

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

JeanHayBright.US

ADDRESS (number and street)

4262 Kennebec Rd

Check if different than previously reported. (ACC)

Dixmont

ME

04932 - 3643

2. FEC IDENTIFICATION NUMBER

C00411504

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

ME

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:

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06 / 13 / 2006

in the State of

ME

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

General (30G)

Runoff (30R)

Special (30S)

Election on

/ /

in the State of

5. Covering Period

04 / 01 / 2006

through

05 / 24 / 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 David L. Bright

Signature of Treasurer

Date

05 / 27 / 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

Write or Type Committee Name

JeanHayBright.US

Report Covering the Period: From: **04** / **01** / **2006** To: **05** / **24** / **2006**

	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))....	6,445.00	21,209.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6,445.00	21,209.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6,583.03	28,931.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	14.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6,583.03	28,916.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3,310.89	
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).....	11,009.36	

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

JeanHayBright.US

Report Covering the Period: From: 04 / 01 / 2006 To: 05 / 24 / 2006

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).....	3,010.00	6,130.00
(ii) Unitemized.....	3,435.00	12,976.38
(iii) TOTAL of contributions from individuals ▶	6,445.00	19,106.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	2,102.98
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6,445.00	21,209.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2,788.76	11,509.36
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2,788.76	11,509.36
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	14.95
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	8.64
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9,233.76	32,742.31

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6,583.03	28,931.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	500.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6,853.02	29,431.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	660.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9,233.76
25. SUBTOTAL (add Line 23 and Line 24).....	9,893.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6,853.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3,310.89

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 1 OF 5

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) **JeanHayBright.US**

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

Mailing Address
608 Neck Rd

City **China** State **ME** Zip Code **04358**

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

Name of Employer **U.S. Dept. Veterans Affairs** Occupation **physician**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **3 0 0 0 . 0 0**

Date of Receipt **05 / 13 / 2006**

Amount of Each Receipt this Period **3 0 0 . 0 0**

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

B. Full Name (Last, First, Middle Initial)
Hacker, Kathleen

Mailing Address
55 Summer Street

City **Kennebunk** State **ME** Zip Code **04043**

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

Name of Employer **self** Occupation **unemployed**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **1, 2 0 0 . 0 0**

Date of Receipt **05 / 02 / 2006**

Amount of Each Receipt this Period **1 0 0 . 0 0**

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

C. Full Name (Last, First, Middle Initial)
Hay, Olga

Mailing Address
7140 Locust Ave #6

City **Boardman** State **OH** Zip Code **44512**

FEC ID number of contributing federal political committee. **C 4 5 0 . 0 0**

Name of Employer **self** Occupation **homemaker**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **4 5 0 . 0 0**

Date of Receipt **04 / 14 / 2006**

Amount of Each Receipt this Period **2 5 0 . 0 0**

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

SUBTOTAL of Receipts This Page (optional) ▶ **6 5 0 . 0 0**

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

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

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

FOR LINE NUMBER: PAGE 2 OF 5
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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) **JeanHayBright.US**

A. Full Name (Last, First, Middle Initial)
Krantz, Roy D.

Mailing Address
59 McBride St

City State Zip Code
Jamacia Plain MA 02130

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

Name of Employer Occupation
self housing consultant

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5 0 0 . 0 0

Date of Receipt
04 / 21 / 2006

Amount of Each Receipt this Period
2 0 0 . 0 0

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

B. Full Name (Last, First, Middle Initial)
Pease, Carl

Mailing Address
6 Elm St W

City State Zip Code
ME 04444

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

Name of Employer Occupation
Town of Windsor Town Manager

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3 0 0 . 0 0

Date of Receipt
04 / 06 / 2006

Amount of Each Receipt this Period
5 0 . 0 0

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

C. Full Name (Last, First, Middle Initial)
Pease, Carl

Mailing Address
6 Elm St W

City State Zip Code
Hampden ME 04444

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

Name of Employer Occupation
Town of Windsor Town Manager

Receipt For: Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3 5 0 . 0 0

Date of Receipt
05 / 01 / 2006

Amount of Each Receipt this Period
5 0 . 0 0

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **3 0 0 . 0 0**

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

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 3 OF 5

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) **JeanHayBright.US**

A. Full Name (Last, First, Middle Initial)
Potter, Duncan

Mailing Address
26 Waterhouse Rd

City **Cape Elizabeth** State **ME** Zip Code **04107**

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

Name of Employer **Diacon Corp** Occupation **engineer/business owner**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ **5 0 0 0 . 0 0**

Date of Receipt **05 / 22 / 2006**

Amount of Each Receipt this Period **5 0 0 . 0 0**

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

B. Full Name (Last, First, Middle Initial)
Sanford, Jane

Mailing Address
57 High St

City **Belfast** State **ME** Zip Code **04915**

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

Name of Employer **self** Occupation **retired**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ **2 5 0 0 . 0 0**

Date of Receipt **05 / 12 / 2006**

Amount of Each Receipt this Period **1 0 0 . 0 0**

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

C. Full Name (Last, First, Middle Initial)
Sapp, Judith

Mailing Address
111 West st.

