

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 505
 Check if different than previously reported. (ACC)
Williston VT 05495

2. **FEC IDENTIFICATION NUMBER** C00414755
CITY **STATE** VT **ZIP CODE** 05495
STATE VT **DISTRICT** 01
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 08 24 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Kevin Manahan

Signature of Treasurer Electronically Filed by Mr. Kevin Manahan Date 12 06 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Martha Rainville for Congress

Report Covering the Period:

From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	167575.99	737014.91
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	6000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	167575.99	731014.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	163661.91	593293.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	163661.91	593293.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	228432.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Martha Rainville for Congress

Report Covering the Period: From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

47164.39

321359.56

(ii) Unitemized.....

26819.00

139036.89

(iii) TOTAL of contributions

73983.39

460396.45

from individuals..... ▶

11167.00

34267.00

(b) Political Party Committees.....

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

82425.60

242351.46

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

167575.99

737014.91

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

0.00

86711.33

13. LOANS

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

0.00

4000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

4000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

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

0.00

0.00

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

167575.99

827726.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	163661.91	593293.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6000.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	163661.91	599293.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	224518.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	167575.99
25. SUBTOTAL (add Line 23 and Line 24).....	392094.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	163661.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	228432.45

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Daniel R. Hillard

Mailing Address PO Box 138

City State Zip Code
Wilder VT 05088

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

Name of Employer First Data Occupation
Salesperson

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 0002803

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Marvin Harvey

Mailing Address 1427 Marsh Brook Road

City State Zip Code
Rochester VT 05767

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

Name of Employer Self Employed Occupation
Contractor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 0002808

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Suzanne Butterfield

Mailing Address PO Box 80

City State Zip Code
Gaysville VT 05746

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

Name of Employer Retired Occupation
Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: 0002810

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address Unknown

City State Zip Code
Williston VT 05495

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

Name of Employer N/A Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
655.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2006

Transaction ID: 0002812

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Mark Foley

Mailing Address PO Box 99

City State Zip Code
Rutland VT 05701

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

Name of Employer self employed Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2006

Transaction ID: 0002814

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Donald J. Rendall

Mailing Address 51 Old Farm Road

City State Zip Code
South Burlington VT 05403

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

Name of Employer Green Mountain Power Occupation General Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: 0002833

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1140.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Zachary R. Hope

Mailing Address 854 9th Street #10

City State Zip Code
Santa Monica CA 90403

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

Name of Employer Capital Fund Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 0002834

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John Fitzhugh

Mailing Address 1398 West Hill Road

City State Zip Code
West Berlin VT 05663

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

Name of Employer Union Mutual of Vermont Companies Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2006

Transaction ID: 0002856

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. George H. Schneeberger

Mailing Address 224 Staver Road

City State Zip Code
Marlboro VT 05344

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

Name of Employer GS Precision Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0002866

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Kathryn Ewald Adams

Mailing Address PO Box 277

City Dorset State VT Zip Code 05251

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

Name of Employer housewife Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: 0002867

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Mary C. Wing

Mailing Address 36 Hillside Road

City Rutland State VT Zip Code 05701

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

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

Transaction ID: 0002870

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. William Durbrow

Mailing Address PO Box 2

City Underhill Center State VT Zip Code 05490

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 0002873

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. John McMullen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 100 Dorset Street Suite 15		Transaction ID: 0002875
City State Zip Code South Burlington VT 05403	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cambridge Meridian Group	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) B. Mr. John Hand		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address PO Box 1204		Transaction ID: 0002879
City State Zip Code Manchester Center VT 05255	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hand Auto Sales	Occupation Auto Dealer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Roderic B. Vitty		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address PO Box 151		Transaction ID: 0002882
City State Zip Code Quechee VT 05059	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Vermont Heritage Press	Occupation Publishing	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1375.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

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

Mailing Address 3349 South Vershire Road

City State Zip Code
Vershire VT 05079

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 0002884

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Nicholas Ricci

Mailing Address 6 Roberts Avenue

City State Zip Code
Rutland VT 05701

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

Name of Employer Self Employed Occupation Financial Services

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 0002886

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Charles N. Brush

Mailing Address 7 Aspen Drive Suite 1

City State Zip Code
South Burlington VT 05403

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 0002887

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Richard Cummings

Mailing Address 1 Valley Watch

City State Zip Code
St Albans VT 05478

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

Name of Employer Occupation
Vermont Structural Bldgs President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

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

Transaction ID: 0002889

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Drury Vinton

Mailing Address 69 Brightlook Drive, Unit 7

City State Zip Code
St Johnsbury VT 05819

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

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

Transaction ID: 0002890

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Andrew C. Cook

Mailing Address PO Box 452

City State Zip Code
North Springfield VT 05150

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

Name of Employer Occupation
self employed Electrician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0002891

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Roger Blish

Mailing Address 261 River Street

City State Zip Code
Springfield VT 05156

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

Name of Employer Occupation
Blish Flooring Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

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

Transaction ID: 0002892

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Patrick Boylan

Mailing Address 14 Spencer Drive

City State Zip Code
Bellows Falls VT 05101

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

Name of Employer Occupation
Woodlawn Tool Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0002894

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Captain John R. Gilligan

Mailing Address 122 Batchelder Street
A-6 Westview Condos

City State Zip Code
Barre VT 05641

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
675.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002899

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Kathryn M. Cram

Mailing Address 936 South Prospect Street
17

City Burlington State VT Zip Code 05401

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002901

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dennis P. Bowen

Mailing Address 69 Birch Street

City Shelburne State VT Zip Code 05482

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002904

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Walter Thackara

Mailing Address 170 Deer Run Drive

City Shelburne State VT Zip Code 05482

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002905

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Ivan Charbonneau

Mailing Address 12 Fairfield Hill Rd

City State Zip Code
St Albans VT 05478

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

Name of Employer Occupation
Ivan Charbonneau & Son Inc Executive

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

750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002906

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Theodore M. Riehle

Mailing Address Savage Island Farm
P.O. Box 157

City State Zip Code
Grand Isle VT 05458

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

Name of Employer Occupation
self employed Farmer

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

1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002907

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Burton A. Paquin

Mailing Address 284 Maquam Road

City State Zip Code
Swanton VT 05488

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

Name of Employer Occupation
Retired Retired

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

1075.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002908

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Lois B. Jackson

Mailing Address 834 Van Cortland Road

City State Zip Code
Brandon VT 05733

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002910

Amount of Each Receipt this Period
125.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Karin S. Hardy

Mailing Address 1590 Kellogg Bay Road

City State Zip Code
Vergennes VT 05491

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002912

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert W. Hardy

Mailing Address 1590 Kellogg Bay Road

City State Zip Code
Vergennes VT 05491

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

Name of Employer Americas International Consultants Inc Occupation Consultant

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002913

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Robert W. Hardy

Mailing Address 1590 Kellogg Bay Road

City State Zip Code
Vergennes VT 05491

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

Name of Employer Americas International Consultants Inc
Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002914

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John Biondolillo

Mailing Address 75 Abbott Avenue

City State Zip Code
Barre VT 05641

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

Name of Employer self employed
Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 0002915

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Glen C. Senecal, Sr.

Mailing Address 1456 Post Road

City State Zip Code
Rutland VT 05701

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

Name of Employer self employed
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002916

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Joan B. Spaulding		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006	
Mailing Address 5 Rowdy Acres		Transaction ID: 0002917	
City State Zip Code Chittenden VT 05737		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rutland Regional Medical Center Registered Nurse			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Gordon Winters		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006	
Mailing Address 340 Maquam Shore Road		Transaction ID: 0002918	
City State Zip Code Swanton VT 05488		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Swanton Lumber Company Executive			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) C. Mrs. Judith E. Peterson		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006	
Mailing Address 126 Heritage Lane		Transaction ID: 0002922	
City State Zip Code Colchester VT 05446		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation IBM Human Resources			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jerry W. Clark

Mailing Address PO Box 332

City State Zip Code
St Albans Bay VT 05481

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

Name of Employer Occupation
Blue Seal Feeds Laborer

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

250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002923

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Glen T. Good

Mailing Address 19 Pheasant Hill Ridge

City State Zip Code
Shelburne VT 05482

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

Name of Employer Occupation
Retired Retired

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

1200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002924

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Diane B. Snelling

Mailing Address 304 Piette Road

City State Zip Code
Hinesburg VT 05461

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

Name of Employer Occupation
State of Vermont State Senator

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

1100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002925

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Chester A. Carpenter

Mailing Address 667 Union Street

City State Zip Code
Newport VT 05855

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
875.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002927

Amount of Each Receipt this Period
375.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Donna Pizzagalli

Mailing Address PO Box 2009
50 Joy Drive

City State Zip Code
South Burlington VT 05403

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

Name of Employer Occupation
housewife Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002928

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Colonel David B. Hannum, Jr.

