

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MAINE REPUBLICAN PARTY

ADDRESS (number and street) 9 HIGGINS STREET AUGUSTA ME 04330

2. FEC IDENTIFICATION NUMBER C C00003111 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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 BEN LOMBARD

Signature of Treasurer BEN LOMBARD [Electronically Filed] Date 01 / 29 / 2015

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**MAINE REPUBLICAN PARTY**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		54222.66
(b) Cash on Hand at Beginning of Reporting Period.....	328820.39	
(c) Total Receipts (from Line 19) .....	135258.34	965617.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	464078.73	1019840.63
7. Total Disbursements (from Line 31).....	360868.92	916630.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	103209.81	103209.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MAINE REPUBLICAN PARTY**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41828.00	266176.50
(ii) Unitemized .....	7670.75	125824.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49498.75	392001.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3439.59	143614.59
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52938.34	535615.81
12. Transfers From Affiliated/Other Party Committees.....	82320.00	306820.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	123182.16
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	123182.16
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	135258.34	965617.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	135258.34	842435.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	12286.86	86181.77
(ii) Non-Federal Share.....	46222.25	324208.01
(b) Other Federal Operating Expenditures .....	34863.65	94880.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	93372.76	505269.91
22. Transfers to Affiliated/Other Party Committees.....	217.00	26701.64
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	35.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	35.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	267279.16	384624.27
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	267279.16	384624.27
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	360868.92	916630.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	314646.67	592422.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52938.34	535615.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52938.34	535580.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	47150.51	181061.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47150.51	181061.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MARY ALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 69 LAMOINE BEACH RD

City LAMOINE	State ME	Zip Code 04605
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

**Transaction ID : SA11Al.11101**

Amount of Each Receipt this Period  
100.00

**B. MS. STEPHANIE ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 MERRIMAC PL

City CAPE ELIZABETH	State ME	Zip Code 04107
------------------------	-------------	-------------------

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

Name of Employer CUMBERLAND COUNTY	Occupation DISTRICT ATTORNEY
---------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

**Transaction ID : SA11Al.11121**

Amount of Each Receipt this Period  
50.00

**C. MR. ROSS BABCOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 BLUEBERRY CV

City YARMOUTH	State ME	Zip Code 04096
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : SA11Al.11237**

Amount of Each Receipt this Period  
100.00

<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 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. MS. CAROLYN BATES**

Mailing Address 21 SMITH BALTES SHORES RD

City NOBLEBORO      State ME      Zip Code 04555

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

Name of Employer UNITED PUBLICATIONS, INC.      Occupation OFFICE MGR.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2014  
**Transaction ID : SA11AI.11198**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. MRS. CATHERINE BRADISH**

Mailing Address 369 N VILLAGE RD

City OGUNQUIT      State ME      Zip Code 03907

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014  
**Transaction ID : SA11AI.11115**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. MR. ROBERT BRANDOW**

Mailing Address 17 BRANDOW LANE

City BUXTON      State ME      Zip Code 04093-3852

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014  
**Transaction ID : SA11AI.11105**

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. MS. ADRIAN BROCHU**

Mailing Address 41 ROCKABYE DRIVE

City MADISON      State ME      Zip Code 04950

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11200**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. MR. EDMUND BUSCHMANN**

Mailing Address 80 DYER RD

City LEWISTON      State ME      Zip Code 04240

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

Name of Employer OWNER      Occupation E. A. BUSCHMANN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11AI.11032**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. DIANE CAFFYN**

Mailing Address 200 SAND RD

City CANAAN      State ME      Zip Code 04924

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : SA11AI.11103**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. DIANE CAFFYN**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 SAND RD

City CANAAN State ME Zip Code 04924

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11238**

Amount of Each Receipt this Period  
20.00

**B. MR. WALLACE CAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 SAINT ANDREWS CIR

City FALMOUTH State ME Zip Code 04105

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

Name of Employer ROWE FORD SALES Occupation AUTO DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11230**

Amount of Each Receipt this Period  
500.00

**C. MR. DOUGLAS CARNRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 PINEHURST ST

City WINSLOW State ME Zip Code 04901

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

Name of Employer SELF-EMPLOYED Occupation ANTIQUE DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11202**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1020.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 64  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. JEAN CARRIER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 LAKE STREET

City JACKMAN	State ME	Zip Code 04945
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Date of Receipt: 11 / 07 / 2014  
**Transaction ID : SA11AI.11275**

Amount of Each Receipt this Period: 500.00

FEC ID number of contributing federal political committee: C

Name of Employer EJ CARRIER INC.	Occupation LOGGING CONTRACTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

**B. MR. MATTHEW CASSIDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 47 GLENWOOD HILL

City BRUNSWICK	State ME	Zip Code 04011
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Date of Receipt: 10 / 20 / 2014  
**Transaction ID : SA11AI.11027**

Amount of Each Receipt this Period: 25.00

FEC ID number of contributing federal political committee: C

Name of Employer CREATIVE IMAGING GROUP	Occupation SALESMAN
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

**C. MR. BRUCE CHALMERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 189

City BRIDGTON	State ME	Zip Code 04009
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Date of Receipt: 10 / 27 / 2014  
**Transaction ID : SA11AI.11077**

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee: C

Name of Employer CHALMERS INSURANCE & R E AGENC	Occupation OWNER
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. GEORGE COCHRANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 191  
 City SOUTHPORT State ME Zip Code 04576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2014**  
**Transaction ID : SA11AI.11113**  
 Amount of Each Receipt this Period  
**200.00**

**B. KIMBERLY COUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 INDIAN WAY  
 City FALMOUTH State ME Zip Code 04105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **VERRILL DANA LLP** Occupation **ATTORNEY**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**  
**Transaction ID : SA11AI.11214**  
 Amount of Each Receipt this Period  
**20.00**

**C. MR. JOHN (JAY) D. DARLING III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88 AARON'S WAY  
 City HAMPDEN State ME Zip Code 04444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **DARLINGS** Occupation **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**  
**Transaction ID : SA11AI.11272**  
 Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1220.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. BRYAN DENCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 295 FORESIDE RD  
 City FALMOUTH State ME Zip Code 04105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SKELTON, TAINTOR & ABBOTT Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11217**  
 Amount of Each Receipt this Period  
 100.00

