

Quarterly Report  
Re: ID# C00515973  
New Hampshire Patients First Committee

May 17, 2012  
RECEIVED

2012 MAY 18 AM 11:10

FEC MAIL CENTER

To Whom it May Concern:

The attached letter dated May 3, 2012 arrived on May 7, 2012 while I was travelling. It advises me that I failed to make a quarterly report.

I am a first time PAC Treasurer for a brand new PAC; navigating the registration and the FEC's guide I inadvertently did not understand my interpretation for our first report. Having been so informed I contacted David Carr who eventually referred me to Laura Synnra covering for my analyst Christopher Morse. Laura helped walk me through my drafting of the report; based on her guidance I did have to make edits. Enclosed herein is our first quarterly report. Thank you for any consideration relative penalty or enforcement action.

Sincerely,  
Henry D. Lipnow  
Treasurer (603) 455-1145

12030812075



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

May 3, 2012

RQ-7

HENRY D LIPMAN, TREASURER  
NEW HAMPSHIRE PATIENTS FIRST COMMITTEE  
76 SARAH CIRCLE  
LACONIA, NH 3246

IDENTIFICATION NUMBER: C00515973

REFERENCE: APRIL QUARTERLY REPORT 3/12/2012 - 3/31/2012

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR §104.18. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF THE STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT. DUE TO HEIGHTENED SECURITY SCREENING MEASURES, DELIVERY OF MAIL BY THE US POSTAL SERVICE MAY BE DELAYED. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT VIA OVERNIGHT DELIVERY OR COURIER SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT DAVID GARR AT OUR TOLL FREE NUMBER (800)424-9530. OUR DIRECT LOCAL NUMBER IS (202)694-1130.

SINCERELY,

*Debbie Chacona*  
DEBBIE CHACONA  
ASSISTANT STAFF DIRECTOR  
REPORTS ANALYSIS DIVISION (RAD)

*(Chris)*  
*Christopher Nasso (Analyst)*  
*↳ 202 694-1130*  
*Laura*  
*Syntram*

*Info Division  
for Hypothetical*

12030812076



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW HAMPSHIRE PATIENTS FIRST COMMITTEE

Report Covering the Period: From:

03 / 12 / 2012

To:

03 / 31 / 2012

12030812078

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2012</u>		0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19).....	\$10,750.00	\$10,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		
7. Total Disbursements (from Line 31).....	\$50.00	\$50.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$10,700.00	\$10,700.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

Write or Type Committee Name

**NEW HAMPSHIRE PATIENTS FIRST COMMITTEE**

Report Covering the Period: From: **03 12 2012** To: **03 31 2012**

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

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

\$10,700.00

\$10,700.00

(ii) Unitemized *In-kind*.....

\$50.00

\$50.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$10,750.00

\$10,750.00

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$10,750.00

\$10,750.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

\$10,750.00

\$10,750.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

\$10,750.00

\$10,750.00

12030812079

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	\$50.00	\$50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	\$50.00	\$50.00
22. Transfers to Affiliated/Other Party Committee.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$50.00	\$50.00

12030812080

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	\$10,750.00	\$10,750.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$10,750.00	\$10,750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$50.00	\$50.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$50.00	\$50.00

12030812081

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

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

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

NAME OF COMMITTEE (In Full)  
**New Hampshire Patients First Committee**

A. Full Name (Last, First, Middle Initial)  
**Baxter W. Gregory**

Mailing Address  
**8 Middleton Drive**

City  
**Bedford** State  
**NH** Zip Code  
**03110-4650**

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

Name of Employer  
**Elliot Health System** Occupation  
**Physician/Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$500.00**

Date of Receipt  
**03 / 30 / 2012**

Amount of Each Receipt this Period  
**\$500.00**

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

Mailing Address  
**16 Barbary Street**

City  
**Hooksett** State  
**NH** Zip Code  
**03106**

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

Name of Employer  
**Elliot Health System** Occupation  
**Nurse**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 22 / 2012**

Amount of Each Receipt this Period  
**\$250.00**

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

Mailing Address  
**581 South Road**

City  
**Belmont** State  
**NH** Zip Code  
**03220-4611**

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

Name of Employer  
**LRG Healthcare** Occupation  
**Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$1500.00**

