, Inc. Occupation Entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2006

Transaction ID: C795296

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sharyn Howell

Mailing Address 1 Lydon Ln

City State Zip Code  
Cape Elizabeth ME 04107-1209

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

Name of Employer None Occupation Clinical Social Worker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2006

Transaction ID: C769234

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Howley

Mailing Address 126 Cuthbert St Apt 4

City State Zip Code  
Philadelphia PA 19106-2210

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

Name of Employer None Occupation Unemployed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: C832876

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial)<br>Edwin C. Hoyt   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 20 / 2006                                      |  |
| Mailing Address 46 Matthew Dr   |                                    | Transaction ID: C769209   |  |
| City<br>Brunswick   | State<br>ME                        | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code<br>04011-3274  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Retired              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial)<br>Edwin C. Hoyt   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 16 / 2006                                      |  |
| Mailing Address 46 Matthew Dr   |                                    | Transaction ID: C829803   |  |
| City<br>Brunswick   | State<br>ME                        | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code<br>04011-3274  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Retired              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial)<br>Karin W. Jackson  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 17 / 2006                                      |  |
| Mailing Address 20 Holbrook St  |                                    | Transaction ID: C793947   |  |
| City<br>Harpsswell  | State<br>ME                        | Amount of Each Receipt this Period<br>50.00   |  |
| Zip Code<br>04079-4549  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>University of Maine - Augusta   | Occupation<br>English Instructor   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Neil D. Jamieson

Mailing Address 14 Kerryman Cir

City Scarborough State ME Zip Code 04074-9168

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

Name of Employer Prescott Lemoine Jamieson & Nelson Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 21 / 2006

Transaction ID: C769211

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)  
Neil D. Jamieson

Mailing Address 14 Kerryman Cir

City Scarborough State ME Zip Code 04074-9168

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

Name of Employer Prescott Lemoine Jamieson & Nelson Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

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

Transaction ID: C793937

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Adrian M Jones

Mailing Address 85 Broad St

City New York State NY Zip Code 10004-2434

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

Name of Employer Goldman, Sachs & Co Occupation Investment

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C831920

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) ..... ► **1250.00**

**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 38 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Kazon

Mailing Address 1310 21st St NW

City Washington State DC Zip Code 20036-1504

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

Name of Employer Alston & Bird Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: C769273

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)  
David E. Kendall

Mailing Address 5215 Massachusetts Ave

City Bethesda State MD Zip Code 20816-2702

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

Name of Employer Williams & Connolly Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2006

Transaction ID: C795407

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Brigitte Lehner Lehner Kingsbury

Mailing Address 3 Phantom Farm Rd

City Cape Elizabeth State ME Zip Code 04107-2939

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

Name of Employer Orchard Foundation Occupation Foundation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: C768411

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mark Kinn<br>Mailing Address 380 Riverside Dr<br>Apt 6h<br>City State Zip Code<br>New York NY 10025-1877<br>FEC ID number of contributing federal political committee. <b>C</b>                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 28 / 2006<br><b>Transaction ID: C847829</b><br>Amount of Each Receipt this Period<br>250.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information Requested<br>Occupation Physician<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>250.00 |  |   |

|  |  |   |
|--|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Eleanor H. Kinney<br>Mailing Address 333 Fogler Rd<br>City State Zip Code<br>Bremen ME 04551-3116<br>FEC ID number of contributing federal political committee. <b>C</b>          |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 18 / 2006<br><b>Transaction ID: C793933</b><br>Amount of Each Receipt this Period<br>300.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None<br>Occupation Homemaker<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>800.00 |  |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Gilbert Kinney<br>Mailing Address 19 E 72nd St<br>Apt 9a<br>City State Zip Code<br>New York NY 10021-4145<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 15 / 2006<br><b>Transaction ID: C793930</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self<br>Occupation Investor<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>600.00 |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>650.00</b> |
| <b>TOTAL</b> 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 40 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> H. Nicholas Kirby  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 10 / 2006                                      |  |
| Mailing Address 5 Stonegate Way   |                                    | Transaction ID: C762902   |  |
| City<br>Gorham  | State<br>ME                        | Amount of Each Receipt this Period<br>250.00  |  |
| Zip Code<br>04038-2281  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Concentra   | Occupation<br>Executive            |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |  |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Jud Knox   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 23 / 2006                                      |  |
| Mailing Address 39 Candlewood Ln  |                                      | Transaction ID: C840331   |  |
| City<br>York  | State<br>ME                          | Amount of Each Receipt this Period<br>50.00   |  |
| Zip Code<br>03909-5825  |                                      | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      |   |  |
| Name of Employer<br>York Hospital   | Occupation<br>Hospital Administrator |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00   |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Costas T. Lambrew  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 10 / 2006                                      |  |
| Mailing Address 13 Atlantic Dr  |                                    | Transaction ID: C795410   |  |
| City<br>Scarborough   | State<br>ME                        | Amount of Each Receipt this Period<br>200.00  |  |
| Zip Code<br>04074-8667  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Retired Physician    |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>400.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 500.00 |
| <b>TOTAL</b> 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 41 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Harley C. Lee<br>Mailing Address 57 Ryder Rd<br>City Yarmouth State ME Zip Code 04096-7566<br>FEC ID number of contributing federal political committee. <b>C</b>                               |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 29 / 2006<br><b>Transaction ID: C772786</b><br>Amount of Each Receipt this Period<br>75.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Endless Energy Corp. Occupation: Wind Farmer<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>375.00 |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Shepard Lee<br>Mailing Address 6 Phantom Farm Rd<br>City Cape Elizabeth State ME Zip Code 04107-2939<br>FEC ID number of contributing federal political committee. <b>C</b>         |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 03 / 2006<br><b>Transaction ID: C772772</b><br>Amount of Each Receipt this Period<br>1000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Lee Auto Mall Occupation: Owner<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>3000.00 |  |  |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Edward P. Legg<br>Mailing Address PO Box 519<br>City Kennebunk State ME Zip Code 04043-0519<br>FEC ID number of contributing federal political committee. <b>C</b>                                      |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 08 / 2006<br><b>Transaction ID: C768933</b><br>Amount of Each Receipt this Period<br>150.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: University of New England Occupation: Vice President<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>500.00 |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1225.00</b> |
| <b>TOTAL</b> 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 42 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Joseph J. Leghorn  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 31 / 2006                                      |  |
| Mailing Address 40 Linden St  |                                    | Transaction ID: C806793   |  |
| City<br>Needham   | State<br>MA                        | Amount of Each Receipt this Period<br>300.00  |  |
| Zip Code<br>02492-2318  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Nixon Peabody LLP   | Occupation<br>Attorney             |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Peter M. Leslie  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006                                      |  |
| Mailing Address PO Box 236  |                                     | Transaction ID: C847830   |  |
| City<br>Waterford   | State<br>ME                         | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04088-0236  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>None  | Occupation<br>Retired               |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Albert F. Lilley   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 18 / 2006                                      |  |
| Mailing Address 204 Laurel Hill Rd  |                                    | Transaction ID: C831922   |  |
| City<br>Chapel Hill   | State<br>NC                        | Amount of Each Receipt this Period<br>200.00  |  |
| Zip Code<br>27514-4325  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Retired              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1000.00 |
| <b>TOTAL</b> 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 43 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Bruce Locke  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                      |  |
| Mailing Address 555 University Ave<br>Ste 170   |                                    | <b>Transaction ID:</b> C846049  |  |
| City Sacramento   | State CA                           | Zip Code 95825-6500   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Self   | Occupation Attorney                |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Susan Peabody Love   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 12 / 2006                                      |  |
| Mailing Address 5 Mountain Road   |                                    | <b>Transaction ID:</b> C769224  |  |
| City Falmouth   | State ME                           | Zip Code 04105-2455   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Information Requested  | Occupation Information Requested   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Susan Peabody Love   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 10 / 2006                                      |  |
| Mailing Address 5 Mountain Road   |                                    | <b>Transaction ID:</b> C823228  |  |
| City Falmouth   | State ME                           | Zip Code 04105-2455   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Information Requested  | Occupation Information Requested   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 300.00 |
| <b>TOTAL</b> 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 44 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Doyle Marchant

Mailing Address 12 Southerly View Rd

City North Yarmouth State ME Zip Code 04097-6749

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

Name of Employer Doyle Marchant Real Estate Co. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: C831929

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Carla Marcus

Mailing Address 12 Indian Woods Rd

City Scarborough State ME Zip Code 04074-9447

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

Name of Employer Winter Kids Occupation Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 21 / 2006

Transaction ID: C772814

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
John F. Marr

Mailing Address 150 Clifford St

City South Portland State ME Zip Code 04106-6520

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

Name of Employer Maine Employers Mutual Insurance Co. Occupation Sr. VP - Insurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2006

Transaction ID: C769272

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) ..... ▶ **450.00**

**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 45 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Tonia Nadzo Nazdo Medd

Mailing Address 248 Pleasant Ave

City Portland State ME Zip Code 04103-2522

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2006

Transaction ID: C769177

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Katharine P. Meeker

Mailing Address 5 Winn Farm Ln

City Falmouth State ME Zip Code 04105-1195

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

Name of Employer None Occupation Retired Educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2006

Transaction ID: C793945

Amount of Each Receipt this Period  
 200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Katharine P. Meeker

Mailing Address 5 Winn Farm Ln

City Falmouth State ME Zip Code 04105-1195

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

Name of Employer None Occupation Retired Educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 06 / 2006

Transaction ID: C823229

Amount of Each Receipt this Period  
 100.00

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

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 400.00 |
| <b>TOTAL</b> 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 46 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| A. Full Name (Last, First, Middle Initial)<br>Thimi R Mina<br>Mailing Address 8 High Point Rd<br>City Scarborough State ME Zip Code 04074-9030<br>FEC ID number of contributing federal political committee. <b>C</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 26 / 2006<br>Transaction ID: C772812<br>Amount of Each Receipt this Period<br>500.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer McCloskey, Mina & Cunniff, LLC<br>Occupation Attorney<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>1000.00 |  |  |

|   |  |  |
|---|--|--|
| B. Full Name (Last, First, Middle Initial)<br>Venise Cote Cote Minkowsky<br>Mailing Address 106 Dipper Cove Rd<br>City Orrs Island State ME Zip Code 04066-2353<br>FEC ID number of contributing federal political committee. <b>C</b>                |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 21 / 2006<br>Transaction ID: C847834<br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Continuum Health Services<br>Occupation CEO<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>300.00 |  |  |