**B. MS. JOSEPHINE DETMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 SPRUCE LANE  
 City CUMBERLAND FORESIDE State ME Zip Code 04110-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11AI.11029**  
 Amount of Each Receipt this Period  
 100.00

**C. MR. SCOTT FORREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 LONGFELLOW DRIVE  
 City CAPE ELIZABETH State ME Zip Code 04107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AKAMAI TECHNOLOGIES Occupation SENIOR DIRECTOR, OPERATIONS AND PLA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11224**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. JOHN FRARY</b>		Date of Receipt
Mailing Address 355 RED SCHOOLHOUSE ROAD		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
FARMINGON	ME	04938
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.11212</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MOUNT OLYMPUS, INC.	STENTOR	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT FULLER</b>		Date of Receipt
Mailing Address 79 MAPLE RIDGE DR		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
WINTHROP	ME	04364
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.11177</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PRIV. FIDUCIARY	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. HOPE GREEN</b>		Date of Receipt
Mailing Address 190 US ROUTE 1 PMV 376		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
FALMOUTH	ME	04105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.11204</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MECHANICAL SERVICES INC.	ENGINEER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10030.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. PAUL HANNIGAN</b>		Date of Receipt
Mailing Address 42 FISHER RD		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
HOLDEN	ME	04429
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.11102</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BEE LINE CABLE	EXECUTIVE	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. STEVEN HARTLEY</b>		Date of Receipt
Mailing Address P.O. BOX 38		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEWPORT	ME	04953
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.11108</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
HARTLEYS CHRYSLER DODGE JEEP RAM	OWNER	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MRS. MOIRA HASTINGS-FULLER</b>		Date of Receipt
Mailing Address 79 MAPLE RIDGE DRIVE		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
WINTHROP	ME	04364
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.11179</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. MR. WALTER HIGHT**

Mailing Address 22 DYER STREET

City State Zip Code  
SKOWHEGAN ME 04976

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

Name of Employer Occupation  
HIGHT CHEVROLET BUICK CAR SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11219**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. CHRIS JACKSON**

Mailing Address 32 SPEAR DRIVE

City State Zip Code  
BOWDOINHAM ME 04008

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

Name of Employer Occupation  
SELF-EMPLOYED LOBBYIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : SA11AI.11290**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. MS. EVELYN JOOST**

Mailing Address P.O. BOX 628

City State Zip Code  
BUCKSPORT ME 04416

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

Name of Employer Occupation  
BED & BREAKFAST INN OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1965.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2014  
**Transaction ID : SA11AI.11256**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. M. HADLEY JORDAN</b>		Date of Receipt
Mailing Address 168 WARDS ROAD		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
OTIS	ME	04605-6844
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.11118</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KEVIN KENDALL</b>		Date of Receipt
Mailing Address 9 WHIPPOORWILL LN		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
DURHAM	ME	04222
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.10959</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
MGH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA KEYES</b>		Date of Receipt
Mailing Address 1014 SWAN LAKE AVE		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
SWANVILLE	ME	04915
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.11176</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="8.25"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="246.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="308.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS KLINGENSTEIN</b>		Date of Receipt
Mailing Address 580 WEST END #3		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
NEW YORK	NY	10024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.11286</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
COHEN KLINGENSTEIN LLC	INVESTMENT COUNSELOR	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR. PETER LAVERDIERE</b>		Date of Receipt
Mailing Address 88 BLACK ISLAND ROAD		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
OXFORD	ME	04270
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.11279</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2425.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR. DAVID LIND</b>		Date of Receipt
Mailing Address 110 FRENCHMANS HILL RD		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
BAR HARBOR	ME	04609
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.11120</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. DOUGLAS LINDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 908  
 City ROCKPORT State ME Zip Code 04856  
 Date of Receipt 11 / 07 / 2014  
 Transaction ID : SA11AI.11259  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**B. MRS. REGINA LONGYEAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 100  
 City NEW SHARON State ME Zip Code 04955  
 Date of Receipt 11 / 03 / 2014  
 Transaction ID : SA11AI.11182  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SELF-EMPLOYED Occupation TAX PREPARER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

**C. MR. GREG LOVLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 36  
 City NEWPORT State ME Zip Code 04953  
 Date of Receipt 11 / 03 / 2014  
 Transaction ID : SA11AI.11292  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOVLEY INVESTMENTS INC Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MRS. MARGO MASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 BLACK RD S

City SEARSPORT State ME Zip Code 04974

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014

**Transaction ID : SA11AI.11241**

Amount of Each Receipt this Period  
**150.00**

**B. MS. CARRIE MEO**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 TOWN FARM ROAD

City HAMPDEN State ME Zip Code 04444

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

Name of Employer DARLINGS Occupation VP OF FIXED OPERATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014

**Transaction ID : SA11AI.11269**

Amount of Each Receipt this Period  
**500.00**

**C. MR. SAWIN MILLETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 GOLDEN GUERNSEY DR

City WATERFORD State ME Zip Code 04088

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

Name of Employer STATE OF MAINE Occupation LEGISLATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.11038**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. MARTIN MORSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1259 POST ROAD

City Wells State ME Zip Code 04090

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

Name of Employer SELF-EMPLOYED Occupation TREE FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 29 / 2014  
**Transaction ID : SA11AI.11109**

Amount of Each Receipt this Period 100.00

**B. CYNTHIA NESBIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 164 ROBERTS ROAD

City BOWDOIN State ME Zip Code 04287

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

Name of Employer L.L. BEAN Occupation ANALYST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 629.25

Date of Receipt 10 / 28 / 2014  
**Transaction ID : SA11AI.11079**

Amount of Each Receipt this Period 8.25

**C. MR. JOHN O'CONNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 173

City WEST BOOTHBAY HARBOR State ME Zip Code 04575

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

Name of Employer LINCOLN COUNTY Occupation ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 28 / 2014  
**Transaction ID : SA11AI.11098**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. BRUCE PELLETIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 BARIL STREET

City LEWISTON	State ME	Zip Code 04240
------------------	-------------	-------------------

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

Name of Employer THRIFTY CAR MART	Occupation BUS OWNER
--------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : SA11AI.10986**

Amount of Each Receipt this Period  
250.00

**B. MR. JOHN PELLETIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 199 MAIN STREET

City VAN BUREN	State ME	Zip Code 04785
-------------------	-------------	-------------------