Mailing Address 141 Westminster Road

City State Zip Code
Putney VT 05346

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

Name of Employer Occupation
retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002931

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1475.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Lincoln C. Brownell

Mailing Address 518 Lincoln Road

City Williston State VT Zip Code 05495

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002934

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Quintina Worsfold

Mailing Address 974 Old Post Road

City Kinderhook State NY Zip Code 12106

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

Name of Employer self employed Occupation Horse Trainer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 23.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002935-001

Amount of Each Receipt this Period
23.00

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

Earmarked through Women in the Senate and House

C. Full Name (Last, First, Middle Initial)
Mrs. Carolyn M. Gargasz

Mailing Address PO Box 6

City Hollis State NH Zip Code 03049

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

Name of Employer State of New Hampshire Occupation State Legislator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002935-002

Amount of Each Receipt this Period
50.00

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

Earmarked through Women in the Senate and House

SUBTOTAL of Receipts This Page (optional) ▶ **323.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John C. Stewart

Mailing Address PO Box 1131

City State Zip Code
Jericho VT 05465

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

Name of Employer Occupation
Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 0002936

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Isabelle Armstrong

Mailing Address 14 Tilton Road

City State Zip Code
St Johnsbury VT 05819

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

Name of Employer Occupation
Armstrong Hearing Salesperson

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 0002937

Amount of Each Receipt this Period
125.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth R. Linsley

Mailing Address PO Box 273

City State Zip Code
Danville VT 05828

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

Name of Employer Occupation
Self employed Consultant

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: 0002973

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Arnold M. Spahn

Mailing Address 1626 Hebard Hill Road

City State Zip Code
Randolph VT 05060

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 0002974

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Kerry Rock

Mailing Address 100 South Street

City State Zip Code
Burlington VT 05401

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

Name of Employer Self employed Occupation Executive

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 0002983

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jean G. Brockway

Mailing Address 141 Iris Way

City State Zip Code
White River Juncti VT 05001

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

Name of Employer Occupation Retired

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

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

Transaction ID: 0002990

Amount of Each Receipt this Period
50.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Fredrick A. Riehl

Mailing Address PO Box 893

City State Zip Code
Quechee VT 05059

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

Name of Employer Occupation
GW Plastics Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0002999

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Dennis W. Vane

Mailing Address 107 Wings point Road

City State Zip Code
Charlotte VT 05445

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

Name of Employer Occupation
Fletcher Allen Hospital Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0003006

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Brooke Taylor Mossman

Mailing Address 501 Popple Dungeon Road

City State Zip Code
Charlotte VT 05445

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

Name of Employer Occupation
University of Vermont Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

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

Transaction ID: 0003007

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Patricia Fox		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 38 Woodland Road		Transaction ID: 0003008
City State Zip Code Bethel VT 05032	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mrs. Virginia E. Wing		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1448 Pleasant Street		Transaction ID: 0003012
City State Zip Code Island Pond VT 05846	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer housewife	Occupation Housewife	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mrs. Inge Schaefer		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 101 Tanglewood Drive		Transaction ID: 0003013
City State Zip Code Colchester VT 05446	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Ginette M. Harvey

Mailing Address 590 Higuera Road

City Barre State VT Zip Code 05641

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

Name of Employer retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

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

Transaction ID: 0003015

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Charles P. Smith

Mailing Address 110 Summit Street

City Burlington State VT Zip Code 05401

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

Name of Employer University of Vermont Occupation Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

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

Transaction ID: 0003016

Amount of Each Receipt this Period
125.00

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

C. Full Name (Last, First, Middle Initial)
Mr. William Stritzler

Mailing Address PO Box 437

City Jeffersonville State VT Zip Code 05464

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

Name of Employer Smugglers Notch Resort Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1450.00

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

Transaction ID: 0003018

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial) Mr. Richard W. Hube Mailing Address PO Box 93 City South Londonderry State VT Zip Code 05155 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0003019 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
1000.00																							
Name of Employer Hube Incorporated Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>4100.00</td> </tr> </table>		4100.00																					
4100.00																							

B. Full Name (Last, First, Middle Initial) Mr. Roby Harrington, III Mailing Address PO Box 498 City Boca Grande State FL Zip Code 33921 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0003021 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
250.00																							
Name of Employer Retired Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

C. Full Name (Last, First, Middle Initial) Mr. Lee Merrill Mailing Address 58 Chestnut Street City Brattleboro State VT Zip Code 05301 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 0003022 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	6	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	6														
200.00																							
Name of Employer Self Employed Occupation Fuel Dealer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1100.00</td> </tr> </table>		1100.00																					
1100.00																							

SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Anne L. Hauke

Mailing Address 817 Beaver Creek Road

City State Zip Code
Shelburne VT 05482

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

Name of Employer Occupation
housewife Housewife

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

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

Transaction ID: 0003023

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David Rochat

Mailing Address 24 Spear Road

City State Zip Code
Chelsea VT 05038

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

Name of Employer Occupation
Calvert Corporation Investments

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

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

Transaction ID: 0003025

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Paul E. Plunkett

Mailing Address 30 Oakledge Drive

City State Zip Code
Burlington VT 05401

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

Name of Employer Occupation
Best Effort Best Effort

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

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

Transaction ID: 0003028

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 / 119
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Paul Tippett, Jr.

Mailing Address 1462 Lake Road

City State Zip Code
Panton VT 05491

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: 0003032

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Carlotta Tippett

Mailing Address 1462 Lake Road

City State Zip Code
Panton VT 05491

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

Name of Employer Occupation
housewife Housewife

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

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

Transaction ID: 0003033

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Howard C. Haider

Mailing Address 56-47 189th Street

City State Zip Code
Fresh Meadows NY 11365

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

Name of Employer Occupation
Eagle Support Service Corp Project Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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

Transaction ID: 0003044

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Charles A. Cairns

Mailing Address 45 San Remo Drive
P.O. Box 2126

City State Zip Code
South Burlington VT 05407

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

Name of Employer Occupation
Champlain Oil Company Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

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

Transaction ID: 0003046

Amount of Each Receipt this Period
125.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Charles Zabriskie, Jr.

Mailing Address 22 Salem Street

City State Zip Code
Wellesley MA 02481

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

Name of Employer Occupation
self employed Consultant

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 0003049

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Scott Baldwin

Mailing Address 132 North Prospect Street

City State Zip Code
Burlington VT 05401

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

Name of Employer Occupation
Vermont Brokerage Services President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 0003051

Amount of Each Receipt this Period
700.00

Barbara Bush Event

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

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. James P. Chiasson

Mailing Address 156 Battery Street

City Burlington State VT Zip Code 05401

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

Name of Employer Intercontrol Inc Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: 0003052

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Scott Baldwin

Mailing Address 132 North Prospect Street

City Burlington State VT Zip Code 05401

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

Name of Employer Vermont Brokerage Services Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: 0003683

Amount of Each Receipt this Period
300.00

Barbara Bush Event

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

C. Full Name (Last, First, Middle Initial)
Mrs. Kelly Austin

Mailing Address 88 Deer Run

City Shelburne State VT Zip Code 05482

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

Name of Employer housewife Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: 0003057

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Richard J. Wilcox

Mailing Address 10 Deer Run Path

City Mendon State VT Zip Code 05701

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

Name of Employer Wilcox Pharmacy Occupation Pharmacist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: 0003067

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Leigh Phillips

Mailing Address 316 Popple Dungeon Road

City Charlotte State VT Zip Code 05445

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

Name of Employer self employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 346.39

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: 0003085

Amount of Each Receipt this Period
196.39

IN-KIND: Food/Beverage

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

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

Mailing Address Unknown

City Williston State VT Zip Code 05495

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

Name of Employer N/A Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 735.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: 0003086