|  |  |  |
|--|--|--|
| C. Full Name (Last, First, Middle Initial)<br>James F. Mitchell<br>Mailing Address 106 Sewall St<br>City Augusta State ME Zip Code 04330-6822<br>FEC ID number of contributing federal political committee. <b>C</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 29 / 2006<br>Transaction ID: C847835<br>Amount of Each Receipt this Period<br>500.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer James F. Mitchell Co.<br>Occupation Government Relations Consulting<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>2100.00 |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1100.00</b> |
| <b>TOTAL</b> 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 47 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial)<br>Marta N. Morse  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 18 / 2006                                      |  |
| Mailing Address 387 Spring St   |                                    | Transaction ID: C840334   |  |
| City<br>Portland  | State<br>ME                        | Amount of Each Receipt this Period<br>250.00  |  |
| Zip Code<br>04102-3644  |                                    | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Retired              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial)<br>Robert Moss   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 21 / 2006                                      |  |
| Mailing Address 1133 Connecticut Ave NW<br>FI 5   |                                    | Transaction ID: C831935   |  |
| City<br>Washington  | State<br>DC                        | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>20036-4305  |                                    | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Bob Moss Associates   | Occupation<br>Principal            |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial)<br>Leonard M. Nelson   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 01 / 2006                                      |  |
| Mailing Address 14 Menikoe Point Rd   |                                    | Transaction ID: C823230   |  |
| City<br>Falmouth  | State<br>ME                        | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code<br>04105-1926  |                                    | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Bernstein Shur Sawyer & Nelson  | Occupation<br>Attorney             |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 850.00 |
| <b>TOTAL</b> 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 48 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Doris B. Newman  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 13 / 2006                                      |
| Mailing Address 4 Hampton Cir   |  | Transaction ID: C795413   |
| City State Zip Code<br>Scarborough ME 04074-9183  | Amount of Each Receipt this Period<br>300.00                           |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Information requested<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Information Requested<br>Election Cycle-to-Date ▼<br>300.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Perry B. Newman  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 10 / 2006                                      |
| Mailing Address 130 Fort Rd   |   | Transaction ID: C762900   |
| City State Zip Code<br>South Portland ME 04106-1613   | Amount of Each Receipt this Period<br>200.00                |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Pierce Atwood/Atlantica<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Consultant<br>Election Cycle-to-Date ▼<br>250.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Perry B. Newman  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 29 / 2006                                      |
| Mailing Address 130 Fort Rd   |   | Transaction ID: C772782   |
| City State Zip Code<br>South Portland ME 04106-1613   | Amount of Each Receipt this Period<br>50.00                 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Pierce Atwood/Atlantica<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation Consultant<br>Election Cycle-to-Date ▼<br>250.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 550.00 |
| <b>TOTAL</b> 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 49 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Richard Newman   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 25 / 2006 |
| Mailing Address 393 High Head Rd  |   | Transaction ID: C769187                                  |
| City Harpswell State ME Zip Code 04079-2911   | Amount of Each Receipt this Period<br>100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer None Occupation Retired Investment Banker  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Richard Newman   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 17 / 2006 |
| Mailing Address 393 High Head Rd  |   | Transaction ID: C829839                                  |
| City Harpswell State ME Zip Code 04079-2911   | Amount of Each Receipt this Period<br>100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer None Occupation Retired Investment Banker  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Heidi Nitze  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 19 / 2006 |
| Mailing Address 1 W 72nd St Apt 96  |   | Transaction ID: C831941                                  |
| City New York State NY Zip Code 10023-3426  | Amount of Each Receipt this Period<br>500.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Self Occupation Artist   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 700.00 |
| <b>TOTAL</b> 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 50 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Elizabeth M. Niven   |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 2 4 / 2 0 0 6                                 |  |
| Mailing Address 12 Atwood Ln  |             | Transaction ID: C794326   |  |
| City<br>Brunswick   | State<br>ME | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04011-3408  |             | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |             |   |  |
| Name of Employer Information requested<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Occupation Information Requested<br>Election Cycle-to-Date ▼<br>850.00                        |  |

|  |             |   |  |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Walter M. Norton  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 0 6                                 |  |
| Mailing Address 126 Skassen Ln   |             | Transaction ID: C769186   |  |
| City<br>Harpsswell   | State<br>ME | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code<br>04079-3032   |             | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |             |   |  |
| Name of Employer None<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Occupation Retired<br>Election Cycle-to-Date ▼<br>850.00                                      |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Kenneth O'Brien  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 0 7 / 2 0 0 6                                 |  |
| Mailing Address 1 Spring Brook Ln   |             | Transaction ID: C772775   |  |
| City<br>Gorham  | State<br>ME | Amount of Each Receipt this Period<br>250.00  |  |
| Zip Code<br>04038-2062  |             | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |             |   |  |
| Name of Employer Fairchild Semiconductor<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Occupation Engineer<br>Election Cycle-to-Date ▼<br>250.00                                     |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 850.00 |
| <b>TOTAL</b> 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 51 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> David A. O'Heir  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 21 / 2006                                      |  |
| Mailing Address 5 Newland Ave   |                                    | Transaction ID: C769250   |  |
| City<br>Waterville  | State<br>ME                        | Amount of Each Receipt this Period<br>400.00  |  |
| Zip Code<br>04901-5332  |                                    | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Student              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Timothy M. O'Neil, Jr.   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 24 / 2006                                      |  |
| Mailing Address 81 Adelbert St  |                                     | Transaction ID: C793965   |  |
| City<br>South Portland  | State<br>ME                         | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code<br>04106-6515  |                                     | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Self  | Occupation<br>Real Estate Developer |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> William T. Okie  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 25 / 2006                                      |  |
| Mailing Address 253 Westchester Ave   |                                      | Transaction ID: C794386   |  |
| City<br>Pound Ridge   | State<br>NY                          | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code<br>10576-1714  |                                      | Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/> |  |
| FEC ID number of contributing federal political committee.<br>C   |                                      |   |  |
| Name of Employer<br>CDC Management  | Occupation<br>Real Estate Management |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00  |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2400.00 |
| <b>TOTAL</b> 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 52 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Robert L. Olson  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 14 / 2006 |
| Mailing Address PO Box 890  |   | <b>Transaction ID:</b> C769151                           |
| City State Zip Code<br>Kennebunk ME 04043-0890  | Amount of Each Receipt this Period<br>250.00  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>None Retired Marketing & Salesperson   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00  |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>John C. Orestis  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2006 |
| Mailing Address 95 Chadwick St  |   | <b>Transaction ID:</b> C832906                           |
| City State Zip Code<br>Portland ME 04102-3401   | Amount of Each Receipt this Period<br>1000.00   |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>North Country Associates Health Care Executive   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00   |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Paul J. Orloff   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 03 / 2006 |
| Mailing Address 20 Sunset Shores Dr   |   | <b>Transaction ID:</b> C763789                           |
| City State Zip Code<br>Belgrade ME 04917-3047   | Amount of Each Receipt this Period<br>50.00   |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>None Retired   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1300.00 |
| <b>TOTAL</b> 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 53 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ed H. Pert

Mailing Address 131 Webber Rd

City State Zip Code  
Georgetown ME 04548-3016

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

Name of Employer Occupation  
None Retired Clerk

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: C769195

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Donald E. Pilon

Mailing Address 299 Ferry Rd

City State Zip Code  
Saco ME 04072-2209

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

Name of Employer Occupation  
Prudential Prime Properties of the Sea Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2006

Transaction ID: C772793

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pamela P. Plumb

Mailing Address 104 Park St

City State Zip Code  
Portland ME 04101-3825

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

Name of Employer Occupation  
Pamela Plumb & Associates Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: C769246

Amount of Each Receipt this Period  
500.00

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

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 700.00 |
| <b>TOTAL</b> 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 54 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard S. Porter

Mailing Address 206 Woodside Rd

City Brunswick State ME Zip Code 04011-7442

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: C829848

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bonita L. Pothier

Mailing Address 8 Inner Cir

City Biddeford State ME Zip Code 04005-9760

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

Name of Employer Key Bank Occupation Bank Branch Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2006

Transaction ID: C823237

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jean Principe

Mailing Address 29 Hemlock Rd

City Brunswick State ME Zip Code 04011-3431

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

Name of Employer Self Occupation Psychologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

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

Transaction ID: C772773

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 55 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Gerald R. Prout<br>Mailing Address 6206 Sally Ford Court<br>City State Zip Code<br>Fairfax Station VA 22039<br>FEC ID number of contributing federal political committee. <b>C</b>                                    |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 22 / 2006<br><b>Transaction ID: C847838</b><br>Amount of Each Receipt this Period<br>500.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>FMC Corporation Vice President, Government Affairs<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>500.00 |  |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Hollis Rafkin-Sax<br>Mailing Address 8 South Dr<br>City State Zip Code<br>Larchmont NY 10538-1213<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2006<br><b>Transaction ID: C832910</b><br>Amount of Each Receipt this Period<br>250.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>FD Public Relations<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>250.00 |  |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Evan Richert<br>Mailing Address 6 State St Ste 308<br>City State Zip Code<br>Bangor ME 04401-5133<br>FEC ID number of contributing federal political committee. <b>C</b>                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006<br><b>Transaction ID: C847840</b><br>Amount of Each Receipt this Period<br>300.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Self Land Use Planner<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>300.00 |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1050.00</b> |
| <b>TOTAL</b> 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 56 / 133  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Catherine E. Rielly

Mailing Address 59 Bradley St

City State Zip Code  
Portland ME 04102-2229

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

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

250.00

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

**Transaction ID:** C847841

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Norman R. Ritter

Mailing Address 3 Boothby Rd

City State Zip Code  
Kennebunk ME 04043-7631

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Fisher Scientific International Consultant

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

550.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 04 / 2006

**Transaction ID:** C763794

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Suzanne G Roberts

Mailing Address 260 Falmouth Rd

City State Zip Code  
Falmouth ME 04105-2008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information Requested

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2006

**Transaction ID:** C823239

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) ..... 450.00

**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 57 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jacquelyn L. Robinson

Mailing Address 17 Trundy Rd

City State Zip Code  
Cape Elizabeth ME 04107-2811

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

Name of Employer None Occupation Retired Nurse

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2006

Transaction ID: C769196

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rodney P. Rodrigue

Mailing Address 87 Winthrop St

City State Zip Code  
Augusta ME 04330-5536

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

Name of Employer Time Wise Management Systems Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2006

Transaction ID: C793952

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Neil R. Rolde

Mailing Address PO Box 304

City State Zip Code  
York ME 03909-0304

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

Name of Employer Self Occupation Author/Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2006

Transaction ID: C763886

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> 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 58 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Barbara Russo  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 13 / 2006                                      |  |
| Mailing Address 3 High St   |                                    | Transaction ID: C795420   |  |
| City<br>Camden  | State<br>ME                        | Amount of Each Receipt this Period<br>250.00  |  |
| Zip Code<br>04843-1610  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Greenkeefe  | Occupation<br>Real Estate Broker   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Lars H. Rydell   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 11 / 2006                                      |  |
| Mailing Address 43 Pine Ledge Ldg   |                                    | Transaction ID: C795422   |  |
| City<br>Brunswick   | State<br>ME                        | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04011-3820  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  | Occupation<br>Retired              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Judith B. Sapp   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 30 / 2006                                      |  |
| Mailing Address 111 West St   |                                     | Transaction ID: C846047   |  |
| City<br>Portland  | State<br>ME                         | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code<br>04102-3416  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Komondorok LLC  | Occupation<br>Attorney              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1250.00 |
| <b>TOTAL</b> 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 59 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas W. Saturley

Mailing Address 27 Cole Field Rd

City State Zip Code  
Cape Elizabeth ME 04107-9676

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

Name of Employer Occupation  
Tranzon Auction Properties President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2006

Transaction ID: C823240

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)  
Chattye B Sawyer

Mailing Address 45 Eastern Promenade Apt 6c

City State Zip Code  
Portland ME 04101-4819

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

Name of Employer Occupation  
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2006

Transaction ID: C772784

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
James R. Schmidt

Mailing Address 136 Hathaway Ln

City State Zip Code  
Rome ME 04963-3426

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

Name of Employer Occupation  
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2006

Transaction ID: C762901

Amount of Each Receipt this Period  
100.00

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

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>800.00</b> |
| <b>TOTAL</b> 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 60 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