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

Name of Employer UNIVERSITY OF MAINE FORT KENT	Occupation ADJUNCT PROFESSOR
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : SA11AI.11163**

Amount of Each Receipt this Period  
500.00

**C. MS. CINDY PHILBRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1220 WESTERN AVE.

City HAMPDEN	State ME	Zip Code 04444
-----------------	-------------	-------------------

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

Name of Employer ELCO ELECTRIC	Occupation CONTRACTOR
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : SA11AI.10969**

Amount of Each Receipt this Period  
500.00

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. MARK POLITTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 BAR HARBOR ROAD

City ELLSWORTH State ME Zip Code 04606

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

Name of Employer STANLEY SUBARU Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11265**

Amount of Each Receipt this Period  
 500.00

**B. MS. DAWN POULIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 940 HIGH ST

City WEST GARDINER State ME Zip Code 04345

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11207**

Amount of Each Receipt this Period  
 50.00

**C. MR. ROGER PUTNAM**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 586  
ONE PORTLAND SQUARE

City PORTLAND State ME Zip Code 04112

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11AI.11078**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 64  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. MICHAEL RAMSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2460  
 City State Zip Code  
 OGUNQUIT ME 03907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ANCHORAGE BY THE SEA HOSPITALITY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.11301**  
 Amount of Each Receipt this Period  
 500.00

**B. MR. ALEXANDER RAYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 HERITAGE LANE  
 City State Zip Code  
 FALMOUTH ME 04105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014  
**Transaction ID : SA11AI.11116**  
 Amount of Each Receipt this Period  
 100.00

**C. PEM SCHAEFFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 CRESTVIEW LN  
 City State Zip Code  
 BRUNSWICK ME 04011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2014  
**Transaction ID : SA11AI.11260**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. MR. DAVID SEWALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 359 MAIN ST

City ORONO State ME Zip Code 04473

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

Name of Employer SEWALL HOLDINGS CO. Occupation LAND MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2014  
**Transaction ID : SA11AI.11136**

Amount of Each Receipt this Period  
50.00

**B. GWYN SEWALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 MAPLE ST

City WILTON State ME Zip Code 04294

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

Name of Employer RICHARD S. SEWALL D.D.S. Occupation BOOK KEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2014  
**Transaction ID : SA11AI.11137**

Amount of Each Receipt this Period  
100.00

**C. MR. PHINEAS SPRAGUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 FIELDWAYS LN

City CAPE ELIZABETH State ME Zip Code 04107

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2014  
**Transaction ID : SA11AI.11296**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. LESLIE THOMAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2014 <b>Transaction ID : SA11AI.11277</b>
Mailing Address 8 PLEASANT HILL RD		Amount of Each Receipt this Period 2000.00
City SCARBOROUGH	State ME	Zip Code 04074
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. DAIN TRAFTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2014 <b>Transaction ID : SA11AI.11071</b>
Mailing Address 135 TORY HILL RD		Amount of Each Receipt this Period 1000.00
City PHILLIPS	State ME	Zip Code 04966
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	2700
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. HENRY TRIMBLE</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 <b>Transaction ID : SA11AI.11185</b>
Mailing Address 16 BALDWIN LANE		Amount of Each Receipt this Period 100.00
City CAPE NEDDICK	State ME	Zip Code 03902
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. WENDY TURNER</b>		Date of Receipt
Mailing Address PO BOX 417		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
BUCKFIELD	ME	04220
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11040
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="8.25"/>
Name of Employer	Occupation	
ARGO MARKETING	CUSTOMER SERVICE ADVISOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="256.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DEREK VOLK</b>		Date of Receipt
Mailing Address 4 ELBRIDGE OLIVER WAY		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
SCARBOROUGH	ME	04074
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11302
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="8.25"/>
Name of Employer	Occupation	
VOLK PACKAGING CORPORATION	OWNER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="599.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM WATKIN</b>		Date of Receipt
Mailing Address PO BOX 483		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
JACKMAN	ME	04945
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11090
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="66.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="41828.00"/>

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

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

FOR LINE NUMBER: PAGE 27 OF 64  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

**A. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2485  
City SPRINGFIELD State VA Zip Code 22152  
FEC ID number of contributing federal political committee. **C** C00467431  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 3439.59

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 24 / 2014  
**Transaction ID : SA11C.11426**  
Amount of Each Receipt this Period  
3439.59  
IN-KIND: TRAVEL: AIR: CAR RENTAL: LODGING

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3439.59
<b>TOTAL</b> This Period (last page this line number only).....▶	3439.59

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

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

FOR LINE NUMBER: PAGE 28 OF 64  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt: 10 / 20 / 2014  
**Transaction ID : SA12.11004**  
 Amount of Each Receipt this Period: 25000.00

Full Name (Last, First, Middle Initial)  
**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 55000.00

Date of Receipt: 10 / 24 / 2014  
**Transaction ID : SA12.11045**  
 Amount of Each Receipt this Period: 30000.00

Full Name (Last, First, Middle Initial)  
**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 78000.00

Date of Receipt: 10 / 27 / 2014  
**Transaction ID : SA12.11061**  
 Amount of Each Receipt this Period: 23000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78000.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 64  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA12.11175**

Amount of Each Receipt this Period  
4320.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	82320.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ABILA**

Mailing Address 10800 PECAN PARK BLVD, SUITE 400

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SB21B.11373

Amount of Each Disbursement this Period

8.15

Full Name (Last, First, Middle Initial)

**B. ABILA**

Mailing Address 10800 PECAN PARK BLVD, SUITE 400

City AUSTIN State TX Zip Code 78750

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SB21B.11415

Amount of Each Disbursement this Period

8.15

Full Name (Last, First, Middle Initial)