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional)	526.39
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. Winston W. Hart		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 252 College Street		Transaction ID: 0003113
City Burlington State VT Zip Code 05401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Allen Agency Occupation Realtor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mrs. Dawn Hazelett		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 637 Marble Island Road P.O. Box 600		Transaction ID: 0003119
City Colchester State VT Zip Code 05446	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Superior Satellite Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Mr. Allen Avery		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address PO Box 326		Transaction ID: 0003122
City Fairlee State VT Zip Code 05045	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Avery Inns of Vermont Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Paul A. Steinman

Mailing Address 8 Chelsea Circle

City State Zip Code
South Burlington VT 05403

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

Name of Employer Occupation
Hayward Tile Manager

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

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

Transaction ID: 0003127

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gary N. Farrell

Mailing Address 1350 Spear Street

City State Zip Code
South Burlington VT 05403

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

Name of Employer Occupation
Doubletree Hotel Executive

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

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

Transaction ID: 0003128

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. David Hoopes

Mailing Address Loch Meadow Landgrove Road

City State Zip Code
Londonderry VT 05148

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

Name of Employer Occupation
retired Retired

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

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

Transaction ID: 0003134

Amount of Each Receipt this Period
100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Todd A. Eardensohn

Mailing Address Barbour Griffith & Rogers, LLC
1275 Penn Ave NW, Tenth Fl

City Washington State DC Zip Code 20004

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

Name of Employer Barbour Griffith & Rogers, LLC Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 0003137

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph Faulstich

Mailing Address 12 Quail Run

City South Burlington State VT Zip Code 05403

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: 0003145

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Staige Davis

Mailing Address 335 Morgan Drive

City Shelburne State VT Zip Code 05482

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

Name of Employer Lang Associates Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

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

Transaction ID: 0003154

Amount of Each Receipt this Period
200.00

Finance Committe FR

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Rita Goodrich

Mailing Address 7134 Williston Road

City Williston State VT Zip Code 05495

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

Name of Employer House Engineering Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

Transaction ID: 0003156

Amount of Each Receipt this Period
200.00

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

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

Mailing Address Unknown

City Williston State VT Zip Code 05495

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

Name of Employer N/A Occupation N/A

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 760.00

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

Transaction ID: 0003163

Amount of Each Receipt this Period
25.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Harvey M. Meyerhoff

Mailing Address 25 South Charles Street Ste. 2100

City Baltimore State MD Zip Code 21201

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 0003167

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Christopher R. Smith

Mailing Address 4 Oak Creek Drive

City State Zip Code
South Burlington VT 05403

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

Name of Employer Occupation
Hickock & Boardman Financial Planner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0003168

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Arnold Marek

Mailing Address 127 Moscow Road

City State Zip Code
Stowe VT 05672

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 0003169

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Raul Torano

Mailing Address 345 Harbor Lane

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Occupation
self employed Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 0003170

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Giles Vanderhoof

Mailing Address 7152 Cinnamon Drive

City State Zip Code
Sparks NV 89436

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

Name of Employer Occupation
State of Nevada Homeland Security Director

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

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: 0003212

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Judith Taylor

Mailing Address 797 Lower Hollow Road

City State Zip Code
Dorset VT 05251

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

Name of Employer Occupation
Retired Retired

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

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: 0003213

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Kathleen M. Conroy

Mailing Address 39 Beekman Place

City State Zip Code
Madison CT 06443

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

Name of Employer Occupation
housewife Housewife

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

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: 0003222

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. William R. Griffin

Mailing Address 537 Thompson Road

City State Zip Code
Shelburne VT 05482

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

Name of Employer Occupation
IBM Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 0003223

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Donald I. Gurney, Sr.

Mailing Address 8 Gurney Road

City State Zip Code
North Springfield VT 05150

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

Name of Employer Occupation
Gurney Brothers Construct- ion Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 0003233

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Elliot A. Baines

Mailing Address 360 Indian Harbor Road

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 0003235

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Eugene E. Richards

Mailing Address 168 Summit Street

City Burlington State VT Zip Code 05401

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 0003237

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Bruce Lisman

Mailing Address 923 5th Avenue, Apt 18-B

City New York State NY Zip Code 10021

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

Name of Employer Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: 0003250

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr David B. Hill

Mailing Address 111 East Shore North

City Grand Isle State VT Zip Code 05458

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2850.00

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

Transaction ID: 0003254

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2850.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Norma C. McAdams

Mailing Address 3206 NE US Grant Place

City Portland State OR Zip Code 97212

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

Name of Employer housewife Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

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

Transaction ID: 0003270-001

Amount of Each Receipt this Period
50.00

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

Earmarked through Women in the Senate and House

B. Full Name (Last, First, Middle Initial)
Mr. Ronald J. Calise

Mailing Address 4800 Basin Harbor Road

City Vergennes State VT Zip Code 05491

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

Name of Employer Lehman Brothers Occupation Investment Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0003273

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Theodore A. Parisi, Jr.

Mailing Address PO Box 297

City Castleton State VT Zip Code 05735

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 0003286

Amount of Each Receipt this Period
300.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Chris A. Robbins

Mailing Address 1576 Jamieson Road

City State Zip Code
Danville VT 05828

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0003307

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Patrick Henry

Mailing Address 4064 Harbor Road

City State Zip Code
Shelburne VT 05482

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

Name of Employer self employed Occupation
Investment Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

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

Transaction ID: 0003313

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Calvin R. Carver

Mailing Address PO Box 93

City State Zip Code
South Pomfret VT 05067

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

Name of Employer Retired Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 0003314

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Mervin K. Kaye

Mailing Address PO Box 415

City State Zip Code
St Albans Bay VT 05481

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

Name of Employer Occupation
Retired

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

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

Transaction ID: 0003317

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Norma R. Malone

Mailing Address 292 Phelps Road

City State Zip Code
Barre VT 05641

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

Name of Employer Occupation
Malone Associates Inc Business Manager

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

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

Transaction ID: 0003326

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert N. Waite

Mailing Address 15 Cody Road

City State Zip Code
Londonderry VT 05148

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

Name of Employer Occupation
Waite Associate Realty Realtor

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

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

Transaction ID: 0003344

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John C. Haley

Mailing Address 8 Deer Run Path

City Rutland State VT Zip Code 05701

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 0003357

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. J. Hugh Roff, Jr.

Mailing Address Roff Resources LLC
333 Clay Street, Suite 4300

City Houston State TX Zip Code 77002

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

Name of Employer Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 0003358

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John P. Fargis

Mailing Address 383 Madison Avenue

City New York State NY Zip Code 10179

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

Name of Employer Occupation Trader

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 0003359

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. George H. Schneeberger

Mailing Address 224 Staver Road

City Marlboro State VT Zip Code 05344

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

Name of Employer GS Precision Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 0003366

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Philip Briggs

Mailing Address 828 Ridgefield Road

City Shelburne State VT Zip Code 05482

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 0003366

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Marshall Simonds

Mailing Address 627 Bliss Hill Road

City Morrisville State VT Zip Code 05661

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 0003393

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. David Spaulding

Mailing Address 297 Tucker Hill Road

City State Zip Code
Norwich VT 05055

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

Name of Employer Dartmouth College Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 0003403

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Arthur E. Wegner

Mailing Address 223 Orchard Shore Road

City State Zip Code
Colchester VT 05446

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 0003409

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Hudson Holland, III

Mailing Address 77 General Greene Road

City State Zip Code
Charlotte VT 05445

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

Name of Employer Trak Sports USA Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 0003437

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Brian R. Carpenter

Mailing Address 749 East Munger Street

City Middlebury State VT Zip Code 05753

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

Name of Employer Champlain Valley Equipment Occupation General Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 0003488

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Karen Lewis

Mailing Address 5851 Upton Street

City McLean State VA Zip Code 22101

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

Name of Employer Southwest Airlines Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: 0003490-001

Amount of Each Receipt this Period
 250.00

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

Earmarked through Women in the Senate and House

C. Full Name (Last, First, Middle Initial)
Mr. William R. Hauke, Jr.

Mailing Address 9950 South Ocean Drive #703

City Jensen Beach State FL Zip Code 34957

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

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

Transaction ID: 0003537

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 119
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Full Name (Last, First, Middle Initial) Ms. Kathryn H. Lehman</p> <p>Mailing Address 1101 South Arlington Ridge Road No. 614</p> <p>City State Zip Code Arlington VA 22202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Holland & Knight Lawyer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: 0003582</p> <p>Amount of Each Receipt this Period 500.00 </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	6												