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

Mailing Address 25 College Hts

City Orono State ME Zip Code 04473-4232

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 22 / 2006

**Transaction ID:** C831944

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard T. Schotte

Mailing Address PO Box 678

City Camden State ME Zip Code 04843-0678

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 25 / 2006

**Transaction ID:** C769175

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)  
Barry F. Schwartz

Mailing Address 35 E 62nd St

City New York State NY Zip Code 10021-8014

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

Name of Employer McAndrews & Forbes Occupation Executive VP & General Counsel

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2006

**Transaction ID:** C831947

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) .....           | ▶ | 1350.00 |
| <b>TOTAL</b> 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 61 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Robert C. Schwenkel  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 05 / 2006                                    |  |
| Mailing Address 31 E Neck Rd  |                                     | Transaction ID: C823241   |  |
| City<br>Huntington  | State<br>NY                         | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code<br>11743-1514  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Fried Frank Harris Shriver & Jacobson   | Occupation<br>Attorney              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Mary R. Seagrave   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 25 / 2006                                    |  |
| Mailing Address 42 Matthew Dr   |                                    | Transaction ID: C769727   |  |
| City<br>Brunswick   | State<br>ME                        | Amount of Each Receipt this Period<br>100.00  |  |
| Zip Code<br>04011-3274  |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>None  |                                    | Occupation<br>Retired   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Gregory C. Shapiro   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 11 / 2006                                    |  |
| Mailing Address 10 Island View Dr   |                                     | Transaction ID: C802245   |  |
| City<br>Cumberland Foresid  | State<br>ME                         | Amount of Each Receipt this Period<br>1000.00   |  |
| Zip Code<br>04110-1111  |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     |   |  |
| Name of Employer<br>Union Oil Co.   |                                     | Occupation<br>CEO   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2100.00 |
| <b>TOTAL</b> 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 62 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Celeste A. Shinay</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 17 / 2006                                    |  |
| Mailing Address 9 Hampton Cir   |                                    | <b>Transaction ID: C802244</b>  |  |
| City State Zip Code<br>Scarborough ME 04074-9183  |                                    | Amount of Each Receipt this Period<br>100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>None  | Occupation<br>Homemaker            |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>600.00 |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. D. Ellen Shuman</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 23 / 2006                                    |  |
| Mailing Address 60 Lincoln St   |  | <b>Transaction ID: C807077</b>  |  |
| City State Zip Code<br>New Haven CT 06511-3806  |  | Amount of Each Receipt this Period<br>500.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Carnegie Corporation of New York  | Occupation<br>Chief Investment Officer |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00     |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Wendell K. Simpson</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 17 / 2006                                    |  |
| Mailing Address PO Box 685  |                                    | <b>Transaction ID: C831949</b>  |  |
| City State Zip Code<br>York Beach ME 03910-0685   |                                    | Amount of Each Receipt this Period<br>100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>None  | Occupation<br>Retired              |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 700.00 |
| <b>TOTAL</b> 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 63 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Victor Skorapa, Jr.  
Mailing Address 36 Irene Ave  
City Harpswell State ME Zip Code 04079-3358  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired Physician  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006  
Transaction ID: C769267  
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)  
Peter M. Small  
Mailing Address 1 Main St  
City Concord State MA Zip Code 01742-2514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Real Estate  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006  
Transaction ID: C840351  
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)  
Mary-Leigh C. Smart  
Mailing Address 30 Surf Point Rd  
City York State ME Zip Code 03909-5053  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 08 / 2006  
Transaction ID: C768910  
Amount of Each Receipt this Period  
100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

|  |  |
|--|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 64 / 133</span><br>(check only one)<br><input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><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)  
Tom Allen for Congress Committee

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Alison P. Smith<br>Mailing Address 43 Carleton St<br>City State Zip Code<br>Portland ME 04102-3225<br>FEC ID number of contributing federal political committee. <b>C</b>    | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 27 / 2006<br><b>Transaction ID: C769278</b><br>Amount of Each Receipt this Period<br>250.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self Occupation<br>Consultant<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 600.00 |   |

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Roger S. Smith<br>Mailing Address 70 Country Club Rd<br>City State Zip Code<br>Manchester ME 04351-3433<br>FEC ID number of contributing federal political committee. <b>C</b> | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 24 / 2006<br><b>Transaction ID: C840353</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None Occupation<br>Retired<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 250.00      |   |

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Lydia H. Sparrow<br>Mailing Address 46 Matthew Dr<br>City State Zip Code<br>Brunswick ME 04011-3274<br>FEC ID number of contributing federal political committee. <b>C</b>       | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 17 / 2006<br><b>Transaction ID: C829801</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None Occupation<br>Retired/Artist<br>Receipt For: 2006 Election Cycle-to-Date ▼<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 350.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>450.00</b> |
| <b>TOTAL</b> 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 65 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth S. Spierer

Mailing Address 18 Neal St

City Portland State ME Zip Code 04102-3527

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

Name of Employer None Occupation Retired Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

**Transaction ID: C769731**

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
William T. Spock

Mailing Address 10 Curtis St

City Brunswick State ME Zip Code 04011-3025

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 06 / 2006

**Transaction ID: C763786**

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)  
Ronald L. Stein

Mailing Address De Grandpre Chait  
1000 Rue De La Gauchetiere Ouest

City Montreal, PQ H3B 4 State Zip Code

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

Name of Employer De Grandpre Chait Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2006

**Transaction ID: C831953**

Amount of Each Receipt this Period  
 500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> 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 66 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Doris S. Stockly   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 31 / 2006                                      |  |
| Mailing Address 31 Casco Ter  |                                    | Transaction ID: C806790   |  |
| City Falmouth   | State ME                           | Amount of Each Receipt this Period<br>200.00  |  |
| Zip Code 04105-1505   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer None   | Occupation Retired                 |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>400.00 |   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Sharon Sudbay  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006                                      |  |
| Mailing Address 108 Monument St   |                                     | Transaction ID: C847845   |  |
| City Portland   | State ME                            | Amount of Each Receipt this Period<br>500.00  |  |
| Zip Code 04101-4329   |                                     | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     |   |  |
| Name of Employer Self   | Occupation Consultant               |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1500.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Louise R. Sullivan   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 16 / 2006                                      |  |
| Mailing Address 72 Two Lights Rd  |                                    | Transaction ID: C793953   |  |
| City Cape Elizabeth   | State ME                           | Amount of Each Receipt this Period<br>150.00  |  |
| Zip Code 04107-9511   |                                    | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer Information Requested  | Occupation Information Requested   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 850.00 |
| <b>TOTAL</b> 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 67 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth W. Swain

Mailing Address 22 Wilson Rd

City Pownal State ME Zip Code 04069-6000

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

Name of Employer Barton & Gingold Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: C807069

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Anne E. Swift-Kayatta

Mailing Address 14 Stonebridge Rd

City Cape Elizabeth State ME Zip Code 04107-2117

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

Name of Employer Town of Cape Elizabeth Occupation Town Councilor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: C769225

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)  
F. Mark Terison

Mailing Address 135 Field Rd

City Falmouth State ME Zip Code 04105-1103

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

Name of Employer U.S. Department of Justice Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C793940

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) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Sidney St. F. Thaxter

Mailing Address 7 Blanchard Rd

City State Zip Code  
Cumberland Center ME 04021-3501

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

Name of Employer Occupation  
Curtis Thaxter Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

Transaction ID: C847846

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)  
Quinby G. Thompson

Mailing Address 31 Woodbury St

City State Zip Code  
South Portland ME 04106-5022

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

Name of Employer Occupation  
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

Transaction ID: C763885

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Frederick G.P. Thorne

Mailing Address 7 Tucks Point Rd

City State Zip Code  
Manchester MA 01944-1434

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

Name of Employer Occupation  
Self Investment Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

Transaction ID: C847847

Amount of Each Receipt this Period  
300.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> 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 69 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Raymond S. Troubh

Mailing Address 10 Rockefeller Plz  
Ste 712

City State Zip Code  
New York NY 10020-1903

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

Name of Employer Self Occupation  
Financial Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

Transaction ID: C829865

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)  
Mary Ann Ann Villari

Mailing Address 322 W 72nd St  
Apt 5d

City State Zip Code  
New York NY 10023-2676

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

Name of Employer Battle Fowler Occupation  
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

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

Transaction ID: C831956

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ira J. Waldman

Mailing Address 8107 Delgany Ave

City State Zip Code  
Playa Del Rey CA 90293-7815

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

Name of Employer Cox, Castle & Nicholson LLP Occupation  
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

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

Transaction ID: C846055

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> 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 70 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Roy Walker   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 26 / 2006 |
| Mailing Address 11 Quail Rdg  |   | <b>Transaction ID:</b> C845988                           |
| City State Zip Code<br>Concord NH 03301-8427  | Amount of Each Receipt this Period<br>200.00  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>US Dept. of HHS Program Specialist   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>400.00  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Gordon Ward  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 09 / 2006 |
| Mailing Address 346 Main St   |   | <b>Transaction ID:</b> C769263                           |
| City State Zip Code<br>Gorham ME 04038-1312   | Amount of Each Receipt this Period<br>500.00  |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>None Retired   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2400.00   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Gordon Ward  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 28 / 2006 |
| Mailing Address 346 Main St   |   | <b>Transaction ID:</b> C846026                           |
| City State Zip Code<br>Gorham ME 04038-1312   | Amount of Each Receipt this Period<br>1000.00   |  |
| FEC ID number of contributing federal political committee.<br>C   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>None Retired   |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2400.00   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1700.00 |
| <b>TOTAL</b> 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 71 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter B. Webster

Mailing Address 1 Ship Channel Rd

City State Zip Code  
South Portland ME 04106-5136

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

Name of Employer Occupation  
Verrill Dana LLP Attorney

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

750.00

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

**Transaction ID: C847848**

Amount of Each Receipt this Period  
750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Martha White

Mailing Address PO Box 954  
Vinal St

City State Zip Code  
Rockport ME 04856-0954

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

Name of Employer Occupation  
Self Writer

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 05 / 2006

**Transaction ID: C758784**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wayne W. Whitney

Mailing Address 58 Harpswell Rd

City State Zip Code  
Brunswick ME 04011-2536

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

Name of Employer Occupation  
McTeague Higbee Attorney

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2006

**Transaction ID: C823245**

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> 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 72 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John C. Williamson

Mailing Address 201 Western Ave

City State Zip Code  
Kennebunk ME 04043-7405

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

Name of Employer Self Occupation  
Marine & Environmental Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: C769144

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Wulp

Mailing Address PO Box 592

City State Zip Code  
Vinalhaven ME 04863-0592

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

Name of Employer None Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2006

Transaction ID: C823895

Amount of Each Receipt this Period  
250.00

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

\* In-Kind: IN-KIND: event food & beverage

**C.** Full Name (Last, First, Middle Initial)  
Frances Yates

Mailing Address 11 Norumbega Dr

City State Zip Code  
Camden ME 04843-1746

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

Name of Employer Self Occupation  
Nutrition Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: C772770

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) .....           | ▶ | 800.00 |
| <b>TOTAL</b> 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 73 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Samuel M. Zaitlin</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 18 / 2006                                    |  |
| Mailing Address PO Box 952  |  | <b>Transaction ID: C831965</b>  |  |
| City State Zip Code<br>Biddeford ME 04005-0952  |  | Amount of Each Receipt this Period<br>250.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>Zaitlin & Associates Policy Consultant   |  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>1250.00   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Daniel A. Zilkha</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 20 / 2006                                    |  |
| Mailing Address 150 Vaughan St  |  | <b>Transaction ID: C769207</b>  |  |
| City State Zip Code<br>Portland ME 04102-3532   |  | Amount of Each Receipt this Period<br>100.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>Sabre Yacht Corporation CEO  |  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>2600.00   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Leonora Zilkha</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 03 / 2006                                    |  |
| Mailing Address 353 W 56th St   |  | <b>Transaction ID: C772771</b>  |  |
| City State Zip Code<br>New York NY 10019-3765   |  | Amount of Each Receipt this Period<br>500.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>MAC Cosmetics Director of International Marketing  |  |   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>500.00  |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 850.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 81412.16 |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 74 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
ACA-PAC, American Chiropractic Association PAC

Mailing Address 1701 Clarendon Blvd

City State Zip Code  
Arlington VA 22209-2799

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

**Transaction ID: C847802**

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)  
AHCA, American Health Care Association PAC

Mailing Address 1201 L Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

**Transaction ID: C847799**

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 Pennsylvania Ave NW  
#500 South Bldg.