Date of Receipt  
**03 / 26 / 2012**

Amount of Each Receipt this Period  
**\$1500.00**

SUBTOTAL of Receipts This Page (optional).....▶ **\$2250.00**

TOTAL This Period (last page this line number only).....▶ **\$2250.00**

12030812082



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

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

FOR LINE NUMBER: PAGE 2 OF 2

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)  
**New Hampshire Patients First Committee**

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

Mailing Address  
**555 Canal Street # 701**

City **Manchester** State **NH** Zip Code **03101**

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

Name of Employer **Elliot Health System** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$500.00**

Date of Receipt  
**03 / 28 / 2012**

Amount of Each Receipt this Period  
**\$500.00**

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

Mailing Address  
**P.O. Box 6522**

City **Manchester** State **NH** Zip Code **03108**

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

Name of Employer **Elliot Health System** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$250.00**

Date of Receipt  
**03 / 23 / 2012**

Amount of Each Receipt this Period  
**\$250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dean, Douglas F. Jr**

Mailing Address  
**300 River Road**

City **Manchester** State **NH** Zip Code **03104**

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

Name of Employer **Elliot Health System** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$1000.00**

Date of Receipt  
**03 / 22 / 2012**

Amount of Each Receipt this Period  
**\$1000.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **\$1750.00**

**TOTAL** This Period (last page this line number only).....▶ **\$1750.00**

12030812083

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

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

FOR LINE NUMBER: PAGE 3 OF 7  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
New Hampshire Patients First Committee

A. Full Name (Last, First, Middle Initial)  
Deblasi, Michael  
 Mailing Address  
381 Northgate Road  
 City Manchester State NH Zip Code 03104  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Elliot Health System Occupation Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date \$ 250.00

Date of Receipt  
03 / 27 / 2012  
 Amount of Each Receipt this Period  
\$250.00

B. Full Name (Last, First, Middle Initial)  
Friberg, John E.  
 Mailing Address  
1286 South Road  
 City Hopkinton State MA Zip Code 03229  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Elliot Health System Occupation Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date \$500.00

Date of Receipt  
03 / 23 / 2012  
 Amount of Each Receipt this Period  
\$500.00

C. Full Name (Last, First, Middle Initial)  
Granville, Sandra M.  
 Mailing Address  
Pleasant Street  
 City Dunstable State MA Zip Code 01827-1711  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Elliot Health System Occupation Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date \$500.00

Date of Receipt  
03 / 26 / 2012  
 Amount of Each Receipt this Period  
\$500.00

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

12030812084

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

PAGE 7 OF 7

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

New Hampshire Patients First Committee

A. Full Name (Last, First, Middle Initial) Johnstone, Andrea K

Mailing Address 27 Checkerbury Lane

City Hopkinton State NH Zip Code 03229

FEC ID number of contributing federal political committee. C

Name of Employer Elliot Health System Occupation Administrator

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date \$500.00

Date of Receipt

03 / 23 / 2012

Amount of Each Receipt this Period

\$500.00

B. Full Name (Last, First, Middle Initial) L., David X-Y

Mailing Address 381 Northgate Road

City Manchester State NH Zip Code 03104

FEC ID number of contributing federal political committee. C

Name of Employer Elliot Health System Occupation Administrator

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date \$500.00

Date of Receipt

03 / 26 / 2012

Amount of Each Receipt this Period

\$500.00

C. Full Name (Last, First, Middle Initial) Lipman, Henry D.

Mailing Address 26 Sarah Circle

City Lacona State NH Zip Code 03246

FEC ID number of contributing federal political committee. C

Name of Employer CRG Healthcare Occupation Administrator

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt

/  /

Amount of Each Receipt this Period

\$500.00

(\$50 in-hand part of \$500)

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

\$1,500.00

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

\$1,500.00

12030812085

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 7  
 (check only one)  
 11a  11b  11c  12  13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
New Hampshire Patients First Committee

A. Full Name (Last, First, Middle Initial)  
MacDonald, Gordon J.  
 Mailing Address  
128 Dickey Hill Road  
 City  
Dovering State NH Zip Code 03244  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer  
Mixon Peabody Occupation  
Attorney  
 Receipt For:  
 Primary  General  
 Other (specify)   
 Aggregate Year-to-Date  
 \$500.00

Date of Receipt  
 03  20  2012  
 Amount of Each Receipt this Period  
 \$500.00