<p>B. Full Name (Last, First, Middle Initial) Mrs. Linda S. Jenckes</p> <p>Mailing Address 1136 Waverly Way</p> <p>City State Zip Code McLean VA 22101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Linda Jenckes & Associates Executive</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: 0003583</p> <p>Amount of Each Receipt this Period 250.00 </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	6												

<p>C. Full Name (Last, First, Middle Initial) Mr. William H. Skipper, Jr.</p> <p>Mailing Address 10200 Wendover Drive</p> <p>City State Zip Code Vienna VA 22181</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation American Business Development Group Executive</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: 0003585</p> <p>Amount of Each Receipt this Period 500.00 </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	6												

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Barbara L. McNeill

Mailing Address 1404 Danby Hill Road

City Danby State VT Zip Code 05739

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

Name of Employer Housewife Occupation Housewife

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 0003586

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. William Edward Senn

Mailing Address 314 Kentucky Avenue SE

City Washington State DC Zip Code 20003

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

Name of Employer Verizon Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 0003599

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Sue Andres

Mailing Address 6919 North 30th Street

City Arlington State VA Zip Code 22213

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

Name of Employer Union Pacific Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 0003600

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	47164.39

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: 0003117

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9117.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: 0003118

Amount of Each Receipt this Period
4117.00

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

C. Full Name (Last, First, Middle Initial)
Underhill Republican Committee

Mailing Address 23 Butler Road

City State Zip Code
Underhill VT 05489

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

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

Transaction ID: 0003252

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	9167.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Bachus Re-election

Mailing Address PO Box 59444

City Birmingham State AL Zip Code 35259

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 0003602

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	11167.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Women in the Senate and House

Full Name (Last, First, Middle Initial)
Mailing Address 333 North Fairfax Street
Suite 302

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1675.86

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2006

Transaction ID: 0002935

Amount of Each Receipt this Period
73.00

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

[MEMO ITEM]
EARMARKED

B. National Beer Wholesalers Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 King Street
Suite 600

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: 0002984

Amount of Each Receipt this Period
5000.00

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

C. The Badger Fund, Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 373

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 0003041

Amount of Each Receipt this Period
4000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 119
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Leadership Encouraging Excellence PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 2875 Towerview Road Suite 1000		Transaction ID: 0003042
City Herndon State VA Zip Code 20171	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Republican Main Street PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 1220 L Street NW Suite 100-263		Transaction ID: 0003153
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Barbour Griffith & Rogers PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1275 Pennsylvania Avenue NW		Transaction ID: 0003138
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	12100.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life Insurance Company PAC

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0003208

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Oral And Maxillofacial Surgery PAC

Mailing Address 9700 West Bryn Mawr Avenue

City State Zip Code
Rosemont IL 60018

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 0003249

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Women in the Senate and House

Mailing Address 333 North Fairfax Street
Suite 302

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1743.56

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

Transaction ID: 0003271

Amount of Each Receipt this Period
67.70

IN-KIND: Email Distribution Expenses
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2067.70
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 54 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Women in the Senate and House
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 North Fairfax Street
 Suite 302
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1743.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 6
Transaction ID: 0003270
 Amount of Each Receipt this Period
 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 EARMARKED

B. National Restaurants Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Seventeenth Street, NW
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 7 / 2 0 0 6
Transaction ID: 0003312
 Amount of Each Receipt this Period
 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Women in the Senate and House
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 North Fairfax Street
 Suite 302
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2001.46

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 7 / 2 0 0 6
Transaction ID: 0003491
 Amount of Each Receipt this Period
 257.90
 IN-KIND: Email Distribution Expenses
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5257.90**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Association of Builders & Contractors PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1300 17th Street N		Transaction ID: 0003398
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 10000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Penney PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 6501 Legacy Drive		Transaction ID: 0003440
City State Zip Code Plano TX 75024	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Prosperity PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address Prosperity PAC 429 N. Saint Asaph		Transaction ID: 0003441
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 3000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 119
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
AT&T Inc. PAC

Mailing Address 175 East Houston Rm. 7-A-50

City San Antonio State TX Zip Code 78205

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

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

Transaction ID: 0003487

Amount of Each Receipt this Period
3500.00

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

B. Full Name (Last, First, Middle Initial)
Women in the Senate and House

Mailing Address 333 North Fairfax Street Suite 302

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2001.46

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

Transaction ID: 0003490

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Build Pac

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

Transaction ID: 0003538

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. American Academy of Pediatric Dentistry PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 East Chicago Avenue
 Suite 700
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6
Transaction ID: 0003581
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. US Chamber of Commerce PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address US Chamber of Commerce PAC
 1615 H Street N.W.
 City Washington State DC Zip Code 20062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6
Transaction ID: 0003584
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Cole PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address Cole PAC
 12176 Chancery Station Circle
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6
Transaction ID: 0003589
 Amount of Each Receipt this Period
 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 58 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
John S. Fund

Mailing Address 1208 Leland Ave

City State Zip Code
Springfield IL 62707

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 0003590

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Every Republican Is Crucial PAC

Mailing Address 25 East Main Street
Suite 200

City State Zip Code
Richmond VA 23219

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: 0003591

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Longhorn PAC

Mailing Address 228 South Washington Street
Suite B-20

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

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

Transaction ID: 0003592

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address Texas Freedom Fund
104 East Hume Ave.

City Alexandria State VA Zip Code 22301

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

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

Transaction ID: 0003593

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address TOMPAC
P.O. Box 16488

City Arlington State VA Zip Code 22215

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: 0003594

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
WAL PAC

Mailing Address Wal Mart
575 7th Street NW

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: 0003595

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Trust PAC Team Republicans		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 228 South Washington Street Suite 115		Transaction ID: 0003596
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. National Association of Wholesale Distributors PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1725 K Street NW		Transaction ID: 0003597
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mike R Fund PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address Mike R Fund PAC P.O. Box 65796		Transaction ID: 0003598
City State Zip Code Springfield VA 22152	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00383422		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Professionals Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 8404 Indian Hills Drive		Transaction ID: 0003601
City State Zip Code Omaha NE 68114	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Waste Management PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address Waste Management 701 Pennsylvania Ave NW, Suite 590		Transaction ID: 0003603
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Continuing A Majority Party Action Committee		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 5915 Eastman Avenue Suite 100		Transaction ID: 0003618
City State Zip Code Midland MI 48640	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	82425.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Mrs. Judith Shailor</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 309 Westall Drive</p> <p>City Richmond State VT Zip Code 05477</p> <p>Purpose of Disbursement Cell Phone Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 0002828</p> <p>Date of Disbursement 08 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 73.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Credit Card Services</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1044</p> <p>City Brattleboro State VT Zip Code 05302</p> <p>Purpose of Disbursement Credit Card Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 0002831</p> <p>Date of Disbursement 08 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 3236.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. United States Postal Service</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Williston Post Office</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 0002831-001</p> <p>Date of Disbursement 07 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 78.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3310.31</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobile		Transaction ID: 0002831-002 Date of Disbursement 07 / 10 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 54.23	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ExxonMobile		Transaction ID: 0002831-003 Date of Disbursement 07 / 11 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 21.35	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hertz Equipment Rental		Transaction ID: 0002831-004 Date of Disbursement 07 / 11 / 2006	
Mailing Address Harvest Lane		Amount of Each Disbursement this Period 36.38	
City Williston State VT Zip Code 05495	Purpose of Disbursement Equipment Rental Candidate Name Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobile		Transaction ID: 0002831-005 Date of Disbursement 07 / 13 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 43.95	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	001 Category/Type	[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ExxonMobile		Transaction ID: 0002831-006 Date of Disbursement 07 / 14 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 3.70	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	001 Category/Type	[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ExxonMobile		Transaction ID: 0002831-007 Date of Disbursement 07 / 15 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 54.21	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	001 Category/Type	[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Kinkos Full Name (Last, First, Middle Initial) Mailing Address Main Street City Burlington State VT Zip Code 05401 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002831-008 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 236.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
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B. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002831-009 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 9.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
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C. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002831-010 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 35.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address Williston Road</p> <p>City South Burlington State VT Zip Code 05403</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002831-011</p> <p>Date of Disbursement 07 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 31.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>B. ExxonMobile</p> <p>Full Name (Last, First, Middle Initial) ExxonMobile</p> <p>Mailing Address Tafts Corners</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002831-012</p> <p>Date of Disbursement 07 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 15.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>C. ExxonMobile</p> <p>Full Name (Last, First, Middle Initial) ExxonMobile</p> <p>Mailing Address Tafts Corners</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002831-013</p> <p>Date of Disbursement 07 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 56.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address Williston Road City South Burlington State VT Zip Code 05403 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0002831-014 Date of Disbursement 07 / 20 / 2006 Amount of Each Disbursement this Period 39.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address Williston Road City South Burlington State VT Zip Code 05403 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0002831-015 Date of Disbursement 07 / 20 / 2006 Amount of Each Disbursement this Period 29.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