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID: C772826**

Amount of Each Receipt this Period  
1000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>7000.00</b> |
| <b>TOTAL</b> 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 75 / 133 |
|  | <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)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> American Academy Of Ophthalmology Inc Political Co   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 0 6 / 2 0 0 6                               |
| Mailing Address 655 Beach Street  |  | <b>Transaction ID:</b> C847798  |
| City State Zip Code<br>San Francisco CA 94109   | FEC ID number of contributing federal political committee.<br><b>C</b> C70003785 | Amount of Each Receipt this Period<br>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: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>5000.00  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> American Hospital Association PAC  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 8 / 0 3 / 2 0 0 6                               |
| Mailing Address 325 Seventh St NW, Suite 700  |  | <b>Transaction ID:</b> C823897  |
| City State Zip Code<br>Washington DC 20004-2802   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>2000.00   |
| Name of Employer  | Occupation   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4993.04                                    |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> American Maritime Officers Voluntary Political Act   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 9 / 2 2 / 2 0 0 6                               |
| Mailing Address 490 L'Enfant Plaza East, SW, Suite  |  | <b>Transaction ID:</b> C847803  |
| City State Zip Code<br>Washington DC 20024  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer  | Occupation   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>3000.00                                    |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>5500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 76 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> American Postal Workers Union COPE, APWU<br>Mailing Address 1300 L Street, NW<br>City State Zip Code<br>Washington DC 20005<br>FEC ID number of contributing federal political committee. <b>C</b> C00010322<br>Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>5000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 28 / 2006<br><b>Transaction ID: C862627</b><br>Amount of Each Receipt this Period<br>4000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|--|--|

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> AMPAC, American Medical Association PAC<br>Mailing Address 1101 Vermont Ave NW<br>FI 12<br>City State Zip Code<br>Washington DC 20005-3521<br>FEC ID number of contributing federal political committee. <b>C</b> C00000422<br>Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>5000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 01 / 2006<br><b>Transaction ID: C823899</b><br>Amount of Each Receipt this Period<br>5000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|--|

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Association of Trial Lawyers of America PAC<br>Mailing Address 1050 31st Street, N.W.<br>City State Zip Code<br>Washington DC 20007<br>FEC ID number of contributing federal political committee. <b>C</b> C00024521<br>Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>5000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>07 / 31 / 2006<br><b>Transaction ID: C772828</b><br>Amount of Each Receipt this Period<br>5000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|--|--|

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>14000.00</b> |
| <b>TOTAL</b> 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 77 / 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Council PAC

Mailing Address 701 Pennsylvania Ave, NW, Suite 75

City Washington State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 9 / 2 0 0 6

**Transaction ID:** C862631

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)  
EnergyEast PAC

Mailing Address 89 East Ave

City Rochester State NY Zip Code 14649-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 6 / 2 0 0 6

**Transaction ID:** C847796

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)  
Farm Credit Council Political Action Committee

Mailing Address 50 F Street Nw Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 2 / 2 0 0 6

**Transaction ID:** C847804

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)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 78 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> FMC Corporation Good Government Program  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 31 / 2006                                      |
| Mailing Address 1101 Pennsylvania Ave NW<br>Ste 325   |   | <b>Transaction ID:</b> C823900  |
| City Washington State DC Zip Code 20004-2518  | Amount of Each Receipt this Period<br>2000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00033704   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> General Dynamics Voluntary Political Contribution  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006                                      |
| Mailing Address 2941 Fairview Park Drive<br>Suite 100   |   | <b>Transaction ID:</b> C847801  |
| City Falls Church State VA Zip Code 22042   | Amount of Each Receipt this Period<br>2500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00078451   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>6500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006                                      |
| Mailing Address 701 13th St NW<br>Ste 710   |   | <b>Transaction ID:</b> C847797  |
| City Washington State DC Zip Code 20005-3967  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00404194   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 79 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Holland & Knight Committee for Effective Governmen

Mailing Address 2099 Pennsylvania Ave NW  
Ste 100

City State Zip Code  
Washington DC 20006-6801

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C832870

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)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave NW  
Ste 500

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2006

**Transaction ID:** C769276

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)  
Human Rights Campaign Fund PAC

Mailing Address 919 18th Street, N.W., Suite 800

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2025.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** C849971

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: INKIND: website endorsement

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2025.00**

**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 80 / 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
International Union of Operating Engineers PAC  
Mailing Address 1125 17th Street, NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00029504  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006  
**Transaction ID: C862632**  
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)  
Laborers' Political League  
Mailing Address 905 16th Street, NW  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00007922  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2006  
**Transaction ID: C802260**  
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)  
Nat'l Committee to Preserve Social Security & Medi  
Mailing Address 10 G Street NE, Suite 600  
City Washington State DC Zip Code 20002-4215  
FEC ID number of contributing federal political committee. **C** C00172296  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006  
**Transaction ID: C847805**  
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) ..... ► 5500.00  
**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 81 / 133 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d<br><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)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| A. Full Name (Last, First, Middle Initial)<br>National Assn. of Realtors PAC<br>Mailing Address 700 11th St NW<br>City Washington State DC Zip Code 20001-4507<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 8 / 2 2 / 2 0 0 6<br><b>Transaction ID: C832852</b><br>Amount of Each Receipt this Period<br>4000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>10000.00                |  |   |

|  |  |   |
|--|--|---|
| B. Full Name (Last, First, Middle Initial)<br>National Automobile Dealers Association PAC<br>Mailing Address 8400 Westpark Drive<br>City McLean State VA Zip Code 22102<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 6<br><b>Transaction ID: C862636</b><br>Amount of Each Receipt this Period<br>5000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>5000.00                          |  |   |

|  |  |   |
|--|--|---|
| C. Full Name (Last, First, Middle Initial)<br>NEA Fund for Children & Public Education PAC<br>Mailing Address 1201 16th Street NW, Suite 421<br>City Washington State DC Zip Code 20036<br>FEC ID number of contributing federal political committee. <b>C</b> C00003251 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6<br><b>Transaction ID: C832847</b><br>Amount of Each Receipt this Period<br>3000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>3000.00  |  |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>12000.00</b> |
| <b>TOTAL</b> 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 82 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> NEMPAC, National Emergency Medicine PAC  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 06 / 2006                                      |
| Mailing Address 1125 Executive Circle   |   | <b>Transaction ID:</b> C840303  |
| City State Zip Code<br>Irving TX 75038  | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>7000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> New York Mercantile Exchange PAC, Inc.   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 19 / 2006                                      |
| Mailing Address 1 N End Ave<br>Fl 14  |   | <b>Transaction ID:</b> C832865  |
| City State Zip Code<br>New York NY 10282-1163   | Amount of Each Receipt this Period<br>5000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00230185   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>5000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Plum Creek Timber Co. Good Government Fund   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 06 / 2006                                      |
| Mailing Address 999 3rd Ave   |   | <b>Transaction ID:</b> C832874  |
| City State Zip Code<br>Seattle WA 98104-4001  | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00255224   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 11000.00 |
| <b>TOTAL</b> 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 83 / 133  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
PMA, Paul Magliocchetti Associates PAC

Mailing Address 1755 Jefferson Davis Hwy., Ste. 11

City State Zip Code  
Arlington VA 22202-3509

FEC ID number of contributing federal political committee. **C** C00280321

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

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

**Transaction ID:** C840304

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)  
Professional Airways Systems Specialists (PASS) PAC

Mailing Address 1150 17th Street NW, Suite 702

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C847794

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)  
ROCKPAC, Nat'l Stone, Sand & Gravel Assoc.

Mailing Address 1605 King St

City State Zip Code  
Alexandria VA 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** C847795

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)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 84 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sears Holdings Corporation PAC</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 20 / 2006                                      |
| Mailing Address 3333 Beverly Road<br>B6-326B  |   | Transaction ID: C849439   |
| City Hoffman Estates State IL Zip Code 60179-0001   | Amount of Each Receipt this Period<br>1000.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00038612   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. SEIU, Service Employees International Union PAC</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 27 / 2006                                      |
| Mailing Address 1313 L Street, NW   |   | Transaction ID: C849438   |
| City Washington State DC Zip Code 20005   | Amount of Each Receipt this Period<br>1500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00004036   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sierra Club PAC</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>08 / 29 / 2006                                      |
| Mailing Address 408 C Street, NE  |   | Transaction ID: C806781   |
| City Washington State DC Zip Code 20002   | Amount of Each Receipt this Period<br>10.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b> C00135368   |   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                  |   |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>20.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2510.00 |
| <b>TOTAL</b> 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 85 / 133                           |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>SkinPAC<br>Mailing Address 1350 I St NW<br>Ste 870<br>City Washington State DC Zip Code 20005-3387<br>FEC ID number of contributing federal political committee. <b>C</b> C00359539<br>Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>1000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 6<br><b>Transaction ID:</b> C847793<br>Amount of Each Receipt this Period<br>1000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>United Auto Workers V CAP<br>Mailing Address 1757 N Street NW<br>City Washington State DC Zip Code 20036<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>4000.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 0 8 / 2 0 0 6<br><b>Transaction ID:</b> C847792<br>Amount of Each Receipt this Period<br>1000.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>WindPAC<br>Mailing Address 122 C Street NW, Fourth Floor<br>City Washington State DC Zip Code 20001<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Occupation<br>Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Election Cycle-to-Date ▼<br>500.00 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 7 / 1 9 / 2 0 0 6<br><b>Transaction ID:</b> C769275<br>Amount of Each Receipt this Period<br>500.00<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|--|

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2500.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>73535.00</b> |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 133  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Jim Davis for Governor

Mailing Address 3580 W Grace St

City Tampa State FL Zip Code 33607-4920

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: C863638

Amount of Each Receipt this Period  
500.00

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

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 500.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 87 / 133 |
|  | <input 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 checked="" type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Bank of America  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>07 / 31 / 2006 |
| Mailing Address 1 City Ctr  |   | <b>Transaction ID:</b> C776684                             |
| City State Zip Code<br>Portland ME 04101-6420   | Amount of Each Receipt this Period<br>7.72  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   | Election Cycle-to-Date ▼<br>1124.71   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Bank of America  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>08 / 31 / 2006 |
| Mailing Address 1 City Ctr  |   | <b>Transaction ID:</b> C822406                             |
| City State Zip Code<br>Portland ME 04101-6420   | Amount of Each Receipt this Period<br>7.72  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   | Election Cycle-to-Date ▼<br>1124.71   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Bank of America  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>09 / 30 / 2006 |
| Mailing Address 1 City Ctr  |   | <b>Transaction ID:</b> C863528                             |
| City State Zip Code<br>Portland ME 04101-6420   | Amount of Each Receipt this Period<br>7.48  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation   | Election Cycle-to-Date ▼<br>1124.71   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 22.92 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 22.92 |