**C. AETNA**

Mailing Address P.O. BOX 7247-0213

City PHILADELPIA State PA Zip Code 19170-0213

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SB21B.11374

Amount of Each Disbursement this Period

1219.00

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

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

1235.30

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. AETNA**

Mailing Address P.O. BOX 7247-0213

City PHILADELPIA State PA Zip Code 19170-0213

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2014

Transaction ID : **SB21B.11375**

Amount of Each Disbursement this Period

1383.77

**B. ARISTOTLE INC. - MERCHANT SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **SB21B.11376**

Amount of Each Disbursement this Period

127.55

**C. ARISTOTLE INC. - MERCHANT SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Transaction ID : **SB21B.11377**

Amount of Each Disbursement this Period

41.85

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

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

1553.17

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INC. - MERCHANT SERVICES**

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SB21B.11378

Amount of Each Disbursement this Period

167.80

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INC. - MERCHANT SERVICES**

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2014

Transaction ID : SB21B.11379

Amount of Each Disbursement this Period

1040.30

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE INC. - MERCHANT SERVICES**

Mailing Address 205 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2014

Transaction ID : SB21B.11380

Amount of Each Disbursement this Period

516.40

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

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

1724.50



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

**Transaction ID : SB21B.11381**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CITY OF AUGUSTA**

Mailing Address 16 CONY STREET

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2014

**Transaction ID : SB21B.11382**

Amount of Each Disbursement this Period

1279.83

Full Name (Last, First, Middle Initial)

**C. MICHELLE DALE**

Mailing Address 409 CHURCH HILL ROAD

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
DALE REIMBURSEMENT:(SEE MEMO ENTRIES)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

**Transaction ID : SB21B.11391**

Amount of Each Disbursement this Period

328.33

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

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

1623.16

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. DELTA AIR**

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.11430**

Amount of Each Disbursement this Period

4	1	9	.	2	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD., SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING & DATA: GENERAL PARTY FUNDRAISING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

Transaction ID : **SB21B.11387**

Amount of Each Disbursement this Period

2	1	7	.	8	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD., SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING & DATA: GENERAL PARTY FUNDRAISING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.11388**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

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

2	2	5	.	9	7	.	6	5
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2	2	5	.	9	7	.	6	5
---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. HANNAFORD**

Mailing Address 118 CONY ST

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
DALE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	4

Transaction ID : SB21B.11393

Amount of Each Disbursement this Period

8	8	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JASON SAVAGE**

Mailing Address 9 HIGGINS ST

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
SAVAGE REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	4

Transaction ID : SB21B.11390

Amount of Each Disbursement this Period

1	8	2	2	.	5	4
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. SHAWS**

Mailing Address 150 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
DALE REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	4

Transaction ID : SB21B.11394

Amount of Each Disbursement this Period

2	4	0	.	3	3
---	---	---	---	---	---

[MEMO ITEM]

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

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

1	8	2	2	.	5	4
---	---	---	---	---	---	---

1	8	2	2	.	5	4
---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

### A. TD BANK

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.11395

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

### B. TD BANK

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SB21B.11396

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

### C. TD BANK

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB21B.11397

Amount of Each Disbursement this Period

15.00
-------

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

55.00
-------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 27 / 2014

Transaction ID : SB21B.11398

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : SB21B.11399

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : SB21B.11400

Amount of Each Disbursement this Period

25.00

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

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

65.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

10 / 31 / 2014

Transaction ID : SB21B.11401

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

11 / 03 / 2014

Transaction ID : SB21B.11402

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

11 / 03 / 2014

Transaction ID : SB21B.11403

Amount of Each Disbursement this Period

58.14

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

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

98.14

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

Transaction ID : SB21B.11404

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. TD BANK**

Mailing Address 101 WESTERN AVE

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2014

Transaction ID : SB21B.11405

Amount of Each Disbursement this Period

12.90

Full Name (Last, First, Middle Initial)

**C. THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
IN-KIND: TRAVEL: AIR: CAR RENTAL: LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2014

Transaction ID : SB21B.11428

Amount of Each Disbursement this Period

3439.59

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

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

3477.49

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 4000 E SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2014

Transaction ID : SB21B.11431

Amount of Each Disbursement this Period

361.20

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

361.20

34613.15



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

### A. MAINE REPUBLICAN PARTY

Mailing Address 9 HIGGINS ST

City AUGUSTA State ME Zip Code 04330

Purpose of Disbursement  
TRANSFER TO STATE ACCOUNT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	1	4		

Transaction ID : SB22.11407

Amount of Each Disbursement this Period

2	1	7	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

2	1	7	.	0	0
---	---	---	---	---	---

2	1	7	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF LOUISIANA**

Mailing Address C/O RED CURVE SOLUTIONS  
500 CUMMINGS CENTER, SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
In-Kind: Travel: Air: Reference TRANS ID SB21B.11430 & SB21B.11431

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2014			

Transaction ID : SB23.11424

Amount of Each Disbursement this Period

780.40
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

0.00
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0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. CREATIVE DIRECT**

Mailing Address 25 E. MAIN STREET

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
EXEMPT ABSENTEE BALLOT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.11408

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CREATIVE DIRECT**

Mailing Address 25 E. MAIN STREET

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
EXEMPT SLATE CARD & ABSENTEE BALLOT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.11409

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LITTLEFIELD CONSULTING**

Mailing Address 455 MASSACHUSETTS AVE, NW  
SUITE #108

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
VOLUNTEER EXEMPT MAIL

Candidate Name

**BRUCE L POLIQUIN**

Office Sought:  House  Senate  President  
State: ME District: 02

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.11410

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAINE REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. LITTLEFIELD CONSULTING**

Mailing Address 455 MASSACHUSETTS AVE, NW  
SUITE #108

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
VOLUNTEER EXEMPT MAIL

Candidate Name  
**BRUCE L POLIQUIN**

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : **SB30B.11411**

Amount of Each Disbursement this Period

53033.99

Full Name (Last, First, Middle Initial)

**B. WENZEL STRATEGIES**

Mailing Address 4223 ELMWAY DRIVE

City TOLEDO State OH Zip Code 43614

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : **SB30B.11413**

Amount of Each Disbursement this Period

3458.49

Full Name (Last, First, Middle Initial)

**C. WENZEL STRATEGIES**

Mailing Address 4223 ELMWAY DRIVE

City TOLEDO State OH Zip Code 43614

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2014

Transaction ID : **SB30B.11414**

Amount of Each Disbursement this Period

13709.49

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

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

70201.97

267279.16

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>PITNEY BOWES</b>		Transaction ID : <b>H4.11308</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 371874			Allocated Activity or Event Year-To-Date 352965.00	
City PITTSBURG	State PA	Zip Code 15250-7874	Date 10 / 16 / 2014	
Purpose of Disbursement: OFFICE EQUIPMENT PURCHASE			Category/Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
32.76			123.24	156.00

