

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

ADDRESS (number and street) 2 1/2 Beacon St  
Concord  
Concord NH 03301  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00178038  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2004 through 01 31 2004

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 Martha Fuller Clark

Signature of Treasurer Electronically Filed by Martha Fuller Clark Date 06 05 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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		226601.22
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period .....	226601.22									
(c) Total Receipts (from Line 19) .....	159688.15	159688.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	386289.37	386289.37								
7. Total Disbursements (from Line 31) .....	85577.02	85577.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	300712.35	300712.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	29657.85									

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 DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	4

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	139825.00	139825.00
(i) Itemized (use Schedule A) .....	2359.50	2359.50
(ii) Unitemized .....	142184.50	142184.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	13500.00	13500.00
(c) Other Political Committees (such as PACs) .....	155684.50	155684.50
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	3967.53	3967.53
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	36.12	36.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	159688.15	159688.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	159688.15	159688.15

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	85577.02	85577.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	85577.02	85577.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85577.02	85577.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	85577.02	85577.02

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	155684.50	155684.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	155684.50	155684.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	85577.02	85577.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	85577.02	85577.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Michael J. Atkins		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 484 Locust Ln		<b>Transaction ID:</b> C57268	
City Lyndeborough	State NH	Zip Code 03802	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Welts, White, Fontaine PC	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Matt Bergman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address PO Box 201d		<b>Transaction ID:</b> C56939	
City Vashon	State WA	Zip Code 98070	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David Bohnett		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 2049 Century Park E		<b>Transaction ID:</b> C56897	
City Los Angeles	State CA	Zip Code 90067-3123	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Barada Ventures	Occupation Investor		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. Sam Boykin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 54 Portsmouth St		Transaction ID: C56942	
City Concord	State NH	Amount of Each Receipt this Period 250.00	
Zip Code 03301		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Student	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

B. Full Name (Last, First, Middle Initial) Mr. George Bruno		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4	
Mailing Address 15 Stark St.		Transaction ID: C57097	
City Manchester	State NH	Amount of Each Receipt this Period 1750.00	
Zip Code 03101		FEC ID number of contributing federal political committee. C	
Name of Employer self	Occupation attorney	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1750.00			

C. Full Name (Last, First, Middle Initial) Mrs. Sylvia Chaplain		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 25 Wendover Way BAD ADDRESS		Transaction ID: C57853	
City Bedford	State NH	Amount of Each Receipt this Period 25.00	
Zip Code 03110-6054		FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation Antique Dealer	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 275.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2025.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Sylvia Chaplain		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 4	
Mailing Address 25 Wendover Way BAD ADDRESS		<b>Transaction ID:</b> C56950	
City Bedford      State NH      Zip Code 03110-6054	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Antique Dealer		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Victoria Chase		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 72 W Shore Rd		<b>Transaction ID:</b> C56923	
City South Hero      State VT      Zip Code 05486-4616	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Hero Schools, VT	Occupation Teacher		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Victoria Chase		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 72 W Shore Rd		<b>Transaction ID:</b> C57266	
City South Hero      State VT      Zip Code 05486-4616	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Hero Schools, VT	Occupation Teacher		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Cirks</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4	
Mailing Address 7625 N Eastlake Terr		<b>Transaction ID: C56887</b>	
City Chicago	State IL	Zip Code 60626	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer PM Publishing	Occupation Treasurer		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. James H Clark</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 4	
Mailing Address PO Box 101955		<b>Transaction ID: C56903</b>	
City Palo Alto	State CA	Zip Code 94303	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Unemployed		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Clark</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 4	
Mailing Address PO Box 10195		<b>Transaction ID: C56904</b>	
City Palo Alto	State CA	Zip Code 94303	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Philanthropist		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	25000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. Clay Constantinou		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 31 Orchard Ln		Transaction ID: C56935	
City State Zip Code Colts Neck NJ 07722	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Seton Hall	Occupation Ambassador		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Ms. Eileen Donahoe		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 1d Palmer Ln		Transaction ID: C56936	
City State Zip Code Portola Valley CA 94028	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Ms. Janice W Eddy		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 69 Tower Rd		Transaction ID: C56898	
City State Zip Code Kittery Point ME 03905	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Unemployed		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel Eisenberg</b>		Date of Receipt MM / DD / YYYY 01 / 20 / 2004
Mailing Address 443 Bellmore Way		<b>Transaction ID: C57257</b>
City Pasadena	State CA	Zip Code 91103-3203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Doctor	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mostafa El-sherif</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2004
Mailing Address 11 Catesby Ln		<b>Transaction ID: C56921</b>
City Bedford	State NH	Zip Code 03110-4513
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Dentist	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Hilda M. Fleisher</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2004
Mailing Address 300 River Rd		<b>Transaction ID: C57096</b>
City Manchester	State NH	Zip Code 03104-2401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer retired	Occupation retired	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Glen Frederick</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 144 Littleton Rd		<b>Transaction ID: C57264</b>	
City State Zip Code Harvard MA 01451		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Harvey Industries Occupation President			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Gallogly</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4	
Mailing Address 333 Central Park W Apt 76		<b>Transaction ID: C57279</b>	
City State Zip Code New York NY 10025		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blackstone Group Occupation Senior Managing Director			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mark Gallogly</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 4	
Mailing Address 333 Central Park W Apt 76		<b>Transaction ID: C57306</b>	
City State Zip Code New York NY 10025		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blackstone Group Occupation Senior Managing Director			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56  
(check only one)