City **Portland** State **ME** Zip Code **04102**

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

Name of Employer **Komondorok LLC** Occupation **attorney**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ **2 5 0 0 . 0 0**

Date of Receipt **04 / 05 / 2006**

Amount of Each Receipt this Period **2 5 0 . 0 0**

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **8 5 0 . 0 0**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Jean Hay Bright		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period <input type="text" value="1,271.91"/>
City Dixmont	State ME	
Zip Code 04932		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement March travel expenses	Category/Type <input type="text" value="002"/>	
Candidate Name Jean Hay Bright		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Jean Hay Bright		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period <input type="text" value="1,516.85"/>
City Dixmont	State ME	
Zip Code 04932		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement April travel expenses	Category/Type <input type="text" value="002"/>	
Candidate Name Jean Hay Bright		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Act Blue (three transactions in this reporting period)		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
Mailing Address PO Box 382110		Amount of Each Disbursement this Period <input type="text" value="8.81"/>
City Cambridge	State MA	
Zip Code 02238		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement fee for handling on-line contributions	Category/Type <input type="text" value="003"/>	
Candidate Name Jean Hay Bright		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2,797.57"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 5 OF 5
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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) **JeanHayBright.US**

A. Full Name (Last, First, Middle Initial)
Wathen, Marc

Mailing Address
9 Myrtle St

City State Zip Code
Augusta ME 04330

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

Name of Employer Occupation
Education and Manpower teacher

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2 6 4 . 0 0

Date of Receipt
05 / 01 / 2006

Amount of Each Receipt this Period
5 0 . 0 0

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional) ▶ **5 0 . 0 0**

TOTAL This Period (last page this line number only) ▶ **3 , 0 1 0 . 0 0**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial) A. David L. Bright		Date of Disbursement 05 / 10 / 2006
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period 6.00
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement reimbursement for postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

Full Name (Last, First, Middle Initial) B. Postmaster Dixmont		Date of Disbursement 05 / 11 / 2006
Mailing Address Western Ave		Amount of Each Disbursement this Period 20.10
City Dixmont	State Zip Code ME 04932	
Purpose of Disbursement stamps		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

Full Name (Last, First, Middle Initial) C. Postmaster Hampden		Date of Disbursement 04 / 14 / 2006
Mailing Address Western Ave		Amount of Each Disbursement this Period 4.55
City Hampden	State Zip Code ME 04444	
Purpose of Disbursement postage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District:		

SUBTOTAL of Disbursements This Page (optional).....▶	30.65
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)

A. Staples, Inc.

Mailing Address: 1131 Union St

City: Bangor State: ME Zip Code: 04401

Purpose of Disbursement: office supplies

Candidate Name: Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ME District:

Date of Disbursement: 04 / 15 / 2006

Amount of Each Disbursement this Period: 1 5 2 . 2 2

Category/Type: 0 0 1

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

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address: 1131 Union St

City: Bangor State: ME Zip Code: 04401

Purpose of Disbursement: office supplies

Candidate Name: Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ME District:

Date of Disbursement: 04 / 18 / 2006

Amount of Each Disbursement this Period: 4 0 1 . 9 2

Category/Type: 0 0 1

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

Full Name (Last, First, Middle Initial)

C. Unitel

Mailing Address: 129 Main St

City: Unity State: ME Zip Code: 04988

Purpose of Disbursement: telephone service

Candidate Name: Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ME District:

Date of Disbursement: 04 / 14 / 2006

Amount of Each Disbursement this Period: 3 . 7 4

Category/Type: 0 0 1

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5 5 7 . 8 8

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)

A. Unitel

Mailing Address
129 Main St

City **Unity** State **ME** Zip Code **04988**

Purpose of Disbursement
telephone service

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **04 / 29 / 2006**

Amount of Each Disbursement this Period: **3.74**

Category/Type: **001**

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

Full Name (Last, First, Middle Initial)

B. Voice Pulse

Mailing Address
1095 Cranbury South River Rd Suite 16

City **Jamesburg** State **NJ** Zip Code **08831**

Purpose of Disbursement
telephone service

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **04 / 20 / 2006**

Amount of Each Disbursement this Period: **49.94**

Category/Type: **001**

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

Full Name (Last, First, Middle Initial)