B. Full Name (Last, First, Middle Initial) <b>ALBISON'S PRINTING, INC.</b>		Transaction ID : <b>H4.11309</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 124 RIVERSIDE DRIVE			Allocated Activity or Event Year-To-Date 353467.30	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 16 / 2014	
Purpose of Disbursement: PRINTING & DESIGN SERVICES: ENVELOPES			Category/Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
105.48			396.82	502.30

C. Full Name (Last, First, Middle Initial) <b>CIT</b>		Transaction ID : <b>H4.11310</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 21146 NETWORK PLACE			Allocated Activity or Event Year-To-Date 353975.45	
City CHICAGO	State IL	Zip Code 60673-1211	Date 10 / 16 / 2014	
Purpose of Disbursement: EQUIPMENT RENTAL			Category/Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
106.71			401.44	508.15

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
244.95		921.50		1166.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11311</b> <b>RED CURVE SOLUTIONS</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Allocated Activity or Event Year-To-Date 356071.25	
City BEVERLY State MA Zip Code 01915	Category/ Type	Date 10 / 16 / 2014	
Purpose of Disbursement: COMPLIANCE CONSULTING Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
440.12		1655.68	2095.80

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11312</b> <b>RIVERSIDE DISPOSAL</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 700 RIVER ROAD		Allocated Activity or Event Year-To-Date 356119.25	
City CHELSEA State ME Zip Code 04330	Category/ Type	Date 10 / 16 / 2014	
Purpose of Disbursement: CLEANING SERVICES Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
10.08		37.92	48.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11313</b> <b>SEACOAST SECURITY, INC.</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX A		Allocated Activity or Event Year-To-Date 356488.08	
City WEST ROCKPORT State ME Zip Code 04865	Category/ Type	Date 10 / 16 / 2014	
Purpose of Disbursement: SECURITY SERVICES Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
77.45		291.38	368.83

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
527.65		1984.98		2512.63

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>THE MAILING CENTER</b>		Transaction ID : <b>H4.11315</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 126 WESTERN AVE PL			Allocated Activity or Event Year-To-Date 361488.08	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 16 / 2014	
Purpose of Disbursement: POSTAGE		Category/ Type	Date 10 / 16 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
1050.00			3950.00	
		=	TOTAL AMOUNT	
			5000.00	

B. Full Name (Last, First, Middle Initial) <b>THE PIZZA STONE</b>		Transaction ID : <b>H4.11317</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 904 WESTERN AVE			Allocated Activity or Event Year-To-Date 361546.66	
City MANCHESTER	State ME	Zip Code 04351	Date 10 / 16 / 2014	
Purpose of Disbursement: TRAVEL: FOOD		Category/ Type	Date 10 / 16 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
12.30			46.28	
		=	TOTAL AMOUNT	
			58.58	

C. Full Name (Last, First, Middle Initial) <b>USPS</b>		Transaction ID : <b>H4.11318</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 126 WESTERN AVE			Allocated Activity or Event Year-To-Date 363046.66	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 16 / 2014	
Purpose of Disbursement: POSTAGE		Category/ Type	Date 10 / 16 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
315.00			1185.00	
		=	TOTAL AMOUNT	
			1500.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1377.30		5181.28		6558.58

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

## SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>INTUIT INC</b>		<b>Transaction ID : H4.11319</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2632 MARINE WAY					
City	State	Zip Code			
MOUNTAIN VIEW	CA	94043			
Purpose of Disbursement: SOFTWARE SERVICES		Allocated Activity or Event Year-To-Date 363078.62			
Activity or Event Identifier: <b>Administrative</b>					Category/ Type
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.71			25.25		31.96

<b>B. Full Name (Last, First, Middle Initial)</b> <b>SENATOR INN AND SPA</b>		<b>Transaction ID : H4.11321</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 284 WESTERN AVE					
City	State	Zip Code			
AUGUSTA	ME	04330			
Purpose of Disbursement: TRAVEL: LODGING		Allocated Activity or Event Year-To-Date 363456.57			
Activity or Event Identifier: Administrative					Category/ Type
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.37			298.58		377.95

<b>C. Full Name (Last, First, Middle Initial)</b> <b>USPS</b>		<b>Transaction ID : H4.11322</b>	<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 126 WESTERN AVE					
City	State	Zip Code			
AUGUSTA	ME	04330			
Purpose of Disbursement: POSTAGE		Allocated Activity or Event Year-To-Date 363595.57			
Activity or Event Identifier: Administrative					Category/ Type
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.19			109.81		139.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.27		433.64		548.91

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

**A. Full Name (Last, First, Middle Initial)** Transaction ID : H4.11323  
**VERTICALRESPONSE INC.**  
Mailing Address 50 BEALE ST  
10TH FLOOR  
City SAN FRANCISCO State CA Zip Code 94105  
Purpose of Disbursement: ONLINE SUBSCRIPTIONS  
Activity or Event Identifier: Administrative  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date 363663.07  
Date 10 / 20 / 2014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.18		53.32		67.50

**B. Full Name (Last, First, Middle Initial)** Transaction ID : H4.11324  
**INTUIT INC**  
Mailing Address 2632 MARINE WAY  
City MOUNTAIN VIEW State CA Zip Code 94043  
Purpose of Disbursement: SOFTWARE SERVICES  
Activity or Event Identifier: Administrative  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date 363708.07  
Date 10 / 21 / 2014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.45		35.55		45.00

**C. Full Name (Last, First, Middle Initial)** Transaction ID : H4.11325  
**SENATOR INN AND SPA**  
Mailing Address 284 WESTERN AVE  
City AUGUSTA State ME Zip Code 04330  
Purpose of Disbursement: TRAVEL: LODGING  
Activity or Event Identifier: Administrative  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date 364010.45  
Date 10 / 21 / 2014

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.50		238.88		302.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
87.13		327.75		414.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>USPS</b>		Transaction ID : <b>H4.11326</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 126 WESTERN AVE			Allocated Activity or Event Year-To-Date 364510.45	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 21 / 2014	
Purpose of Disbursement: POSTAGE		Category/ Type	Date 10 / 21 / 2014	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
105.00			395.00	500.00