# 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)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Advantage Payroll</b>   |  | <b>Transaction ID:</b> D64042<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 0 / 2 0 0 6 |
| Mailing Address 449 Forest Ave   |  | Amount of Each Disbursement this Period<br>5148.41   |
| City Portland State ME Zip Code 04101-2029   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Advantage Payroll</b>   |  | <b>Transaction ID:</b> D64775<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 5 / 2 0 0 6 |
| Mailing Address 449 Forest Ave   |  | Amount of Each Disbursement this Period<br>4796.46   |
| City Portland State ME Zip Code 04101-2029   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Advantage Payroll</b>   |  | <b>Transaction ID:</b> D64918<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 7 / 2 0 0 6 |
| Mailing Address 449 Forest Ave   |  | Amount of Each Disbursement this Period<br>5544.03   |
| City Portland State ME Zip Code 04101-2029   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Payroll<br>Candidate Name  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15488.90    |
| <b>TOTAL</b> 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)  
Tom Allen for Congress Committee

|   |  |  |
|---|--|--|
| <b>A. Advantage Payroll</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 449 Forest Ave<br>City Portland State ME Zip Code 04101-2029<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66479</b><br>Date of Disbursement<br>08 / 17 / 2006<br>Amount of Each Disbursement this Period<br>4620.93<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|   |  |  |
|---|--|--|
| <b>B. Advantage Payroll</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 449 Forest Ave<br>City Portland State ME Zip Code 04101-2029<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66480</b><br>Date of Disbursement<br>09 / 05 / 2006<br>Amount of Each Disbursement this Period<br>4470.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|   |  |  |
|---|--|--|
| <b>C. Advantage Payroll</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 449 Forest Ave<br>City Portland State ME Zip Code 04101-2029<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66640</b><br>Date of Disbursement<br>09 / 18 / 2006<br>Amount of Each Disbursement this Period<br>5157.84<br><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) ..... ▶      | 14248.97    |
| <b>TOTAL</b> 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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Alamo Rent-a-Car</b>  |  | <b>Transaction ID: D66643</b><br>Date of Disbursement<br>08 / 21 / 2006 |
| Mailing Address Portland International Airport   |  | Amount of Each Disbursement this Period<br>79.68                        |
| City Portland State ME Zip Code 04101  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Auto rental<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Express</b>  |  | <b>Transaction ID: D66664</b><br>Date of Disbursement<br>08 / 31 / 2006 |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>57.00                        |
| City Phoenix State AZ Zip Code 85072-3852  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Transaction fees<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Express</b>  |  | <b>Transaction ID: D68376</b><br>Date of Disbursement<br>09 / 30 / 2006 |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>24.23                        |
| City Phoenix State AZ Zip Code 85072-3852  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Transaction fees<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 160.91      |
| <b>TOTAL</b> 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)  
Tom Allen for Congress Committee

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>  |  | Transaction ID: D64920<br>Date of Disbursement<br>07 / 31 / 2006 |   |
| Mailing Address PO Box 53852   |  | Amount of Each Disbursement this Period<br>2.85                  |   |
| City Phoenix<br>State AZ<br>Zip Code 85072-3852  | Purpose of Disbursement<br>Transaction fees<br>Candidate Name  | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMF Catering Inc.</b>   |  | Transaction ID: D64778<br>Date of Disbursement<br>07 / 28 / 2006 |   |
| Mailing Address 431 Congress St  |  | Amount of Each Disbursement this Period<br>927.36                |   |
| City Portland<br>State ME<br>Zip Code 04101-3505   | Purpose of Disbursement<br>Event food<br>Candidate Name  | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America CC</b>  |  | Transaction ID: D64782<br>Date of Disbursement<br>07 / 28 / 2006 |   |
| Mailing Address PO Box 60073   |  | Amount of Each Disbursement this Period<br>1417.57               |   |
| City City Of Industry<br>State CA<br>Zip Code 91716-0073   | Purpose of Disbursement<br>Credit card charges<br>Candidate Name   | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2347.78 |
| <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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America CC</b>  |  | <b>Transaction ID: D66464</b><br>Date of Disbursement<br>08 / 15 / 2006                                   |
| Mailing Address PO Box 60073   |  | Amount of Each Disbursement this Period<br>1630.46  |
| City<br>City Of Industry   | State<br>CA  |   |
| Purpose of Disbursement<br>Credit card charges   |  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America CC</b>  |  | <b>Transaction ID: D66685</b><br>Date of Disbursement<br>09 / 21 / 2006                                   |
| Mailing Address PO Box 60073   |  | Amount of Each Disbursement this Period<br>723.21   |
| City<br>City Of Industry   | State<br>CA  |   |
| Purpose of Disbursement<br>Credit card charges   |  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>   |  | <b>Transaction ID: D66663</b><br>Date of Disbursement<br>08 / 31 / 2006                                   |
| Mailing Address 1 City Ctr   |  | Amount of Each Disbursement this Period<br>189.83   |
| City<br>Portland   | State<br>ME  |   |
| Purpose of Disbursement<br>Account fees  |  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2543.50</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)

PAGE 93 / 133

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)  
Tom Allen for Congress Committee

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank of America</b> |             | <b>Transaction ID: D68328</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 3 0 / 2 0 0 6  |
| Mailing Address 1 City Ctr   |             | Amount of Each Disbursement this Period<br>128.09<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| City<br>Portland   | State<br>ME |  |
| Zip Code<br>04101-6420   |             | Category/<br>Type  |
| Purpose of Disbursement<br>Account fees                              |             |  |
| Candidate Name   |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:   | District:   |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b> |             | <b>Transaction ID: D64919</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 0 6  |
| Mailing Address 1 City Ctr   |             | Amount of Each Disbursement this Period<br>139.53<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| City<br>Portland   | State<br>ME |  |
| Zip Code<br>04101-6420   |             | Category/<br>Type  |
| Purpose of Disbursement<br>Account fees                              |             |  |
| Candidate Name   |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:   | District:   |  |

|  |             |  |
|--|-------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bayside I, LLC c/o Boulos</b> |             | <b>Transaction ID: D66474</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6  |
| Mailing Address 1 Canal Plz  |             | Amount of Each Disbursement this Period<br>774.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| City<br>Portland   | State<br>ME |  |
| Zip Code<br>04101-4098   |             | Category/<br>Type  |
| Purpose of Disbursement<br>Rent  |             |  |
| Candidate Name   |             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:   | District:   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1042.17     |
| <b>TOTAL</b> 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)  
Tom Allen for Congress Committee

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bayside I, LLC c/o Boulos</b>   |  | Transaction ID: D64786<br>Date of Disbursement<br>07 / 28 / 2006 |   |
| Mailing Address 1 Canal Plz  |  | Amount of Each Disbursement this Period<br>774.55                |   |
| City<br>Portland   | State<br>ME  | Zip Code<br>04101-4098   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Rent  |  | Category/<br>Type  |   |
| Candidate Name   |  |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: _____<br>District: _____  |  |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bayside I, LLC c/o Boulos</b>   |  | Transaction ID: D64047<br>Date of Disbursement<br>07 / 06 / 2006 |   |
| Mailing Address 1 Canal Plz  |  | Amount of Each Disbursement this Period<br>774.55                |   |
| City<br>Portland   | State<br>ME  | Zip Code<br>04101-4098   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Rent  |  | Category/<br>Type  |   |
| Candidate Name   |  |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: _____<br>District: _____  |  |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Berkeley Mailing</b>  |  | Transaction ID: D66642<br>Date of Disbursement<br>09 / 18 / 2006 |   |
| Mailing Address 30 Portland North Business Park  |  | Amount of Each Disbursement this Period<br>799.55                |   |
| City<br>Falmouth   | State<br>ME  | Zip Code<br>04105-2024   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Mailing   |  | Category/<br>Type  |   |
| Candidate Name   |  |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: _____<br>District: _____  |  |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2348.65 |
| <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)  
Tom Allen for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Boston Red Sox</b>  |  | Transaction ID: D66467<br>Date of Disbursement<br>08 / 09 / 2006                                    |  |
| Mailing Address 4 Yawkey Way   |  | Amount of Each Disbursement this Period<br>405.00   |  |
| City Boston<br>State MA<br>Zip Code 02215-3496   | Purpose of Disbursement<br>Event tickets   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Brann, Reb</b>  |  | Transaction ID: D64794<br>Date of Disbursement<br>07 / 31 / 2006                                    |  |
| Mailing Address 212 Ray St   |  | Amount of Each Disbursement this Period<br>12.34  |  |
| City Portland<br>State ME<br>Zip Code 04103-4305   | Purpose of Disbursement<br>Reimbursement - event expenses  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Buck's Naked BBQ</b>  |  | Transaction ID: D68342<br>Date of Disbursement<br>09 / 09 / 2006                                    |  |
| Mailing Address 132 Us Route 1   |  | Amount of Each Disbursement this Period<br>55.00  |  |
| City Freeport<br>State ME<br>Zip Code 04032-7013   | Purpose of Disbursement<br>Food for volunteers   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 472.34 |
| <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)  
Tom Allen for Congress Committee

|  |  |  |  |
|--|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Burke, Jordan   |  | <b>Transaction ID:</b> D65006<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 9 / 2 0 0 6 |  |
| Mailing Address 47 Woodland Rd   |  | Amount of Each Disbursement this Period<br>437.65  |  |
| City Cape Elizabeth<br>State ME<br>Zip Code 04107-1330   | Purpose of Disbursement<br>Travel reimbursement  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53        |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type  |  |

|  |  |  |  |
|--|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Burke, Jordan   |  | <b>Transaction ID:</b> D66413<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6 |  |
| Mailing Address 47 Woodland Rd   |  | Amount of Each Disbursement this Period<br>1000.00   |  |
| City Cape Elizabeth<br>State ME<br>Zip Code 04107-1330   | Purpose of Disbursement<br>Stipend   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53        |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type  |  |

|  |  |  |  |
|--|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Central Maine Power   |  | <b>Transaction ID:</b> D66473<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6 |  |
| Mailing Address Edison Drive   |  | Amount of Each Disbursement this Period<br>133.29  |  |
| City Augusta<br>State ME<br>Zip Code 04332   | Purpose of Disbursement<br>Electric bill   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53        |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type  |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1570.94 |
| <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)  
Tom Allen for Congress Committee

|   |  |  |
|---|--|--|
| <p><b>A. Central Maine Power</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Central Maine Power</p> <p>Mailing Address Edison Drive</p> <p>City Augusta State ME Zip Code 04332</p> <p>Purpose of Disbursement<br/>Electric bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> D64044</p> <p>Date of Disbursement<br/>07 / 06 / 2006</p> <p>Amount of Each Disbursement this Period<br/>113.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>B. Central Maine Power</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Central Maine Power</p> <p>Mailing Address Edison Drive</p> <p>City Augusta State ME Zip Code 04332</p> <p>Purpose of Disbursement<br/>Electric bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> D64785</p> <p>Date of Disbursement<br/>07 / 28 / 2006</p> <p>Amount of Each Disbursement this Period<br/>120.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>C. Colson, David</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Colson, David</p> <p>Mailing Address PO Box 327</p> <p>City Rockland State ME Zip Code 04841-0327</p> <p>Purpose of Disbursement<br/>Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> D64779</p> <p>Date of Disbursement<br/>07 / 28 / 2006</p> <p>Amount of Each Disbursement this Period<br/>400.00</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) ..... ▶