C. Continental Airlines Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address PO Box 4607 City Houston State TX Zip Code 77210 Purpose of Disbursement Candidate Airfare Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0002831-016 Date of Disbursement 07 / 12 / 2006 Amount of Each Disbursement this Period 380.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 002		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Budget Rent A Car</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Williston Road</p> <p>City South Burlington State VT Zip Code 05403</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002831-019</p> <p>Date of Disbursement</p> <p>07 / 23 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>276.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>B. ExxonMobile</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Tafts Corners</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002831-021</p> <p>Date of Disbursement</p> <p>07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>44.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>C. ExxonMobile</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Tafts Corners</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002831-022</p> <p>Date of Disbursement</p> <p>07 / 26 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>15.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0002831-023 Date of Disbursement 07 / 26 / 2006 Amount of Each Disbursement this Period 49.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

B. Pitney Bowes Full Name (Last, First, Middle Initial) Mailing Address PO Box 856042 City Louisville State KY Zip Code 40285 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0002831-024 Date of Disbursement 07 / 27 / 2006 Amount of Each Disbursement this Period 48.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

C. Staples Full Name (Last, First, Middle Initial) Mailing Address Williston Road City South Burlington State VT Zip Code 05403 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0002831-025 Date of Disbursement 07 / 27 / 2006 Amount of Each Disbursement this Period 51.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Budget Rent A Car		Transaction ID: 0002831-026 Date of Disbursement 07 / 31 / 2006
Mailing Address Williston Road		Amount of Each Disbursement this Period 1329.46
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Car Rental Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) B. ExxonMobile		Transaction ID: 0002831-027 Date of Disbursement 07 / 31 / 2006
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 18.13
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

Full Name (Last, First, Middle Initial) C. Hertz Equipment Rental		Transaction ID: 0002831-028 Date of Disbursement 07 / 27 / 2006
Mailing Address Harvest Lane		Amount of Each Disbursement this Period 12.84
City Williston State VT Zip Code 05495	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobile		Transaction ID: 0002831-029 Date of Disbursement 07 / 31 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 45.08	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) B. ExxonMobile		Transaction ID: 0002831-030 Date of Disbursement 08 / 03 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 59.06	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) C. ExxonMobile		Transaction ID: 0002831-031 Date of Disbursement 08 / 07 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 37.31	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Caledonia County GOP		Transaction ID: 0002816 Date of Disbursement 08 / 26 / 2006
Mailing Address 1640 B Main Street		Amount of Each Disbursement this Period 100.00
City St Johnsbury State VT Zip Code 05819	Purpose of Disbursement Booth Rental Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. The Townsend Group		Transaction ID: 0002829 Date of Disbursement 08 / 26 / 2006
Mailing Address 429 North Saint Asaph		Amount of Each Disbursement this Period 4921.88
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Acadia Insurance		Transaction ID: 0002823 Date of Disbursement 08 / 26 / 2006
Mailing Address PO Box 10159		Amount of Each Disbursement this Period 300.00
City Albany State NY Zip Code 12201-5159	Purpose of Disbursement Insurance Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5321.88
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. Adam Sherwin		Transaction ID: 0002824 Date of Disbursement 08 / 26 / 2006	
Mailing Address 49 College Street		Amount of Each Disbursement this Period 448.43	
City Burlington State VT Zip Code 05401	Purpose of Disbursement Mileage Reimbursement Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dawn Marie Servon		Transaction ID: 0002826 Date of Disbursement 08 / 26 / 2006	
Mailing Address 10 Chelsea Circle		Amount of Each Disbursement this Period 135.80	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Mileage Reimbursement Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Bruce Bailey		Transaction ID: 0002822 Date of Disbursement 08 / 26 / 2006	
Mailing Address PO Box 349		Amount of Each Disbursement this Period 18.36	
City Richmond State VT Zip Code 05477	Purpose of Disbursement Office Supplies Reimbursement Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	602.59
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Mr. Adam Sherwin Full Name (Last, First, Middle Initial) Mailing Address 49 College Street City Burlington State VT Zip Code 05401 Purpose of Disbursement Supplies Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002825 Date of Disbursement 08 / 26 / 2006 Amount of Each Disbursement this Period 95.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Pitney Bowes Full Name (Last, First, Middle Initial) Mailing Address PO Box 856042 City Louisville State KY Zip Code 40285 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002830 Date of Disbursement 08 / 26 / 2006 Amount of Each Disbursement this Period 244.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Automated Mailmen Full Name (Last, First, Middle Initial) Mailing Address 104 North Main Street City Beacon Falls State CT Zip Code 06403 Purpose of Disbursement Event Invitations/Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002815 Date of Disbursement 08 / 26 / 2006 Amount of Each Disbursement this Period 3337.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3678.22
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Minuteman Press		Transaction ID: 0002827 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6
Mailing Address 1197 Williston Road		Amount of Each Disbursement this Period 34.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Burlington State VT Zip Code 05403		
Purpose of Disbursement Printing Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SW Corner, LLC		Transaction ID: 0002819 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6
Mailing Address 2 Market Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Burlington State VT Zip Code 05403		
Purpose of Disbursement Rent Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Courtney Jacobs		Transaction ID: 0002818 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6
Mailing Address 85 Casey Lane		Amount of Each Disbursement this Period 108.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Williston State VT Zip Code 05495		
Purpose of Disbursement Travel Expenses Reimbursement Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1143.56
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Green Mountain Power		Transaction ID: 0002817 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 99.75
City Brattleboro State VT Zip Code 05302	Purpose of Disbursement Utilities Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Employer Medicare		Transaction ID: 0002964 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 171.72
City Burlington State VT Zip Code 05402	Purpose of Disbursement Employer Medicare Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Federal Unemployment Taxes		Transaction ID: 0002965 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 22.80
City Burlington State VT Zip Code 05402	Purpose of Disbursement Federal Unemployment Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	294.27
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Mr. Vilasa Campbell</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1852 A Kaloramo Road, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002953</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p>		

<p>B. Mr. Kevin M. Conroy</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 111 Hildred Drive</p> <p>City Burlington State VT Zip Code 05401</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002954</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1200.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p>		

<p>C. Courtney Jacobs</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 85 Casey Lane</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002955</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3250.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. Brendan McKenna		Transaction ID: 0002956 Date of Disbursement 09 / 01 / 2006	
Mailing Address 11 Kristen Court		Amount of Each Disbursement this Period 1625.00	
City Williston State VT Zip Code 05495	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Alex Rainville		Transaction ID: 0002957 Date of Disbursement 09 / 01 / 2006	
Mailing Address 85 Casey Lane		Amount of Each Disbursement this Period 400.00	
City Williston State VT Zip Code 05495	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Nathan M. Rice		Transaction ID: 0002958 Date of Disbursement 09 / 01 / 2006	
Mailing Address 254 Twin Oaks Terrace		Amount of Each Disbursement this Period 2000.00	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4025.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Dawn Marie Servon		Transaction ID: 0002959 Date of Disbursement 09 / 01 / 2006	
Mailing Address 10 Chelsea Circle		Amount of Each Disbursement this Period 1200.00	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Mrs. Judith Shailor		Transaction ID: 0002960 Date of Disbursement 09 / 01 / 2006	
Mailing Address 309 Westall Drive		Amount of Each Disbursement this Period 1667.00	
City Richmond State VT Zip Code 05477	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Mr. Adam Sherwin		Transaction ID: 0002961 Date of Disbursement 09 / 01 / 2006	
Mailing Address 49 College Street		Amount of Each Disbursement this Period 1200.00	
City Burlington State VT Zip Code 05401	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	4067.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Mr. Christopher Stewart Full Name (Last, First, Middle Initial) Mailing Address PO Box 613 City Brattleboro State VT Zip Code 05301 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002962 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Chittenden Bank Full Name (Last, First, Middle Initial) Mailing Address PO Box 820 City Burlington State VT Zip Code 05402 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002952 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 48.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Internal Revenue Service Full Name (Last, First, Middle Initial) Mailing Address PO Box 820 City Burlington State VT Zip Code 05402 Purpose of Disbursement Employer Social Security Candidate Name Martha T. Rainville Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002963 Date of Disbursement 09 / 01 / 2006 Amount of Each Disbursement this Period 734.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1282.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. VT Department of Taxes		Transaction ID: 0002966 Date of Disbursement 09 / 01 / 2006	
Mailing Address PO Box 488		Amount of Each Disbursement this Period 28.50	
City Montpelier State VT Zip Code 05601	Purpose of Disbursement VT Department of Taxes-Unemployment Tax Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Mr. Nathan M. Rice		Transaction ID: 0002940 Date of Disbursement 09 / 02 / 2006	
Mailing Address 254 Twin Oaks Terrace		Amount of Each Disbursement this Period 175.58	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Cell Phone Reimbursement Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Exterus		Transaction ID: 0002941 Date of Disbursement 09 / 02 / 2006	
Mailing Address 4750 Shelburne Road, Suite 10		Amount of Each Disbursement this Period 287.50	
City Shelburne State VT Zip Code 05482	Purpose of Disbursement I/T Expenses Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶

491.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Exterus</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4750 Shelburne Road, Suite 10</p> <p>City Shelburne State VT Zip Code 05482</p> <p>Purpose of Disbursement Equipment Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002942</p> <p>Date of Disbursement</p> <p>09 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>265.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Stevens Reed Curcio & Potholm</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 305 Cameron Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Media Production Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002951</p> <p>Date of Disbursement</p> <p>09 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>C. Mr. Nathan M. Rice</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 254 Twin Oaks Terrace</p> <p>City South Burlington State VT Zip Code 05403</p> <p>Purpose of Disbursement Health Insurance Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0002939</p> <p>Date of Disbursement</p> <p>09 / 02 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1256.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2896.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. Alex Rainville		Transaction ID: 0002943 Date of Disbursement 09 / 02 / 2006	
Mailing Address 85 Casey Lane		Amount of Each Disbursement this Period 562.60	
City Williston State VT Zip Code 05495	Purpose of Disbursement Mileage Reimbursements Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Brendan McKenna		Transaction ID: 0002947 Date of Disbursement 09 / 02 / 2006	
Mailing Address 11 Kristen Court		Amount of Each Disbursement this Period 95.55	
City Williston State VT Zip Code 05495	Purpose of Disbursement Mileage Reimbursement Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Alex Rainville		Transaction ID: 0002944 Date of Disbursement 09 / 02 / 2006	
Mailing Address 85 Casey Lane		Amount of Each Disbursement this Period 74.46	
City Williston State VT Zip Code 05495	Purpose of Disbursement Supplies Reimbursement Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	732.61
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Ms. Martha Rainville Full Name (Last, First, Middle Initial) Mailing Address 85 Casey Lane City Williston State VT Zip Code 05495 Purpose of Disbursement Travel Expenses Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002946 Date of Disbursement 09 / 02 / 2006 Amount of Each Disbursement this Period 290.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Villanti & Sons Printing Full Name (Last, First, Middle Initial) Mailing Address 15 Catamount Drive City Milton State VT Zip Code 05468 Purpose of Disbursement Primary Post Card Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002938 Date of Disbursement 09 / 02 / 2006 Amount of Each Disbursement this Period 2040.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. DISH Network Full Name (Last, First, Middle Initial) Mailing Address PO Box 4034 City Woburn State MA Zip Code 01888 Purpose of Disbursement Television Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002948 Date of Disbursement 09 / 02 / 2006 Amount of Each Disbursement this Period 48.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2378.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Ms. Martha Rainville Full Name (Last, First, Middle Initial) Ms. Martha Rainville Mailing Address 85 Casey Lane City Williston State VT Zip Code 05495 Purpose of Disbursement Airfare Reimbursement Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002945 Date of Disbursement 09 / 02 / 2006 Amount of Each Disbursement this Period 748.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Vermont Gas Systems Full Name (Last, First, Middle Initial) Vermont Gas Systems Mailing Address PO Box 467 City Burlington State VT Zip Code 05402 Purpose of Disbursement Utilities Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002949 Date of Disbursement 09 / 02 / 2006 Amount of Each Disbursement this Period 21.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Williston Water Department Full Name (Last, First, Middle Initial) Williston Water Department Mailing Address PO Box 1372 City Williston State VT Zip Code 05495 Purpose of Disbursement Utilities Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0002950 Date of Disbursement 09 / 02 / 2006 Amount of Each Disbursement this Period 176.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	946.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Moby Dick Airways, Ltd		Transaction ID: 0003100 Date of Disbursement 09 / 05 / 2006	
Mailing Address PO Box 77518		Amount of Each Disbursement this Period 7475.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement Barbara Bush VT Travel Expenses Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Martha Rainville		Transaction ID: 0003101 Date of Disbursement 09 / 05 / 2006	
Mailing Address 85 Casey Lane		Amount of Each Disbursement this Period 881.49	
City Williston State VT Zip Code 05495	Purpose of Disbursement Travel Expenses Reimbursement Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stevens Reed Curcio & Potholm		Transaction ID: 0003105 Date of Disbursement 09 / 06 / 2006	
Mailing Address 305 Cameron Street		Amount of Each Disbursement this Period 3680.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Advertising Candidate Name	Category/Type 004 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	12036.49
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Chittenden Bank		Transaction ID: 0003678 Date of Disbursement 09 / 07 / 2006
Mailing Address PO Box 820		Amount of Each Disbursement this Period 20.00
City Burlington State VT Zip Code 05402	Purpose of Disbursement Credit Card Transaction Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mr. Rob Trubia		Transaction ID: 0003102 Date of Disbursement 09 / 08 / 2006
Mailing Address 4 Ovitt Drive		Amount of Each Disbursement this Period 539.00
City Fairfax State VT Zip Code 05454	Purpose of Disbursement Event Photography Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mrs. Leigh Phillips		Transaction ID: 0003085-IK Date of Disbursement 09 / 11 / 2006
Mailing Address 316 Popple Dungeon Road		Amount of Each Disbursement this Period 196.39
City Charlotte State VT Zip Code 05445	Purpose of Disbursement IN-KIND: Food/Beverage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(contributor) In-Kind Rec- eived