B. Full Name (Last, First, Middle Initial) <b>USPS</b>		Transaction ID : <b>H4.11327</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 126 WESTERN AVE			Allocated Activity or Event Year-To-Date 364535.45	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 22 / 2014	
Purpose of Disbursement: POSTAGE		Category/ Type	Date 10 / 22 / 2014	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
5.25			19.75	25.00

C. Full Name (Last, First, Middle Initial) <b>VERTICALRESPONSE INC.</b>		Transaction ID : <b>H4.11328</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 BEALE ST 10TH FLOOR			Allocated Activity or Event Year-To-Date 364913.45	
City SAN FRANCISCO	State CA	Zip Code 94105	Date 10 / 22 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date 10 / 22 / 2014	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
79.38			298.62	378.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
189.63		713.37		903.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11329</b> <b>EPAY BUSINESS SOLUTIONS INC.</b> Mailing Address 27A MIDSTATE DRIVE		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code AUBURN MA 01501	Category/Type <input type="checkbox"/>	Allocated Activity or Event Year-To-Date <input type="text" value="366642.03"/>
Purpose of Disbursement: PAYROLL SERVICES/TAX		Date <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
Activity or Event Identifier: <b>Administrative</b>		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="363.00"/> + <input type="text" value="1365.58"/> = <input type="text" value="1728.58"/>		

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11330</b> <b>JOSEPH TURCOTTE</b> Mailing Address 137 OLD BELGRADE ROAD APT. 5		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code AUGUSTA ME 04330	Category/Type <input type="checkbox"/>	Allocated Activity or Event Year-To-Date <input type="text" value="367646.67"/>
Purpose of Disbursement: NON-FEA PAYROLL		Date <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
Activity or Event Identifier: Administrative		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="210.97"/> + <input type="text" value="793.67"/> = <input type="text" value="1004.64"/>		

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11331</b> <b>CAMERIN SEIGARS</b> Mailing Address 10 ORCHARD STREET		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC
City State Zip Code GARDINER ME 04345	Category/Type <input type="checkbox"/>	Allocated Activity or Event Year-To-Date <input type="text" value="367715.93"/>
Purpose of Disbursement: NON-FEA PAYROLL		Date <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
Activity or Event Identifier: Administrative		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT <input type="text" value="14.54"/> + <input type="text" value="54.72"/> = <input type="text" value="69.26"/>		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="588.51"/>		<input type="text" value="2213.97"/>		<input type="text" value="2802.48"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>JASON SAVAGE</b>		Transaction ID : H4.11332	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9 HIGGINS ST			Allocated Activity or Event Year-To-Date 369832.38	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 23 / 2014	
Purpose of Disbursement: NON-FEA PAYROLL		Category/ Type	Date 10 / 23 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 23 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
444.45			1672.00	2116.45

B. Full Name (Last, First, Middle Initial) <b>Rep. DEBORAH SANDERSON</b>		Transaction ID : H4.11333	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 64 WHITTIER DR			Allocated Activity or Event Year-To-Date 370832.38	
City CHELSEA	State ME	Zip Code 04330	Date 10 / 23 / 2014	
Purpose of Disbursement: NON-FEA PAYROLL		Category/ Type	Date 10 / 23 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 23 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
210.00			790.00	1000.00

C. Full Name (Last, First, Middle Initial) <b>ASHLEY SAMPSON</b>		Transaction ID : H4.11334	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 21 BICKFORD LANE			Allocated Activity or Event Year-To-Date 371974.08	
City ROME	State ME	Zip Code 04963	Date 10 / 23 / 2014	
Purpose of Disbursement: NON-FEA PAYROLL		Category/ Type	Date 10 / 23 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 23 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
239.76			901.94	1141.70

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
894.21		3363.94		4258.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11335</b> <b>MICHELLE DALE</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 409 CHURCH HILL ROAD		Allocated Activity or Event Year-To-Date 372893.51	
City AUGUSTA State ME Zip Code 04330	Category/ Type	Date 10 / 23 / 2014	
Purpose of Disbursement: NON-FEA PAYROLL Activity or Event Identifier: <b>Administrative</b>		Allocated Activity or Event Year-To-Date 193.08 + 726.35 = 919.43	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11336</b> <b>USPS</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 126 WESTERN AVE		Allocated Activity or Event Year-To-Date 372993.51	
City AUGUSTA State ME Zip Code 04330	Category/ Type	Date 10 / 24 / 2014	
Purpose of Disbursement: POSTAGE Activity or Event Identifier: Administrative		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 21.00 + 79.00 = 100.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11337</b> <b>CONSTANT CONTACT</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1601 TRAPELO RD		Allocated Activity or Event Year-To-Date 373013.51	
City WALTHAM State MA Zip Code 02451	Category/ Type	Date 10 / 27 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS Activity or Event Identifier: Administrative		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 4.20 + 15.80 = 20.00	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
218.28		821.15		1039.43

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
218.28	821.15	1039.43

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11338
ALBISON'S PRINTING, INC.
Mailing Address 124 RIVERSIDE DRIVE
City AUGUSTA State ME Zip Code 04330
Purpose of Disbursement: PRINTING & DESIGN SERVICES: ENVELOPES
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 373066.26
Date 10 / 28 / 2014
FEDERAL SHARE 11.08 + NONFEDERAL SHARE 41.67 = TOTAL AMOUNT 52.75

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11339
AUGUSTA FUEL COMPANY
Mailing Address 4 NORTHERN AVE.
City AUGUSTA State ME Zip Code 04338-2226
Purpose of Disbursement: UTILITIES
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 373356.26
Date 10 / 28 / 2014
FEDERAL SHARE 60.90 + NONFEDERAL SHARE 229.10 = TOTAL AMOUNT 290.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11340
BANGOR LETTER SHOP
Mailing Address 99 WASHINGTON STREET
City BANGOR State ME Zip Code 04401
Purpose of Disbursement: POSTAGE
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt [ ] Voter Drive [ ] Direct Candidate Support [ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 373533.31
Date 10 / 28 / 2014
FEDERAL SHARE 37.18 + NONFEDERAL SHARE 139.87 = TOTAL AMOUNT 177.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 109.16, 410.64, 519.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [ ], [ ], [ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>CENTRAL MAINE POWER</b>		Transaction ID : <b>H4.11341</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 11752			Allocated Activity or Event Year-To-Date 373625.90	
City NEWARK	State NJ	Zip Code 07101-4752	Date 10 / 28 / 2014	
Purpose of Disbursement: UTILITIES		Category/ Type	Date 10 / 28 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 28 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
19.44			73.15	
		=	TOTAL AMOUNT	
			92.59	