**633.40**

**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)  
Tom Allen for Congress Committee

|  |   |  |  |
|--|---|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Colson, David</p>   |   | <p><b>Transaction ID:</b> D64059<br/><b>Date of Disbursement</b><br/>07 / 06 / 2006</p>                    |  |
| <p>Mailing Address PO Box 327</p>  |   | <p>Amount of Each Disbursement this Period<br/>400.00</p>  |  |
| <p>City Rockland State ME Zip Code 04841-0327</p>  | <p>Purpose of Disbursement<br/>Stipend</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>  | <p>Category/Type</p>  |  |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> | <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Colson, David</p>   |   | <p><b>Transaction ID:</b> D66458<br/><b>Date of Disbursement</b><br/>08 / 15 / 2006</p>                    |  |
| <p>Mailing Address PO Box 327</p>  |   | <p>Amount of Each Disbursement this Period<br/>400.00</p>  |  |
| <p>City Rockland State ME Zip Code 04841-0327</p>  | <p>Purpose of Disbursement<br/>Stipend</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>  | <p>Category/Type</p>  |  |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> | <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Colson, David</p>   |   | <p><b>Transaction ID:</b> D66476<br/><b>Date of Disbursement</b><br/>09 / 05 / 2006</p>                    |  |
| <p>Mailing Address PO Box 327</p>  |   | <p>Amount of Each Disbursement this Period<br/>41.34</p>   |  |
| <p>City Rockland State ME Zip Code 04841-0327</p>  | <p>Purpose of Disbursement<br/>Reimbursements - keys, postage, travel</p>   | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>  | <p>Category/Type</p>  |  |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> | <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  |  |

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

841.34

**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)  
Tom Allen for Congress Committee

|  |   |  |  |
|--|---|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Colson, David</p>   |   | <p><b>Transaction ID:</b> D65002<br/><b>Date of Disbursement</b><br/>08 / 09 / 2006</p>                    |  |
| <p>Mailing Address PO Box 327</p>  |   | <p>Amount of Each Disbursement this Period<br/>400.00</p>  |  |
| <p>City Rockland State ME Zip Code 04841-0327</p>  | <p>Purpose of Disbursement Stipend</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>  | <p>Category/Type</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> | <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</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)<br/>Colson, David</p>   |   | <p><b>Transaction ID:</b> D66652<br/><b>Date of Disbursement</b><br/>09 / 19 / 2006</p>                    |  |
| <p>Mailing Address PO Box 327</p>  |   | <p>Amount of Each Disbursement this Period<br/>800.00</p>  |  |
| <p>City Rockland State ME Zip Code 04841-0327</p>  | <p>Purpose of Disbursement Stipend</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>  | <p>Category/Type</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> | <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</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)<br/>Cooking &amp; Co. Catering</p>  |   | <p><b>Transaction ID:</b> D60429<br/><b>Date of Disbursement</b><br/>07 / 01 / 2006</p>                    |  |
| <p>Mailing Address 3525 Cornell Rd</p>   |   | <p>Amount of Each Disbursement this Period<br/>2821.04</p>   |  |
| <p>City Fairfax State VA Zip Code 22030-1813</p>   | <p>Purpose of Disbursement Catering</p>   | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Candidate Name</p>  | <p>Category/Type</p>  | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> | <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |  |

|   |                |
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| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>4021.04</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p></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)

PAGE 100 / 133

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cumberland Farms</b>  |  | <b>Transaction ID: D66644</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 7 / 2 0 0 6 |
| Mailing Address 801 Washington Ave   |  | Amount of Each Disbursement this Period<br>53.50  |
| City Portland State ME Zip Code 04103-2727   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Gas<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cuzzi, Michael</b>  |  | <b>Transaction ID: D66659</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 103 Brackett St # 1  |  | Amount of Each Disbursement this Period<br>218.60   |
| City Portland State ME Zip Code 04102-3811   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Reimbursement - travel<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Cuzzi, Michael</b>  |  | <b>Transaction ID: D64062</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 6 / 2 0 0 6 |
| Mailing Address 103 Brackett St # 1  |  | Amount of Each Disbursement this Period<br>538.21   |
| City Portland State ME Zip Code 04102-3811   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Reimbursement - room<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 810.31 |
| <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)  
Tom Allen for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CyberCopy</b>   |  | Transaction ID: D66662<br>Date of Disbursement<br>09 / 18 / 2006                                    |  |
| Mailing Address 1024 Forest Ave  |  | Amount of Each Disbursement this Period<br>84.43  |  |
| City Portland<br>State ME<br>Zip Code 04103-3333   | Purpose of Disbursement<br>Printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dale Rand Printing</b>  |  | Transaction ID: D66653<br>Date of Disbursement<br>09 / 18 / 2006                                    |  |
| Mailing Address 104 Washington Ave   |  | Amount of Each Disbursement this Period<br>589.05   |  |
| City Portland<br>State ME<br>Zip Code 04101-2654   | Purpose of Disbursement<br>Printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dale Rand Printing</b>  |  | Transaction ID: D64054<br>Date of Disbursement<br>07 / 06 / 2006                                    |  |
| Mailing Address 104 Washington Ave   |  | Amount of Each Disbursement this Period<br>223.65   |  |
| City Portland<br>State ME<br>Zip Code 04101-2654   | Purpose of Disbursement<br>Printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 897.13 |
| <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)

PAGE 102 / 133

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Tom Allen for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dale Rand Printing</b>  |  | <b>Transaction ID: D64787</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |  |
| Mailing Address 104 Washington Ave   |  | Amount of Each Disbursement this Period<br>2143.05  |  |
| City Portland State ME Zip Code 04101-2654   | Purpose of Disbursement<br>Printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dale Rand Printing</b>  |  | <b>Transaction ID: D66475</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6 |  |
| Mailing Address 104 Washington Ave   |  | Amount of Each Disbursement this Period<br>749.70   |  |
| City Portland State ME Zip Code 04101-2654   | Purpose of Disbursement<br>Printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dale Rand Printing</b>  |  | <b>Transaction ID: D66456</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 1 5 / 2 0 0 6 |  |
| Mailing Address 104 Washington Ave   |  | Amount of Each Disbursement this Period<br>1562.40  |  |
| City Portland State ME Zip Code 04101-2654   | Purpose of Disbursement<br>Printing  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4455.15 |
| <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)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| <b>A. Dyer's Variety</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 45 Portland St<br>City Portland State ME Zip Code 04101-2913<br>Purpose of Disbursement Volunteer food<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D65008</b><br>Date of Disbursement<br>08 / 07 / 2006<br>Amount of Each Disbursement this Period<br>6.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|   |  |  |
|---|--|--|
| <b>B. Flatbread Restaurant</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 72 Commercial St<br>City Portland State ME Zip Code 04101-4749<br>Purpose of Disbursement Volunteer food<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66492</b><br>Date of Disbursement<br>09 / 01 / 2006<br>Amount of Each Disbursement this Period<br>51.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|  |  |   |
|--|--|---|
| <b>C. Fraser, Heather</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 36 Spar Cove Rd<br>City Freeport State ME Zip Code 04032-6017<br>Purpose of Disbursement Stipend<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66660</b><br>Date of Disbursement<br>09 / 21 / 2006<br>Amount of Each Disbursement this Period<br>625.00<br><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) ..... ▶      | 682.78      |
| <b>TOTAL</b> 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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| <b>A. Fraser, Heather</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 36 Spar Cove Rd<br>City Freeport State ME Zip Code 04032-6017<br>Purpose of Disbursement Stipend<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66661</b><br>Date of Disbursement<br>09 / 18 / 2006<br>Amount of Each Disbursement this Period<br>625.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>B. Fraser, Heather</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 36 Spar Cove Rd<br>City Freeport State ME Zip Code 04032-6017<br>Purpose of Disbursement Stipend<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D66459</b><br>Date of Disbursement<br>08 / 15 / 2006<br>Amount of Each Disbursement this Period<br>625.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>C. Headlight Audio Visual</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 1316<br>City Portland State ME Zip Code 04104-1316<br>Purpose of Disbursement PA system rental<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D64776</b><br>Date of Disbursement<br>07 / 28 / 2006<br>Amount of Each Disbursement this Period<br>180.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1430.00 |
| <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 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)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Daniel W. Hildreth</b>  |  | <b>Transaction ID: D66666</b><br>Date of Disbursement<br>08 / 31 / 2006  |
| Mailing Address 55 Thornhurst Rd   |  | Amount of Each Disbursement this Period<br>237.16<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>* in-kind received |
| City Falmouth State ME Zip Code 04105-1929   |  |  |
| Purpose of Disbursement IN-KIND: event food & beverage<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Holmes, Paige</b>   |  | <b>Transaction ID: D65007</b><br>Date of Disbursement<br>08 / 09 / 2006  |  |
| Mailing Address 20 Poplar Cir  |  | Amount of Each Disbursement this Period<br>299.39<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| City Lisbon State ME Zip Code 04250-6037   |  |  |  |
| Purpose of Disbursement Reimbursement - travel & supplies<br>Candidate Name  |  |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Human Rights Campaign Fund PAC</b>  |  | <b>Transaction ID: D67429</b><br>Date of Disbursement<br>09 / 25 / 2006   |  |
| Mailing Address 919 18th Street, N.W., Suite 800   |  | Amount of Each Disbursement this Period<br>25.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>* in-kind received |  |
| City Washington State DC Zip Code 20006  |  |   |  |
| Purpose of Disbursement INKIND: website endorsement<br>Candidate Name  |  |   | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>561.55</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)

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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)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>LaFave, Lori</p> <p>Mailing Address 200 E Jefferson St</p> <p>City Falls Church State VA Zip Code 22046-3531</p> <p>Purpose of Disbursement Consulting (fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> D66654</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>  |  |   |

|   |  |   |
|---|--|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LaFave, Lori</p> <p>Mailing Address 200 E Jefferson St</p> <p>City Falls Church State VA Zip Code 22046-3531</p> <p>Purpose of Disbursement Consulting (fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> D65001</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>  |  |   |

|   |  |   |
|---|--|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>LaFave, Lori</p> <p>Mailing Address 200 E Jefferson St</p> <p>City Falls Church State VA Zip Code 22046-3531</p> <p>Purpose of Disbursement Consulting - fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID:</b> D64048</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>  |  |   |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="6000.00"/></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)

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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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Liberty Concepts - Jonathan Karush</b>  |  | <b>Transaction ID: D66468</b><br>Date of Disbursement<br>09 / 05 / 2006 |
| Mailing Address 119 Braintree St Ste 211   |  | Amount of Each Disbursement this Period<br>400.00                       |
| City Allston State MA Zip Code 02134-1628  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Website maintenance<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Maine Democratic Party</b>  |  | <b>Transaction ID: D64997</b><br>Date of Disbursement<br>08 / 09 / 2006 |
| Mailing Address PO Box 5258  |  | Amount of Each Disbursement this Period<br>177.50                       |
| City Augusta State ME Zip Code 04332-5258  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Convention hospitality suite food<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Maine People's Alliance</b>   |  | <b>Transaction ID: D64056</b><br>Date of Disbursement<br>07 / 06 / 2006 |
| Mailing Address 68 Bishop St Suite 1   |  | Amount of Each Disbursement this Period<br>150.00                       |
| City Portland State ME Zip Code 04103-2616   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Advertising<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 727.50 |
| <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)