SUBTOTAL of Disbursements This Page (optional) ▶	755.39
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. PMI, Inc Full Name (Last, First, Middle Initial) Mailing Address PO Box 698 City Marianna State FL Zip Code 32447 Purpose of Disbursement Automated Calls Candidate Name		Transaction ID: 0003104 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 84.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B. ProForma Full Name (Last, First, Middle Initial) Mailing Address PO Box 640814 City Cincinnati State OH Zip Code 45262 Purpose of Disbursement Campaign Collaterals Candidate Name		Transaction ID: 0003107 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 955.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Sheraton Hotel Conference Center Full Name (Last, First, Middle Initial) Mailing Address 870 Williston Road City South Burlington State VT Zip Code 05403 Purpose of Disbursement Event Space Rental Fee Candidate Name		Transaction ID: 0003108 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 2384.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	3423.91
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Sound Vision		Transaction ID: 0003106 Date of Disbursement 09 / 11 / 2006	
Mailing Address 277 Pine Street, Suite 7		Amount of Each Disbursement this Period 1858.00	
City Burlington State VT Zip Code 05401	Purpose of Disbursement Audio Visual Event Expenses Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Bruce Bailey		Transaction ID: 0003103 Date of Disbursement 09 / 11 / 2006	
Mailing Address PO Box 349		Amount of Each Disbursement this Period 63.23	
City Richmond State VT Zip Code 05477	Purpose of Disbursement Office Supplies Reimbursement Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 0003109 Date of Disbursement 09 / 11 / 2006	
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 240.62	
City Tucson State AZ Zip Code 85731	Purpose of Disbursement Phones Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2161.85
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Chittenden Bank		Transaction ID: 0003679 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 61.60
City Burlington State VT Zip Code 05402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stevens Reed Curcio & Potholm		Transaction ID: 0003179 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 305 Cameron Street		Amount of Each Disbursement this Period 42270.00
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chittenden Bank		Transaction ID: 0003192 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 20.00
City Burlington State VT Zip Code 05402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Transaction Fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	42351.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial) Mr. Kevin M. Conroy		Transaction ID: 0003177 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 111 Hildred Drive		Amount of Each Disbursement this Period 662.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burlington State VT Zip Code 05401	Purpose of Disbursement Mileage Reimbursements Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B. Full Name (Last, First, Middle Initial) Mr. Vilasa Campbell		Transaction ID: 0003178 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1852 A Kaloramo Road, NW		Amount of Each Disbursement this Period 525.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20009	Purpose of Disbursement Mileage Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) Employer Medicare		Transaction ID: 0003205 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 171.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burlington State VT Zip Code 05402	Purpose of Disbursement Employer Medicare Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	1359.13
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Federal Unemployment Taxes		Transaction ID: 0003207 Date of Disbursement 09 / 15 / 2006	
Mailing Address PO Box 820		Amount of Each Disbursement this Period 22.80	
City Burlington State VT Zip Code 05402	Purpose of Disbursement Federal Unemployment Taxes Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. Mr. Vilasa Campbell		Transaction ID: 0003194 Date of Disbursement 09 / 15 / 2006	
Mailing Address 1852 A Kalorama Road, NW		Amount of Each Disbursement this Period 1300.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement Payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. Mr. Kevin M. Conroy		Transaction ID: 0003195 Date of Disbursement 09 / 15 / 2006	
Mailing Address 111 Hildred Drive		Amount of Each Disbursement this Period 1200.00	
City Burlington State VT Zip Code 05401	Purpose of Disbursement Payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	2522.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Courtney Jacobs Full Name (Last, First, Middle Initial) Mailing Address 85 Casey Lane City Williston State VT Zip Code 05495 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003196 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mr. Brendan McKenna Full Name (Last, First, Middle Initial) Mailing Address 11 Kristen Court City Williston State VT Zip Code 05495 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003197 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 1625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Mr. Alex Rainville Full Name (Last, First, Middle Initial) Mailing Address 85 Casey Lane City Williston State VT Zip Code 05495 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003198 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2775.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. Nathan M. Rice		Transaction ID: 0003199 Date of Disbursement 09 / 15 / 2006	
Mailing Address 254 Twin Oaks Terrace		Amount of Each Disbursement this Period 2000.00	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Dawn Marie Servon		Transaction ID: 0003200 Date of Disbursement 09 / 15 / 2006	
Mailing Address 10 Chelsea Circle		Amount of Each Disbursement this Period 1200.00	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Mrs. Judith Shailor		Transaction ID: 0003201 Date of Disbursement 09 / 15 / 2006	
Mailing Address 309 Westall Drive		Amount of Each Disbursement this Period 1667.00	
City Richmond State VT Zip Code 05477	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	4867.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Mr. Adam Sherwin Full Name (Last, First, Middle Initial) Mailing Address 49 College Street City Burlington State VT Zip Code 05401 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003202 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mr. Christopher Stewart Full Name (Last, First, Middle Initial) Mailing Address PO Box 613 City Brattleboro State VT Zip Code 05301 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003203 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Chittenden Bank Full Name (Last, First, Middle Initial) Mailing Address PO Box 820 City Burlington State VT Zip Code 05402 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003193 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 46.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1746.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: 0003204 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 820		Amount of Each Disbursement this Period 734.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burlington	State VT	
Zip Code 05402	Purpose of Disbursement Employer Social Security Category/Type 001	
Candidate Name Martha T. Rainville	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VT District: 1	

Full Name (Last, First, Middle Initial) B. VT Department of Taxes		Transaction ID: 0003206 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 488		Amount of Each Disbursement this Period 28.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Montpelier	State VT	
Zip Code 05601	Purpose of Disbursement VT Department of Taxes-Unemployment Tax Category/Type 001	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Chittenden Bank		Transaction ID: 0003191 Date of Disbursement 09 / 16 / 2006
Mailing Address PO Box 820		Amount of Each Disbursement this Period 126.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burlington	State VT	
Zip Code 05402	Purpose of Disbursement Credit Card Transaction Fee Category/Type 001	
Candidate Name	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	888.82
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. ProForma Full Name (Last, First, Middle Initial) Mailing Address PO Box 640814 City Cincinnati State OH Zip Code 45262 Purpose of Disbursement Campaign lawn signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003188 Date of Disbursement 09 / 16 / 2006 Amount of Each Disbursement this Period 8253.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Stevens Reed Curcio & Potholm Full Name (Last, First, Middle Initial) Mailing Address 305 Cameron Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Media Production Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003182 Date of Disbursement 09 / 16 / 2006 Amount of Each Disbursement this Period 458.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Stevens Reed Curcio & Potholm Full Name (Last, First, Middle Initial) Mailing Address 305 Cameron Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Media Production Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003183 Date of Disbursement 09 / 16 / 2006 Amount of Each Disbursement this Period 6640.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	15351.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 0003186 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 481.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85731	Purpose of Disbursement Internet Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Mailing System		Transaction ID: 0003190 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 15 Catamount Drive		Amount of Each Disbursement this Period 321.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milton State VT Zip Code 05468	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Villanti & Sons Printing		Transaction ID: 0003189 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6
Mailing Address 15 Catamount Drive		Amount of Each Disbursement this Period 854.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milton State VT Zip Code 05468	Purpose of Disbursement Postcard Mailing Expense Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1657.51
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Courtney Jacobs Full Name (Last, First, Middle Initial) Mailing Address 85 Casey Lane City Williston State VT Zip Code 05495 Purpose of Disbursement Travel Expenses Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003180 Date of Disbursement 09 / 16 / 2006 Amount of Each Disbursement this Period 186.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mr. Bruce Bailey Full Name (Last, First, Middle Initial) Mailing Address PO Box 349 City Richmond State VT Zip Code 05477 Purpose of Disbursement Mileage Reimbursements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003181 Date of Disbursement 09 / 16 / 2006 Amount of Each Disbursement this Period 87.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Dawn Marie Servon Full Name (Last, First, Middle Initial) Mailing Address 10 Chelsea Circle City South Burlington State VT Zip Code 05403 Purpose of Disbursement Travel Expenses Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003187 Date of Disbursement 09 / 16 / 2006 Amount of Each Disbursement this Period 158.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	431.93
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. CDP Solutions, LLC		Transaction ID: 0003184 Date of Disbursement 09 / 16 / 2006
Mailing Address PO Box 253		Amount of Each Disbursement this Period 969.99
City Burlington State VT Zip Code 05402	Purpose of Disbursement Website Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Union Street Media		Transaction ID: 0003185 Date of Disbursement 09 / 16 / 2006
Mailing Address 444 South Union Street		Amount of Each Disbursement this Period 120.00
City Burlington State VT Zip Code 05401	Purpose of Disbursement Website Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Women in the Senate and House		Transaction ID: 0003271-IK Date of Disbursement 09 / 22 / 2006
Mailing Address 333 North Fairfax Street Suite 302		Amount of Each Disbursement this Period 67.70
City Alexandria State VA Zip Code 22314	Purpose of Disbursement IN-KIND: Email Distribution Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (contributor) In-Kind Received
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1157.69
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. PMI, Inc		Transaction ID: 0003282 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 698		Amount of Each Disbursement this Period 923.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marianna State FL Zip Code 32447	Purpose of Disbursement Automated Calls Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Credit Card Services		Transaction ID: 0003279 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 1044		Amount of Each Disbursement this Period 3173.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brattleboro State VT Zip Code 05302	Purpose of Disbursement Credit Card Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 0003279-003 Date of Disbursement 09 / 25 / 2006
Mailing Address Williston Post Office		Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Williston State VT Zip Code 05495	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

[MEMO ITEM]
MEMO

SUBTOTAL of Disbursements This Page (optional) ▶	4097.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial) ExxonMobile		Transaction ID: 0003279-004 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 2.19	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	

B. Full Name (Last, First, Middle Initial) ExxonMobile		Transaction ID: 0003279-005 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 55.54	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	