B. Full Name (Last, First, Middle Initial)  
Phelps, Rick D MD  
 Mailing Address  
366 Wallace Road  
 City  
Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer  
Elliot Health System Occupation  
Physician/Administrator  
 Receipt For:  
 Primary  General  
 Other (specify)   
 Aggregate Year-to-Date  
 \$500.00

Date of Receipt  
 03  22  2012  
 Amount of Each Receipt this Period  
 \$500.00

C. Full Name (Last, First, Middle Initial)  
Purington, Denise PM  
 Mailing Address  
268 Thorndike Road  
 City  
Weare State NH Zip Code 03281  
 FEC ID number of contributing federal political committee.  
 C  
 Name of Employer  
Elliot Health System Occupation  
Administrator  
 Receipt For:  
 Primary  General  
 Other (specify)   
 Aggregate Year-to-Date  
 \$250.00

Date of Receipt  
 03  23  2012  
 Amount of Each Receipt this Period  
 \$250.00

SUBTOTAL of Receipts This Page (optional)..... ▶  \$1,250.00  
 TOTAL This Period (last page this line number only)..... ▶  \$1,250.00

12030812086

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

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

FOR LINE NUMBER: (check only one)  
 11a 11b 11c 12  
 13 14 15 16 17  
 PAGE 6 OF 7

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)  
**New Hampshire Parents First Comm. Act**

A. Full Name (Last, First, Middle Initial)  
**Rollock, Charles F.**  
 Mailing Address  
**38 Perry Road**  
 City **Bedford** State **NH** Zip Code **03110**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Hostler Chop House** Occupation **OWNER**  
 Receipt For:  
 Primary  General  
 Other (specify) **▼**  
 Aggregate Year-to-Date **\$ 500.00**

Date of Receipt  
**03 ' 22 ' 2017**  
 Amount of Each Receipt this Period  
**\$ 500.00**

B. Full Name (Last, First, Middle Initial)  
**Roue Rachel M.**  
 Mailing Address  
**815 Jonett Road**  
 City **Hopkinton** State **NH** Zip Code **03229**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Granite Health Care Network** Occupation **Executive Director**  
 Receipt For:  
 Primary  General  
 Other (specify) **▼**  
 Aggregate Year-to-Date **\$ 1,000.00**

Date of Receipt  
**03 ' 18 ' 2012**  
 Amount of Each Receipt this Period  
**\$ 1,000.00**

C. Full Name (Last, First, Middle Initial)  
**Walker Gregory J.**  
 Mailing Address  
**139 Woodskent**  
 City **Rollingford** State **NH** Zip Code **03869**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Wentworth Douglas Hospital Administrator** Occupation **Administrator**  
 Receipt For:  
 Primary  General  
 Other (specify) **▼**  
 Aggregate Year-to-Date **\$ 1,000.00**

Date of Receipt  
**03 ' 31 ' 2017**  
 Amount of Each Receipt this Period  
**\$ 1,000.00**

SUBTOTAL of Receipts This Page (optional).....▶ **\$ 2,500.00**  
 TOTAL This Period (last page this line number only).....▶ **\$ 2,500.00**

12030812087

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **7** OF **7**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**New Hampshire Patriots First Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Witcher Susanna**

Mailing Address  
**28 Bain Bridge Drive**

City  
**Concord** State **NH** Zip Code **03301**

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

Name of Employer  
**Elliot Health System** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**\$ 250.00**

Date of Receipt  
**03 23 2012**

Amount of Each Receipt this Period  
**\$250.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **\$250.00**

**TOTAL** This Period (last page this line number only)..... ▶ **\$250.00**

12030812088

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

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

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

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

NAME OF COMMITTEE (In Full)  
**NEW HAMPSHIRE PATIENTS FIRST COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**Secretary of State of NH**

Mailing Address  
**State House Room 204**

City  
**Concord** State **NH** Zip Code **03301**

Purpose of Disbursement  
**State Registration fee**

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) **State Registration of NHPC**

Date of Disbursement  
**02 / 28 / 2012**

Amount of Each Disbursement this Period  
**\$50.00**  
**IN Kind**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **\$50.00**

**TOTAL** This Period (last page this line number only)..... ▶ **\$50.00**

12030812089

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked  
5/17/12

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER  
(3/2005)

5/18/12  
DATE PREPARED

06021805071