B. Full Name (Last, First, Middle Initial) <b>RED CURVE SOLUTIONS</b>		Transaction ID : <b>H4.11342</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Allocated Activity or Event Year-To-Date 373670.73	
City BEVERLY	State MA	Zip Code 01915	Date 10 / 28 / 2014	
Purpose of Disbursement: COMPLIANCE CONSULTING		Category/ Type	Date 10 / 28 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 28 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
9.41			35.42	
		=	TOTAL AMOUNT	
			44.83	

C. Full Name (Last, First, Middle Initial) <b>STAPLES</b>		Transaction ID : <b>H4.11343</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14 CROSSING WAY SUITE 3			Allocated Activity or Event Year-To-Date 373959.20	
City AUGUSTA	State ME	Zip Code 04330	Date 10 / 28 / 2014	
Purpose of Disbursement: OFFICE SUPPLIES		Category/ Type	Date 10 / 28 / 2014	
Activity or Event Identifier: Administrative			Date 10 / 28 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
60.58			227.89	
		=	TOTAL AMOUNT	
			288.47	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.43		336.46		425.89

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>SENATOR INN AND SPA</b>		Transaction ID : <b>H4.11344</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address <b>284 WESTERN AVE</b>			Allocated Activity or Event Year-To-Date <b>375017.46</b>		
City <b>AUGUSTA</b>	State <b>ME</b>	Zip Code <b>04330</b>	Date <b>11 / 03 / 2014</b>		
Purpose of Disbursement: <b>TRAVEL: LODGING</b>		Category/ Type	Date		
Activity or Event Identifier: <b>Administrative</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<b>222.23</b>			<b>836.03</b>		<b>1058.26</b>

B. Full Name (Last, First, Middle Initial) <b>USPS</b>		Transaction ID : <b>H4.11345</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address <b>126 WESTERN AVE</b>			Allocated Activity or Event Year-To-Date <b>375038.81</b>		
City <b>AUGUSTA</b>	State <b>ME</b>	Zip Code <b>04330</b>	Date <b>11 / 03 / 2014</b>		
Purpose of Disbursement: <b>POSTAGE</b>		Category/ Type	Date		
Activity or Event Identifier: <b>Administrative</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<b>4.48</b>			<b>16.87</b>		<b>21.35</b>

C. Full Name (Last, First, Middle Initial) <b>DUNKIN DONUTS</b>		Transaction ID : <b>H4.11346</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address <b>67 SEWALL STREET</b>			Allocated Activity or Event Year-To-Date <b>375055.39</b>		
City <b>AUGUSTA</b>	State <b>ME</b>	Zip Code <b>04330</b>	Date <b>11 / 05 / 2014</b>		
Purpose of Disbursement: <b>TRAVEL: FOOD</b>		Category/ Type	Date		
Activity or Event Identifier: <b>Administrative</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<b>3.48</b>			<b>13.10</b>		<b>16.58</b>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<b>230.19</b>		<b>866.00</b>		<b>1096.19</b>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11347</b> <b>EPAY BUSINESS SOLUTIONS INC.</b> Mailing Address 27A MIDSTATE DRIVE		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code AUBURN MA 01501	Allocated Activity or Event Year-To-Date 376783.97		
Purpose of Disbursement: PAYROLL SERVICES/TAX	<input type="checkbox"/> Category/ Type	Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2014	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
363.00 + 1365.58 = 1728.58			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11348</b> <b>JOSEPH TURCOTTE</b> Mailing Address 137 OLD BELGRADE ROAD APT. 5		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code AUGUSTA ME 04330	Allocated Activity or Event Year-To-Date 377788.61		
Purpose of Disbursement: NON-FEA PAYROLL	<input type="checkbox"/> Category/ Type	Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2014	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
210.97 + 793.67 = 1004.64			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11349</b> <b>CAMERIN SEIGARS</b> Mailing Address 10 ORCHARD STREET		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code GARDINER ME 04345	Allocated Activity or Event Year-To-Date 377857.87		
Purpose of Disbursement: NON-FEA PAYROLL	<input type="checkbox"/> Category/ Type	Date M M / D D / Y Y Y Y Y Y 11 / 06 / 2014	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
14.54 + 54.72 = 69.26			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
588.51		2213.97		2802.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**MAINE REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11350</b> <b>JASON SAVAGE</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9 HIGGINS ST		Allocated Activity or Event Year-To-Date 379974.32	
City AUGUSTA State ME Zip Code 04330	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: NON-FEA PAYROLL	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="444.45"/> + <input type="text" value="1672.00"/> = <input type="text" value="2116.45"/>			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11351</b> <b>Rep. DEBORAH SANDERSON</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 64 WHITTIER DR		Allocated Activity or Event Year-To-Date 380974.32	
City CHELSEA State ME Zip Code 04330	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: NON-FEA PAYROLL	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="210.00"/> + <input type="text" value="790.00"/> = <input type="text" value="1000.00"/>			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11352</b> <b>ASHLEY SAMPSON</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 21 BICKFORD LANE		Allocated Activity or Event Year-To-Date 382116.02	
City ROME State ME Zip Code 04963	Date <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: NON-FEA PAYROLL	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="239.76"/> + <input type="text" value="901.94"/> = <input type="text" value="1141.70"/>			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="894.21"/>		<input type="text" value="3363.94"/>		<input type="text" value="4258.15"/>

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>MICHELLE DALE</b>		Transaction ID : <b>H4.11353</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 409 CHURCH HILL ROAD			Allocated Activity or Event Year-To-Date 383035.45		
City AUGUSTA	State ME	Zip Code 04330	Date 11 / 06 / 2014		
Purpose of Disbursement: NON-FEA PAYROLL		Category/ Type	Date 11 / 06 / 2014		
Activity or Event Identifier: Administrative			Date 11 / 06 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
193.08			726.35		919.43