C. Full Name (Last, First, Middle Initial) Fed Ex		Transaction ID: 0003279-006 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 6	
Mailing Address Taft Corners		Amount of Each Disbursement this Period 28.56	
City Williston State VT Zip Code 05495	Purpose of Disbursement Postage Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobile		Transaction ID: 0003279-007 Date of Disbursement 08 / 14 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 58.45	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 0003279-011 Date of Disbursement 08 / 16 / 2006	
Mailing Address Williston Road		Amount of Each Disbursement this Period 34.23	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ExxonMobile		Transaction ID: 0003279-014 Date of Disbursement 08 / 19 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 53.99	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] MEMO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 0003279-016 Date of Disbursement 08 / 22 / 2006	
Mailing Address Williston Road		Amount of Each Disbursement this Period 4.77	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 0003279-017 Date of Disbursement 08 / 22 / 2006	
Mailing Address 400 East Sky Harbor Blvd		Amount of Each Disbursement this Period 772.10	
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Travel Expenses Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) C. ExxonMobile		Transaction ID: 0003279-019 Date of Disbursement 08 / 23 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 8.99	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobile		Transaction ID: 0003279-020 Date of Disbursement 08 / 23 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 7.98	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) B. ExxonMobile		Transaction ID: 0003279-021 Date of Disbursement 08 / 24 / 2006	
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 57.72	
City Williston State VT Zip Code 05495	Purpose of Disbursement Gas Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	

Full Name (Last, First, Middle Initial) C. Pitney Bowes		Transaction ID: 0003279-022 Date of Disbursement 08 / 26 / 2006	
Mailing Address PO Box 856042		Amount of Each Disbursement this Period 48.25	
City Louisville State KY Zip Code 40285	Purpose of Disbursement Postage Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Fed Ex Full Name (Last, First, Middle Initial) Mailing Address Taft Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0003279-023 Date of Disbursement 08 / 27 / 2006 Amount of Each Disbursement this Period 20.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

B. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address Williston Post Office City Williston State VT Zip Code 05495 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0003279-024 Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 4.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

C. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0003279-025 Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 17.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0003279-026 Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 41.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

B. Staples Full Name (Last, First, Middle Initial) Mailing Address Williston Road City South Burlington State VT Zip Code 05403 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0003279-027 Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 10.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

C. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address Williston Post Office City Williston State VT Zip Code 05495 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 0003279-028 Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 14.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Budget Rent A Car Full Name (Last, First, Middle Initial) Mailing Address Williston Road City South Burlington State VT Zip Code 05403 Purpose of Disbursement Car Rental Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003279-029 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 1329.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
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B. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003279-030 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 59.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
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C. ExxonMobile Full Name (Last, First, Middle Initial) Mailing Address Tafts Corners City Williston State VT Zip Code 05495 Purpose of Disbursement Gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003279-031 Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 4.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 0003279-032 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Williston Post Office		Amount of Each Disbursement this Period 14.40
City Williston State VT Zip Code 05495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	001 Category/Type	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 0003279-033 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address Williston Road		Amount of Each Disbursement this Period 69.29
City South Burlington State VT Zip Code 05403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ExxonMobile		Transaction ID: 0003279-034 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address Tafts Corners		Amount of Each Disbursement this Period 55.16
City Williston State VT Zip Code 05495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gas Candidate Name	001 Category/Type	[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial)
Sheraton Hotel Conference Center

Mailing Address 870 Williston Road

City South Burlington State VT Zip Code 05403

Purpose of Disbursement Event Space Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: 0003281
Date of Disbursement: 09 / 25 / 2006

Amount of Each Disbursement this Period: 558.72

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

Category/Type: 003

B. Full Name (Last, First, Middle Initial)
Stevens Reed Curcio & Potholm

Mailing Address 305 Cameron Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Film Crew Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: 0003284
Date of Disbursement: 09 / 25 / 2006

Amount of Each Disbursement this Period: 10199.03

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

Category/Type: 002

C. Full Name (Last, First, Middle Initial)
Mr. Brendan McKenna

Mailing Address 11 Kristen Court

City Williston State VT Zip Code 05495

Purpose of Disbursement Mileage Reimbursements

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: 0003280
Date of Disbursement: 09 / 25 / 2006

Amount of Each Disbursement this Period: 161.51

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

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ► 10919.26

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Mr. Bruce Bailey Full Name (Last, First, Middle Initial) Mailing Address PO Box 349 City Richmond State VT Zip Code 05477 Purpose of Disbursement Office Supplies Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003277 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 18.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

B. Public Opinion Strategies Full Name (Last, First, Middle Initial) Mailing Address 214 North Fayette Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Polling Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003283 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 6150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. SW Corner, LLC Full Name (Last, First, Middle Initial) Mailing Address 2 Market Street City South Burlington State VT Zip Code 05403 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003278 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	7168.36
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Women in the Senate and House		Transaction ID: 0003491-IK Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 333 North Fairfax Street Suite 302		Amount of Each Disbursement this Period 257.90
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IN-KIND: Email Distribution Expenses Candidate Name		(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Chittenden Bank		Transaction ID: 0003680 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 29.20
City Burlington State VT Zip Code 05402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name		(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 0003443 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address Williston Post Office		Amount of Each Disbursement this Period 200.00
City Williston State VT Zip Code 05495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name		(contributor) In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	487.10
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Chittenden Bank		Transaction ID: 0003676 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 106.70
City Burlington State VT Zip Code 05402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Transaction Fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Employer Medicare		Transaction ID: 0003473 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 171.71
City Burlington State VT Zip Code 05402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employer Medicare Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Unemployment Taxes		Transaction ID: 0003475 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 820		Amount of Each Disbursement this Period 22.80
City Burlington State VT Zip Code 05402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Federal Unemployment Taxes Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	301.21
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

<p>A. Mr. Vilasa Campbell</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1852 A Kalorama Road, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0003462</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Mr. Kevin M. Conroy</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 111 Hildred Drive</p> <p>City Burlington State VT Zip Code 05401</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0003463</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1200.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>C. Courtney Jacobs</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 85 Casey Lane</p> <p>City Williston State VT Zip Code 05495</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 0003464</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3250.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Full Name (Last, First, Middle Initial) Mr. Brendan McKenna		Transaction ID: 0003465 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 11 Kristen Court		Amount of Each Disbursement this Period 1625.00	
City Williston State VT Zip Code 05495	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Alex Rainville		Transaction ID: 0003466 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 85 Casey Lane		Amount of Each Disbursement this Period 400.00	
City Williston State VT Zip Code 05495	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. Nathan M. Rice		Transaction ID: 0003467 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 254 Twin Oaks Terrace		Amount of Each Disbursement this Period 2000.00	
City South Burlington State VT Zip Code 05403	Purpose of Disbursement Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4025.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

A. Dawn Marie Servon Full Name (Last, First, Middle Initial) Mailing Address 10 Chelsea Circle City South Burlington State VT Zip Code 05403 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003468 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Mrs. Judith Shailor Full Name (Last, First, Middle Initial) Mailing Address 309 Westall Drive City Richmond State VT Zip Code 05477 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003469 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 1667.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Mr. Adam Sherwin Full Name (Last, First, Middle Initial) Mailing Address 49 College Street City Burlington State VT Zip Code 05401 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 0003470 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	4067.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial) A. Mr. Christopher Stewart		Transaction ID: 0003471 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 613		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brattleboro State VT Zip Code 05301	001 Category/Type	
Purpose of Disbursement Payroll Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Chittenden Bank		Transaction ID: 0003461 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 820		Amount of Each Disbursement this Period 46.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burlington State VT Zip Code 05402	001 Category/Type	
Purpose of Disbursement Payroll Services Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Transaction ID: 0003472 Date of Disbursement 09 / 29 / 2006
Mailing Address PO Box 820		Amount of Each Disbursement this Period 734.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burlington State VT Zip Code 05402	001 Category/Type	
Purpose of Disbursement Employer Social Security Candidate Name Martha T. Rainville		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	1281.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Martha Rainville for Congress

Full Name (Last, First, Middle Initial)

A. VT Department of Taxes

Mailing Address PO Box 488

City Montpelier State VT Zip Code 05601

Purpose of Disbursement
VT Department of Taxes-Unemployment Tax

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 0003474

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

28.50

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

SUBTOTAL of Disbursements This Page (optional)

28.50

TOTAL This Period (last page this line number only)

163532.41

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 119 / 119 FOR LINE NUMBER: (check only one) <table style="float: right; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">13a</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">13b</td> </tr> </table>		13a		13b
	13a				
	13b				

NAME OF COMMITTEE (In Full)
 Martha Rainville for Congress

Transaction ID: 17-1

LOAN SOURCE Full Name (Last, First, Middle Initial) Martha Rainville (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 85 Casey Lane	
City Williston State VT ZIP Code 05495	

Original Amount of Loan 4000.00	Cumulative Payment To Date 4000.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>2</td><td>3</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y	0	8	2	3	2	0	0	5	on demand	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	8	2	3	2	0	0	5												

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text" value="0.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	