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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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Maine Women's Policy Center</b>                                       |  | <b>Transaction ID: D66687</b><br>Date of Disbursement<br>09 / 21 / 2006                             |
| Mailing Address PO Box 85  |  | Amount of Each Disbursement this Period<br>150.00   |
| City<br>Hallowell  | State<br>ME  |   |
| Zip Code<br>04347-0085   |  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Program ad  |  |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NAACP, Portland Branch</b>  |  | <b>Transaction ID: D66658</b><br>Date of Disbursement<br>09 / 18 / 2006                             |
| Mailing Address PO Box 3631  |  | Amount of Each Disbursement this Period<br>300.00   |
| City<br>Portland   | State<br>ME  |   |
| Zip Code<br>04104-3631   |  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Program ad  |  |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP Software, Inc.</b>  |  | <b>Transaction ID: D64049</b><br>Date of Disbursement<br>07 / 06 / 2006                             |
| Mailing Address 1101 Vermont Ave NW<br>Ste 710   |  | Amount of Each Disbursement this Period<br>1500.00  |
| City<br>Washington   | State<br>DC  |   |
| Zip Code<br>20005-3521   |  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Campaign software   |  |   |
| Candidate Name   |  | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1950.00 |
| <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 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)  
Tom Allen for Congress Committee

|   |  |  |
|---|--|--|
| <b>A. O'Naturals</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 83 Exchange St<br>City Portland State ME Zip Code 04101-5001<br>Purpose of Disbursement Meal<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D64921</b><br>Date of Disbursement<br>07 / 07 / 2006<br>Amount of Each Disbursement this Period<br>19.25<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|   |  |   |
|---|--|---|
| <b>B. One Stop Party Shoppe</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 262 Main St<br>City South Portland State ME Zip Code 04106-2631<br>Purpose of Disbursement Equipment rental<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D64777</b><br>Date of Disbursement<br>07 / 28 / 2006<br>Amount of Each Disbursement this Period<br>115.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|   |  |  |
|---|--|--|
| <b>C. Poland Spring</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 6661 Dixie Hwy Ste 4<br>City Louisville State KY Zip Code 40258-3950<br>Purpose of Disbursement Bottled water<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D64781</b><br>Date of Disbursement<br>07 / 28 / 2006<br>Amount of Each Disbursement this Period<br>35.59<br><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>169.84</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)

PAGE 110 / 133

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Poland Spring</b>   |  | <b>Transaction ID: D66455</b><br>Date of Disbursement<br>08 / 15 / 2006 |
| Mailing Address 6661 Dixie Hwy Ste 4   |  | Amount of Each Disbursement this Period<br>35.80                        |
| City Louisville State KY Zip Code 40258-3950   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Bottled water<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Poland Spring</b>   |  | <b>Transaction ID: D66657</b><br>Date of Disbursement<br>09 / 18 / 2006 |
| Mailing Address 6661 Dixie Hwy Ste 4   |  | Amount of Each Disbursement this Period<br>40.79                        |
| City Louisville State KY Zip Code 40258-3950   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Bottled water<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Port City Graphics</b>  |  | <b>Transaction ID: D64053</b><br>Date of Disbursement<br>07 / 06 / 2006 |
| Mailing Address PO Box 586   |  | Amount of Each Disbursement this Period<br>2101.45                      |
| City Westbrook State ME Zip Code 04098-0586  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Lapel & bumper stickers<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

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

**2178.04**

**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)

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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)  
Tom Allen for Congress Committee

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sierra Club PAC</b>   |  | Transaction ID: D66481<br>Date of Disbursement<br>08 / 29 / 2006 |   |
| Mailing Address 408 C Street, NE   |  | Amount of Each Disbursement this Period<br>10.00                 |   |
| City Washington<br>State DC<br>Zip Code 20002  | Purpose of Disbursement<br>Website endorsement<br>Candidate Name   | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | * in-kind received   |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>   |  | Transaction ID: D64060<br>Date of Disbursement<br>07 / 06 / 2006 |   |
| Mailing Address PO Box 689020  |  | Amount of Each Disbursement this Period<br>64.27                 |   |
| City Des Moines<br>State IA<br>Zip Code 50368-9020   | Purpose of Disbursement<br>Office supplies<br>Candidate Name   | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Staples</b>   |  | Transaction ID: D66469<br>Date of Disbursement<br>09 / 05 / 2006 |   |
| Mailing Address PO Box 689020  |  | Amount of Each Disbursement this Period<br>31.39                 |   |
| City Des Moines<br>State IA<br>Zip Code 50368-9020   | Purpose of Disbursement<br>Office supplies<br>Candidate Name   | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 105.66 |
| <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)

PAGE 112 / 133

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>   |  | Transaction ID: D65003<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 689020  |  | Amount of Each Disbursement this Period<br>220.20  |
| City Des Moines State IA Zip Code 50368-9020   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Office supplies<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Swerdlow, Victoria</b>  |  | Transaction ID: D66477<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6 |
| Mailing Address 8 Oasis Lndg   |  | Amount of Each Disbursement this Period<br>274.90  |
| City Falmouth State ME Zip Code 04105-1649   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Reimbursement - computer repair<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Swerdlow, Victoria</b>  |  | Transaction ID: D64788<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |
| Mailing Address 8 Oasis Lndg   |  | Amount of Each Disbursement this Period<br>226.22  |
| City Falmouth State ME Zip Code 04105-1649   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement Reimbursement - computer memory<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 721.32 |
| <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)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Swerdlow, Victoria</b>  |  | <b>Transaction ID: D66655</b><br>Date of Disbursement<br>09 / 18 / 2006  |
| Mailing Address 8 Oasis Lndg   |  | Amount of Each Disbursement this Period<br>195.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Falmouth  | State ME   |  |
| Zip Code 04105-1649  |  |  |
| Purpose of Disbursement Reimbursement - postage<br>Candidate Name  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. The Organizing Group, Inc.</b>  |  | <b>Transaction ID: D64057</b><br>Date of Disbursement<br>07 / 06 / 2006   |
| Mailing Address 888 16th St NW Ste 630   |  | Amount of Each Disbursement this Period<br>2500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington  | State DC   |   |
| Zip Code 20006-4103  |  |   |
| Purpose of Disbursement Consulting - media<br>Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Time Warner Cable</b>   |  | <b>Transaction ID: D64055</b><br>Date of Disbursement<br>07 / 06 / 2006  |
| Mailing Address 118 Johnson Rd   |  | Amount of Each Disbursement this Period<br>170.95<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland  | State ME   |  |
| Zip Code 04102-1950  |  |  |
| Purpose of Disbursement Cable TV & Internet<br>Candidate Name  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2865.95</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)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Time Warner Cable</b>   |  | <b>Transaction ID:</b> D65005<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 8 / 0 9 / 2 0 0 6   |
| Mailing Address 118 Johnson Rd   |  | Amount of Each Disbursement this Period<br>170.95<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State ME Zip Code 04102-1950   | Purpose of Disbursement<br>Cable TV & Internet<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Time Warner Cable</b>   |  | <b>Transaction ID:</b> D66656<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 8 / 2 0 0 6   |
| Mailing Address 118 Johnson Rd   |  | Amount of Each Disbursement this Period<br>170.95<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Portland State ME Zip Code 04102-1950   | Purpose of Disbursement<br>Cable TV & Internet<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Triplex</b>   |  | <b>Transaction ID:</b> D66472<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6  |
| Mailing Address PO Box 3603  |  | Amount of Each Disbursement this Period<br>1561.56<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Omaha State NE Zip Code 68103-0603  | Purpose of Disbursement<br>Address updates<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1903.46 |
| <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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. U.S. Airways</b>  |  | <b>Transaction ID: D68345</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 4000 E Sky Harbor Blvd   |  | Amount of Each Disbursement this Period<br>25.00  |
| City Phoenix State AZ Zip Code 85034-3802  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Airfare<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. U.S. Postal Service</b>   |  | <b>Transaction ID: D66641</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 6 |
| Mailing Address 125 Forest Ave   |  | Amount of Each Disbursement this Period<br>195.00   |
| City Portland State ME Zip Code 04101-1939   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Postage<br>Candidate Name  | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Postal Service</b>   |  | <b>Transaction ID: D64998</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 9 / 2 0 0 6 |
| Mailing Address 125 Forest Ave   |  | Amount of Each Disbursement this Period<br>160.00   |
| City Portland State ME Zip Code 04101-1939   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Mailing permit<br>Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>380.00</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)  
Tom Allen for Congress Committee

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. U.S. Postal Service</b>   |  | <b>Transaction ID: D64999</b><br>Date of Disbursement<br>08 / 07 / 2006                             |  |
| Mailing Address 125 Forest Ave   |  | Amount of Each Disbursement this Period<br>351.00   |  |
| City Portland<br>State ME<br>Zip Code 04101-1939   | Purpose of Disbursement<br>Postage   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. U.S. Postal Service</b>   |  | <b>Transaction ID: D65000</b><br>Date of Disbursement<br>08 / 07 / 2006                             |  |
| Mailing Address 125 Forest Ave   |  | Amount of Each Disbursement this Period<br>2.94   |  |
| City Portland<br>State ME<br>Zip Code 04101-1939   | Purpose of Disbursement<br>Postage   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Postal Service</b>   |  | <b>Transaction ID: D61196</b><br>Date of Disbursement<br>07 / 06 / 2006                             |  |
| Mailing Address 125 Forest Ave   |  | Amount of Each Disbursement this Period<br>195.00   |  |
| City Portland<br>State ME<br>Zip Code 04101-1939   | Purpose of Disbursement<br>Postage   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 548.94 |
| <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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>  |  | <b>Transaction ID: D64051</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 489   |  | Amount of Each Disbursement this Period<br>124.91   |
| City Newark State NJ Zip Code 07101-0489   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Cell phone charges  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | <b>Transaction ID: D64052</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 489   |  | Amount of Each Disbursement this Period<br>128.83   |
| City Newark State NJ Zip Code 07101-0489   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Cell phone charges  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID: D64783</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 489   |  | Amount of Each Disbursement this Period<br>123.98   |
| City Newark State NJ Zip Code 07101-0489   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Cell phone charges  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 377.72 |
| <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)  
Tom Allen for Congress Committee

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>  |  | <b>Transaction ID:</b> D64784<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 489   |  | Amount of Each Disbursement this Period<br>126.12  |
| City Newark State NJ Zip Code 07101-0489   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Cell phone charges  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | <b>Transaction ID:</b> D66470<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 489   |  | Amount of Each Disbursement this Period<br>126.12  |
| City Newark State NJ Zip Code 07101-0489   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Cell phone charges  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID:</b> D66471<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 0 5 / 2 0 0 6 |
| Mailing Address PO Box 489   |  | Amount of Each Disbursement this Period<br>127.32  |
| City Newark State NJ Zip Code 07101-0489   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>Cell phone charges  | Candidate Name   | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 379.56 |
| <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)  
Tom Allen for Congress Committee

|   |                  |  |   |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>  |                  | Transaction ID: D66478<br>Date of Disbursement<br>09 / 05 / 2006   |   |
| Mailing Address PO Box 1939   |                  | Amount of Each Disbursement this Period<br>442.82  |   |
| City<br>Portland  | State<br>ME      | Zip Code<br>04104-5010   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Phone charges  |                  | Category/<br>Type  |   |
| Candidate Name  |                  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |   |

|   |                  |  |   |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>  |                  | Transaction ID: D65004<br>Date of Disbursement<br>08 / 09 / 2006   |   |
| Mailing Address PO Box 1939   |                  | Amount of Each Disbursement this Period<br>606.65  |   |
| City<br>Portland  | State<br>ME      | Zip Code<br>04104-5010   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Phone charges  |                  | Category/<br>Type  |   |
| Candidate Name  |                  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |   |

|   |                  |  |   |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>  |                  | Transaction ID: D64780<br>Date of Disbursement<br>07 / 28 / 2006   |   |
| Mailing Address PO Box 1939   |                  | Amount of Each Disbursement this Period<br>503.42  |   |
| City<br>Portland  | State<br>ME      | Zip Code<br>04104-5010   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement<br>Phone charges  |                  | Category/<br>Type  |   |
| Candidate Name  |                  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1552.89 |
| <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)