B. Full Name (Last, First, Middle Initial) <b>SENATOR INN AND SPA</b>		Transaction ID : <b>H4.11354</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 284 WESTERN AVE			Allocated Activity or Event Year-To-Date 383229.83		
City AUGUSTA	State ME	Zip Code 04330	Date 11 / 07 / 2014		
Purpose of Disbursement: TRAVEL: LODGING		Category/ Type	Date 11 / 07 / 2014		
Activity or Event Identifier: Administrative			Date 11 / 07 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.82			153.56		194.38

C. Full Name (Last, First, Middle Initial) <b>RIVERFRONT BBQ</b>		Transaction ID : <b>H4.11356</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 300 WATER STREET			Allocated Activity or Event Year-To-Date 383305.00		
City AUGUSTA	State ME	Zip Code 04330	Date 11 / 10 / 2014		
Purpose of Disbursement: TRAVEL: FOOD		Category/ Type	Date 11 / 10 / 2014		
Activity or Event Identifier: Administrative			Date 11 / 10 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.79			59.38		75.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
249.69		939.29		1188.98

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: RAY RICHARDSON, Transaction ID: H4.11358. Allocated Activity or Event: Administrative. Date: 11/14/2014. Total Amount: 200.45.

Form B: PITNEY BOWES, Transaction ID: H4.11359. Allocated Activity or Event: Administrative. Date: 11/14/2014. Total Amount: 153.00.

Form C: RED CURVE SOLUTIONS, Transaction ID: H4.11360. Allocated Activity or Event: Administrative. Date: 11/14/2014. Total Amount: 27.92.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (80.08), NONFEDERAL SHARE (301.29), TOTAL AMOUNT (381.37).

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.11361</b> <b>EPAY BUSINESS SOLUTIONS INC.</b> Mailing Address 27A MIDSTATE DRIVE		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code AUBURN MA 01501	Allocated Activity or Event Year-To-Date 393946.43		
Purpose of Disbursement: PAYROLL SERVICES/TAX	<input type="checkbox"/>	Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2014	
Activity or Event Identifier: <b>Administrative</b>	Category/ Type		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
2154.61 + 8105.45 = 10260.06			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.11362</b> <b>JOSEPH TURCOTTE</b> Mailing Address 137 OLD BELGRADE ROAD APT. 5		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code AUGUSTA ME 04330	Allocated Activity or Event Year-To-Date 398550.07		
Purpose of Disbursement: NON-FEA PAYROLL	<input type="checkbox"/>	Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2014	
Activity or Event Identifier: Administrative	Category/ Type		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
966.76 + 3636.88 = 4603.64			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.11363</b> <b>JASON SAVAGE</b> Mailing Address 9 HIGGINS ST		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code AUGUSTA ME 04330	Allocated Activity or Event Year-To-Date 400666.52		
Purpose of Disbursement: NON-FEA PAYROLL	<input type="checkbox"/>	Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2014	
Activity or Event Identifier: Administrative	Category/ Type		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
444.45 + 1672.00 = 2116.45			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3565.82		13414.33		16980.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>ASHLEY SAMPSON</b>		Transaction ID : <b>H4.11364</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address <b>21 BICKFORD LANE</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City <b>ROME</b> State <b>ME</b> Zip Code <b>04963</b>				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: <b>NON-FEA PAYROLL</b>		Category/ Type		Allocated Activity or Event Year-To-Date <b>405443.22</b>	
Activity or Event Identifier: <b>Administrative</b>				Date <b>11 / 20 / 2014</b>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
<b>1003.11</b>				<b>3773.59</b>	
		=		TOTAL AMOUNT	
				<b>4776.70</b>	

B. Full Name (Last, First, Middle Initial) <b>MICHELLE DALE</b>		Transaction ID : <b>H4.11365</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address <b>409 CHURCH HILL ROAD</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City <b>AUGUSTA</b> State <b>ME</b> Zip Code <b>04330</b>				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: <b>NON-FEA PAYROLL</b>		Category/ Type		Allocated Activity or Event Year-To-Date <b>409961.65</b>	
Activity or Event Identifier: <b>Administrative</b>				Date <b>11 / 20 / 2014</b>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
<b>948.87</b>				<b>3569.56</b>	
		=		TOTAL AMOUNT	
				<b>4518.43</b>	

C. Full Name (Last, First, Middle Initial) <b>INTUIT INC</b>		Transaction ID : <b>H4.11366</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address <b>2632 MARINE WAY</b>				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City <b>MOUNTAIN VIEW</b> State <b>CA</b> Zip Code <b>94043</b>				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: <b>SOFTWARE SERVICES</b>		Category/ Type		Allocated Activity or Event Year-To-Date <b>409993.61</b>	
Activity or Event Identifier: <b>Administrative</b>				Date <b>11 / 20 / 2014</b>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
<b>6.71</b>				<b>25.25</b>	
		=		TOTAL AMOUNT	
				<b>31.96</b>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<b>1958.69</b>		<b>7368.40</b>		<b>9327.09</b>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

Form A: INTUIT INC. Transaction ID: H4.11367. Allocated Activity or Event: Administrative. Date: 11/20/2014. Total Amount: 45.00.

Form B: VERTICALRESPONSE INC. Transaction ID: H4.11368. Allocated Activity or Event: Administrative. Date: 11/20/2014. Total Amount: 67.50.

Form C: USPS Transaction ID: H4.11369. Allocated Activity or Event: Administrative. Date: 11/21/2014. Total Amount: 615.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 152.78, 574.72, 727.50.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

MAINE REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>HOTEL DEL CORONADO</b>		Transaction ID : <b>H4.11371</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1500 ORANGE AVE			Allocated Activity or Event Year-To-Date 410940.11	
City COROADO	State CA	Zip Code 92118	Date 11 / 24 / 2014	
Purpose of Disbursement: TRAVEL: LODGING		Category/ Type	Date 11 / 24 / 2014	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
45.99			173.01	219.00

B. Full Name (Last, First, Middle Initial) <b>VERTICALRESPONSE INC.</b>		Transaction ID : <b>H4.11372</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 BEALE ST 10TH FLOOR			Allocated Activity or Event Year-To-Date 411318.11	
City SAN FRANCISCO	State CA	Zip Code 94105	Date 11 / 24 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date 11 / 24 / 2014	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
79.38			298.62	378.00

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.37		471.63		597.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
12286.86		46222.25		58509.11