C. Voice Pulse

Mailing Address
1095 Cranbury South River Rd Suite 16

City **Jamesburg** State **NJ** Zip Code **08831**

Purpose of Disbursement
telephone service

Candidate Name
Jean Hay Bright

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **05 / 24 / 2006**

Amount of Each Disbursement this Period: **49.94**

Category/Type: **001**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **103.62**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Jean Hay Bright		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period <input type="text" value="1,271.91"/>
City Dixmont	State ME	
Zip Code 04932		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement March travel expenses	Category/Type <input type="text" value="002"/>	
Candidate Name Jean Hay Bright		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Jean Hay Bright		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
Mailing Address 4262 Kennebec Rd		Amount of Each Disbursement this Period <input type="text" value="1,516.85"/>
City Dixmont	State ME	
Zip Code 04932		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement April travel expenses	Category/Type <input type="text" value="002"/>	
Candidate Name Jean Hay Bright		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Act Blue (three transactions in this reporting period)		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
Mailing Address PO Box 382110		Amount of Each Disbursement this Period <input type="text" value="8.81"/>
City Cambridge	State MA	
Zip Code 02238		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement fee for handling on-line contributions	Category/Type <input type="text" value="003"/>	
Candidate Name Jean Hay Bright		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="2,797.57"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Soutions (2 transactions this period)

Mailing Address: **744 N 4th St**

City: **Milwaukee** State: **WI** Zip Code: **53203**

Purpose of Disbursement: **credit card handling fees** Category/Type: **0 0 3**

Candidate Name: **Jean Hay Bright**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **05 / 03 / 2006**

Amount of Each Disbursement this Period: **3 2 . 7 0**

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

Full Name (Last, First, Middle Initial)

B. PayPal (13 transactions this reporting period)

Mailing Address: **2211 N 1st St**

City: **San Jose** State: **CA** Zip Code: **95131**

Purpose of Disbursement: **fee for handling on-lin contributions** Category/Type: **0 0 3**

Candidate Name: **Jean Hay Bright**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **05 / 22 / 2006**

Amount of Each Disbursement this Period: **4 1 . 2 4**

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

Full Name (Last, First, Middle Initial)

C. Food AND Medicine

Mailing Address: **20 Ayer St.**

City: **Brewer** State: **ME** Zip Code: **04412**

Purpose of Disbursement: **newspaper advertising** Category/Type: **0 0 4**

Candidate Name: **Jean Hay Bright**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement: **04 / 29 / 2006**

Amount of Each Disbursement this Period: **1 0 0 . 0 0**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **1 7 3 . 9 4**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)

A. Food AND Medicine

Mailing Address
20 Ayer St.

City **Brewer** State **ME** Zip Code **04412**

Purpose of Disbursement
newspaper advertising **0 0 4**
Category/Type

Candidate Name
Jean Hay Bright

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement **05 / 24 / 2006**

Amount of Each Disbursement this Period **1 2 5 . 0 0**

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

Full Name (Last, First, Middle Initial)

B. Maine Democratic Party

Mailing Address
PO Box 5358

City **Augusta** State **ME** Zip Code **04332**

Purpose of Disbursement
program book advertising **0 0 4**
Category/Type

Candidate Name
Jean Hay Bright

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement **05 / 15 / 2006**

Amount of Each Disbursement this Period **3 0 0 . 0 0**

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

Full Name (Last, First, Middle Initial)