PAGE 120 / 133

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Willows Pizza</b>   |  | <b>Transaction ID: D68343</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 6 |
| Mailing Address 1422 Broadway  |  | Amount of Each Disbursement this Period<br>65.88  |
| City South Portland State ME Zip Code 04106-4111   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Food for volunteers   | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. John Wulp</b>   |  | <b>Transaction ID: D66667</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 592   |  | Amount of Each Disbursement this Period<br>250.00   |
| City Vinalhaven State ME Zip Code 04863-0592   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>IN-KIND: event food & beverage  | Candidate Name   | Category/<br>Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | * in-kind received  |

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

315.88

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

74733.62



**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 121 / 133

|                          |     |                          |     |                                     |     |                          |     |
|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|
| <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 checked="" type="checkbox"/> | 20c | <input type="checkbox"/> | 21  |

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

Full Name (Last, First, Middle Initial)

**A.** Council PAC

Mailing Address 701 Pennsylvania Ave, NW, Suite 75

City Washington State DC Zip Code 20004-2608

Purpose of Disbursement  
Contribution refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D66686

Date of Disbursement

09 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

1000.00

**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)

PAGE 122 / 133

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <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)  
Tom Allen for Congress Committee

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Arcuri for Congress</b>  |  | <b>Transaction ID:</b> D64790<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |
| Mailing Address 430 S Capitol St SE<br>c/o Red to Blue  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Washington State DC Zip Code 20003-4024  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Contribution<br>Candidate Name Mike Arcuri<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bernie Sanders for Senate</b>  |  | <b>Transaction ID:</b> D64058<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 391  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Burlington State VT Zip Code 05402-0391  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Contribution<br>Candidate Name Bernie Sanders<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VT District: | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Braley for Congress</b>  |  | <b>Transaction ID:</b> D64791<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 0 6 |
| Mailing Address 430 S Capitol St SE<br>c/o Red to Blue  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Washington State DC Zip Code 20003-4024  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement Contribution<br>Candidate Name Bruce Braley<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 1 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <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)

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

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Congressional Campaign Committee</b>   |  | <b>Transaction ID: D64789</b><br>Date of Disbursement<br>07 / 28 / 2006 |
| Mailing Address 430 S Capitol St SE<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>22500.00                     |
| City Washington State DC Zip Code 20003-4024   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Unlimited transfer to a nat'l party comm  |  |   |
| Candidate Name _____ Category/Type _____   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Congressional Campaign Committee</b>   |  | <b>Transaction ID: D67335</b><br>Date of Disbursement<br>09 / 30 / 2006 |
| Mailing Address 430 S Capitol St SE<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>22500.00                     |
| City Washington State DC Zip Code 20003-4024   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Unlimited transfer to a nat'l party comm  |  |   |
| Candidate Name _____ Category/Type _____   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Donnelly for Congress</b>   |  | <b>Transaction ID: D64792</b><br>Date of Disbursement<br>07 / 28 / 2006 |
| Mailing Address 430 S Capitol St SE<br>c/o Red to Blue   |  | Amount of Each Disbursement this Period<br>1000.00                      |
| City Washington State DC Zip Code 20003-4024   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>Contribution  |  |   |
| Candidate Name Joe Donnelly Category/Type _____  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 2 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>46000.00</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)

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

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NAME OF COMMITTEE (In Full)  
Tom Allen for Congress Committee

|  |          |   |
|--|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ken Lucas for Congress Committee</b>  |          | <b>Transaction ID: D66457</b><br>Date of Disbursement<br>08 / 15 / 2006   |
| Mailing Address PO Box 175765  |          | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Covington   | State KY |   |
| Zip Code 41017-5765  |          |   |
| Purpose of Disbursement Contribution<br>Candidate Name Ken Lucas<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KY District: 4<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |          |   |

|  |          |  |
|--|----------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Penobscot County Democratic Committee</b>   |          | <b>Transaction ID: D66460</b><br>Date of Disbursement<br>08 / 15 / 2006  |
| Mailing Address 299 Pine St  |          | Amount of Each Disbursement this Period<br>250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bangor  | State ME |  |
| Zip Code 04401-5243  |          |  |
| Purpose of Disbursement Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |          |  |

|  |          |   |
|--|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Victory 2006</b>  |          | <b>Transaction ID: D64793</b><br>Date of Disbursement<br>07 / 28 / 2006   |
| Mailing Address PO Box 5258  |          | Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Augusta   | State ME |   |
| Zip Code 04332-5258  |          |   |
| Purpose of Disbursement Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |          |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>5250.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>54250.00</b> |

**Image# 27930463780**

Form/Schedule: **SB17**

Cuzzi, Michael J., 103 Brackett Street, #1, Portland, ME 04102 \$2,115.39; Holmes, Paige, 20 Poplar Circle, Lisbon, ME 04150, \$1,423.08; Swerdlow, Victoria H., 8 Oasis Landing, Falmouth, ME 04105 \$1,207.50; payroll taxes \$363.07; payroll fees \$39.37

Transaction ID: **D64042**

Form/Schedule: **SB17**

6/17/06, Sheraton South Portland, South Portland, ME 04106, \$538.21, room rental

Transaction ID: **D64062**

\*\*\*\*\*

Image# 27930463781

Form/Schedule: **SB17**  
Transaction ID: **D64775**

Cuzzi, Michael J., 103 Brackett Street, #1, Portland, ME 04102 \$2,115.39; Holmes, Paige, 20 Poplar Circle, Lisbon, ME 04150, \$1,423.08; Swerdlow, Victoria H., 8 Oasis Landing, Falmouth, ME 04105 \$875.00; payroll taxes \$337.62; payroll fees \$45.37

Form/Schedule: **SB17**  
Transaction ID: **D64782**

6/21/06, USPS, Portland, ME, \$195.00, postage; 6/21/06, Staples, S. Portland, ME, \$11.72, office supplies; 6/28/06, USPS, Portland, ME, \$1014.00, postage; 6/28/06, Staples, S. Portland, ME, \$35.07, office supplies; 6/28/06, Staples, S. Portland, ME, \$37.76, office supplies; 6/30/06, Dyers, Portland, ME, \$22.08, volunteer food; 7/3/06, USPS, Portland, ME, \$59.13, postage; 7/4/06, FedEx, Portland, ME, \$35.12, shipping; 7/6/06, Starbucks, Topsham, ME, \$3.58, coffee; 7/6/06, Hannafords, Portland, ME, \$4.11, food

\*\*\*\*\*

**Image# 27930463782**

Form/Schedule: **SB17**      Crucial Technology, [www.crucial.com](http://www.crucial.com), 7/5/06, \$226.22, computer memory  
Transaction ID: **D64788**

Form/Schedule: **SB17**      Pond Cove IGA, Cape Elizabeth, ME 04107, 7/29/06, \$12.34, ice and beverages  
Transaction ID: **D64794**

\*\*\*\*\*

**Image# 27930463783**

Form/Schedule: **SB17**  
Transaction ID: **D64918**

Cuzzi, Michael J., 103 Brackett Street, #1, Portland, ME 04102 \$2,115.39; Holmes, Paige, 20 Poplar Circle, Lisbon, ME 04150, \$1,423.08; Swerdlow, Victoria H., 8 Oasis Landing, Falmouth, ME 04105 \$1,575.00; payroll taxes \$391.19; payroll fees \$39.37

Form/Schedule: **SB17**  
Transaction ID: **D65006**

Mileage and tolls 6/22/06-7/20/06, \$437.65

\*\*\*\*\*



Image# 27930463784

Form/Schedule: **SB17**  
Transaction ID: **D65007**

Staples, Route 1, Falmouth, ME, 6/16/06, \$108.63, office supplies; Sams Club, Scarborough, ME, 7/29/06, \$40.68, event food; Mulligans, 7/14/06, \$7.00, newspapers; mileage, 6/11/06-7/29/06, \$108.63

Form/Schedule: **SB17**  
Transaction ID: **D66464**

7/13/06, USPS, Portland, ME, \$819.00, postage; 7/17/06, Dyers, Portland, ME, \$23.08, volunteer food; 7/18/06, USPS, Portland, ME, \$57.75, postage; 7/19/06, USPS, Portland, ME \$57.75, postage; 7/24/06, A-Plus Rental, Scarborough, ME, \$560.00, tent rental; 7/29/06, Walmart, Scarborough, ME, \$10.34, event expenses; 7/31/06, USPS, Portland, ME, \$27.45, postage; 8/3/06, USPS, Portland, ME, \$42.00, postage; 8/8/06, USPS, Portland, ME, \$33.09, postage

\*\*\*\*\*

**Image# 27930463785**

Form/Schedule: **SB17** 8/28/06, Maine Hardware, Portland, ME, \$3.13, key copies; 8/29/06, USPS, Portland, ME, \$21.96, postage; 8/31/0-  
Transaction ID: **D66476** 6, Maine State Ferry, Vinalhaven, ME, \$9.25, ferry tickets; 8/31/06, Maine State Ferry, Vinalhaven, ME, \$7.00,  
parking

Form/Schedule: **SB17** 9/1/06, CBE Valcom, S. Portland, ME 04106, \$274.90, computer repair  
Transaction ID: **D66477**

\*\*\*\*\*

Image# 27930463786

Form/Schedule: **SB17**

Transaction ID: **D66479**

Cuzzi, Michael J., 103 Brackett Street, #1, Portland, ME 04102 \$2,115.39; Holmes, Paige, 20 Poplar Circle, Lisbon, ME 04150, \$1,423.08; Swerdlow, Victoria H., 8 Oasis Landing, Falmouth, ME 04105 \$717.50; payroll taxes \$325.59; payroll fees \$39.37

Form/Schedule: **SB17**

Transaction ID: **D66480**

Cuzzi, Michael J., 103 Brackett Street, #1, Portland, ME 04102 \$2,115.39; Holmes, Paige, 20 Poplar Circle, Lisbon, ME 04150, \$1,423.08; Swerdlow, Victoria H., 8 Oasis Landing, Falmouth, ME 04105 \$577.50; payroll taxes \$314.86; payroll fees \$39.37

\*\*\*\*\*

**Image# 27930463787**

Form/Schedule: **SB17**

Cuzzi, Michael J., 103 Brackett Street, #1, Portland, ME 04102 \$2,115.39; Holmes, Paige, 20 Poplar Circle, Lisbon, ME 04150, \$1,423.08; Swerdlow, Victoria H., 8 Oasis Landing, Falmouth, ME 04105 \$1,216.25; payroll taxes \$363.75; payroll fees \$39.37

Transaction ID: **D66640**

Form/Schedule: **SB17**

USPS, Portland, ME 04101, 9/7/06, \$195, postage.

Transaction ID: **D66655**

\*\*\*\*\*

Image# 27930463788

Form/Schedule: **SB17** US Airways, www.usairways.com, 9/11/06, \$218.60, airfare  
Transaction ID: **D66659**

Form/Schedule: **SB17** Flatbread Co., Commercial St., Portland, ME 04101, 8/10/06, \$48.26, food for volunteers; Wild Oats, Marginal  
Transaction ID: **D66685** Way, Portland, ME 04101, 8/14/06, \$7.00, food; USPS, Portland, ME 04101, 3 charges: 8/21/06 \$16.47, 8/28/06 \$2-  
34.00, 8/29/06 \$78.00; Staples, US Route One, Falmouth, ME 04105, 8/30/06, \$6.08, office supplies; Maine State  
Ferry, Vinalhaven, ME, 8/31/06, \$18.50, ferry tickets; Priceline.com, 9/5/06, \$5.00, airline ticket fee; Delta  
Air, Atlanta, GA, 9/5/06, \$309.90, airline tickets

\*\*\*\*\*