C. Maine Labor News

Mailing Address
PO Box 3472

City **Portland** State **ME** Zip Code **04104**

Purpose of Disbursement
newspaper advertising **0 0 4**
Category/Type

Candidate Name
Jean Hay Bright

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement **04 / 14 / 2006**

Amount of Each Disbursement this Period **2 5 0 . 0 0**

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

SUBTOTAL of Disbursements This Page (optional) ▶ **6 7 5 . 0 0**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Nassau Broadcasting		04 / 27 / 2006
Mailing Address PO Box 14017		Amount of Each Disbursement this Period 1 1 2 . 0 0
City Lewiston	State Zip Code ME 04243	
Purpose of Disbursement radio advertising		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought:	Disbursement For:	Category/Type 0 0 4
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Nassau Broadcasting		05 / 01 / 2006
Mailing Address PO Box 14017		Amount of Each Disbursement this Period 5 4 4 . 0 0
City Lewiston	State Zip Code ME 04243	
Purpose of Disbursement radio advertising		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought:	Disbursement For:	Category/Type 0 0 4
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Gossamer Press		04 / 19 / 2006
Mailing Address 259 Main St.		Amount of Each Disbursement this Period 1 4 9 . 6 3
City Old Town	State Zip Code ME 04468	
Purpose of Disbursement printing brochures and pamphlets		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Jean Hay Bright		
Office Sought:	Disbursement For:	Category/Type 0 0 6
<input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	8 0 5 . 6 3
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Knox County Democratic Committee		05 / 11 / 2006
Mailing Address 29 Donahue Dr.		Amount of Each Disbursement this Period 202.40
City South Thomaston	State ME	
Zip Code 04858		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement campaign buttons	Category/Type 006	
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Modern Screenprint		04 / 07 / 2006
Mailing Address 69 Hillside Ave		Amount of Each Disbursement this Period 606.90
City Bangor	State ME	
Zip Code 04858		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement bumper stickers	Category/Type 006	
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Northeast Reprographics		05 / 11 / 2006
Mailing Address 80 Central St.		Amount of Each Disbursement this Period 129.44
City Bangor	State ME	
Zip Code 04858		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement printing	Category/Type 006	
Candidate Name Jean Hay Bright		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	938.74
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: PAGE 9 OF 9
(check only one)
 17 18 19a 19b
20a 20b 20c 21

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) **JeanHayBright.US**

Full Name (Last, First, Middle Initial)
A. Maine Democratic Party

Mailing Address
PO Box 5358

City **Augusta** State **ME** Zip Code **04332**

Purpose of Disbursement
convention exhibit space

Candidate Name
Jean Hay Bright

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Date of Disbursement
04 / 19 / 2006

Amount of Each Disbursement this Period
500.00

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶ **6,583.03**

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 1 OF 7
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full) **JeanHayBright.US**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Hay Bright, Jean M. (from personal funds)**
Election: Primary
 General
 Other (specify) ▼

Mailing Address **4262 Kennebec Rd**
City **Dixmont** State **ME** ZIP Code **04932**

Original Amount of Loan **2,500.00** Cumulative Payment To Date **500.00** Balance Outstanding at Close of This Period **2,000.00**

TERMS Date Incurred **06 / 30 / 2005** Date Due **06 / 30 / 2006** Interest Rate **none** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... **2,000.00**

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

JeanHayBright.US

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hay Bright, Jean M. (from personal funds)

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

4262 Kennebec Rd

City

Dixmont

State

ME

ZIP Code

04932

Original Amount of Loan

2,500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2,500.00

TERMS

Date Incurred

09 / 30 / 2005

Date Due

06 / 30 / 2006

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

2,500.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 3 OF 7
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full) **JeanHayBright.US**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Hay Bright, Jean M. (from personal funds)**
Election: Primary
 General
 Other (specify) ▼

Mailing Address **4262 Kennebec Rd**
City **Dixmont** State **ME** ZIP Code **04932**

Original Amount of Loan **6 5 8 . 2 1** Cumulative Payment To Date **0 . 0 0** Balance Outstanding at Close of This Period **6 5 8 . 2 1**

TERMS Date Incurred **0 1 / 3 1 / 2 0 0 6** Date Due **0 7 / 3 1 / 2 0 0 6** Interest Rate **none** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... **6 5 8 . 2 1**

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **JeanHayBright.US**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Hay Bright, Jean M. (from personal funds)**
Election: Primary
 General
 Other (specify) ▼

Mailing Address **4262 Kennebec Rd**

City **Dixmont** State **ME** ZIP Code **04932**

Original Amount of Loan **1,790.10** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1,790.10**

TERMS Date Incurred **02 / 28 / 2006** Date Due **07 / 31 / 2006** Interest Rate **none** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... **1,790.10**

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

JeanHayBright.US

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hay Bright, Jean M. (from personal funds)

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

4262 Kennebec Rd

City

Dixmont

State

ME

ZIP Code

04932

Original Amount of Loan

1,272.29

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1,272.29

TERMS

Date Incurred

03 / 30 / 2006

Date Due

07 / 31 / 2006

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1,272.29

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

JeanHayBright.US

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hay Bright, Jean M. (from personal funds)

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

4262 Kennebec Rd

City

Dixmont

State

ME

ZIP Code

04932

Original Amount of Loan

1,271.91

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1,271.91

TERMS

Date Incurred

04 / 06 / 2006

Date Due

07 / 31 / 2006

Interest Rate

none % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1,271.91

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **JeanHayBright.US**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Hay Bright, Jean M. (from personal funds)**
Election: Primary
 General
 Other (specify) ▼

Mailing Address **4262 Kennebec Rd**

City **Dixmont** State **ME** ZIP Code **04932**

Original Amount of Loan **1,516.85** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **1,516.85**

TERMS Date Incurred **05 / 06 / 2006** Date Due **07 / 31 / 2006** Interest Rate **none** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... **1,516.85**
TOTALS This Period (last page in this line only)..... **1,109.36**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.