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

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 DEMOCRATIC STATE COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Jane Goodwin</p> <p>Mailing Address 58 Lake View Ave</p> <p>City State Zip Code <b>Cambridge MA 02138</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">01 / 20 / 2004</span></p> <p><b>Transaction ID: C57258</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Monica Graham</p> <p>Mailing Address 20 Borden Ln</p> <p>City State Zip Code <b>East Hampton NY 11937</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Graham Partners Occupation Investment Manager</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">01 / 27 / 2004</span></p> <p><b>Transaction ID: C57315</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Steven Grossman</p> <p>Mailing Address 30 Huntington Rd</p> <p>City State Zip Code <b>Newton MA 02458-2417</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mass Envelopes Plus Occupation President</p> <p>Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">01 / 20 / 2004</span></p> <p><b>Transaction ID: C57259</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>8000.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Ken Hakuta		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address PO Box 58126		<b>Transaction ID:</b> C57260	
City Washington	State DC	Zip Code 20037	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tradex Corp	Occupation Executive		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Hall		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 4	
Mailing Address 140 Fifth Ave 7C		<b>Transaction ID:</b> C56948	
City New York	State NY	Zip Code 10011	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer JP Morgan Chase	Occupation Banker		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Bobbie Hallig		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 4	
Mailing Address 185 West End Ave Apt 15 L		<b>Transaction ID:</b> C56947	
City New York	State NY	Zip Code 10023	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Int'l Trading Corporation	Occupation Administrator		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Eric R Hanson</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address 319 Clematis St Suite 900		<b>Transaction ID: C56888</b>
City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer US Strategies Corp	Occupation Ceo and Chairman	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lucille Livingston Held</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4
Mailing Address 116 Bare Hill Rd		<b>Transaction ID: C57265</b>
City State Zip Code Bolton MA 01740-1004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Producer	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Paul Hogan</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4
Mailing Address 75 Valley View Ave		<b>Transaction ID: C56941</b>
City State Zip Code Summit NJ 07901	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Pauline A. Ikawa</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 169 Pinebrook Pl		<b>Transaction ID: C57269</b>	
City Manchester	State NH	Zip Code 03109-4836	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Banknorth Group	Occupation Bank Community Development Officer		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Mark Infante</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 50 Northfield Ave		<b>Transaction ID: C56938</b>	
City West Orange	State NJ	Zip Code 07052	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael A Katz</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 107 Cherry St		<b>Transaction ID: C57288</b>	
City Katonah	State NY	Zip Code 10536	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. William Kistler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 100 Woodbridge Ctr Dr		Transaction ID: C56928	
City Woodbridge	State NJ	Amount of Each Receipt this Period 4000.00	
Zip Code 07095		FEC ID number of contributing federal political committee. C	
Name of Employer Financial Manager	Occupation Kistler Investments	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 4000.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Klai		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 1529 Champion Hills Ln		Transaction ID: C57261	
City Las Vegas	State NV	Amount of Each Receipt this Period 2000.00	
Zip Code 89134-6326		FEC ID number of contributing federal political committee. C	
Name of Employer Klai Juba Associates	Occupation Architect	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Hon. Bette Lasky		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 15 Masefield Rd		Transaction ID: C57287	
City Nashua	State NH	Amount of Each Receipt this Period 350.00	
Zip Code 03062-2517		FEC ID number of contributing federal political committee. C	
Name of Employer State of NH	Occupation State Rep.	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 56		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. J. William Lewis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 3 Cherry Hills		<b>Transaction ID:</b> C57292	
City State Zip Code Shoal Creek AL 35242	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. J. William Lewis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 3 Cherry Hills		<b>Transaction ID:</b> C57291	
City State Zip Code Shoal Creek AL 35242	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Mary L Macarthur		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 167 E Avondale Rd		<b>Transaction ID:</b> C56899	
City State Zip Code West Grove PA 19390	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Consultant Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Mannion		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 2734 Summer Ridge Dr		Transaction ID: C57262	
City State Zip Code La Fayette NY 13084	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Peter W May		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 280 Park Ave		Transaction ID: C56932	
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Triarc Companies, Inc	Occupation President and CEO		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lore H Mcgovern		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 4	
Mailing Address 811 Chiltern Rd		Transaction ID: C57263	
City State Zip Code Hillsborough CA 94010	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Consultant		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Roger Mcnamee</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4	
Mailing Address 1850 Sand Hill Rd #21		<b>Transaction ID: C57281</b>	
City State Zip Code Palo Alto CA 94304		Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Integral Capital Port Investor			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Vicki Meagher</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 62 Heather Ct		<b>Transaction ID: C56944</b>	
City State Zip Code Nashua NH 03062-4419		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Hewlett-Packard Co. Technical writer			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Patrick Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4	
Mailing Address 203 Third St NE		<b>Transaction ID: C57099</b>	
City State Zip Code Washington DC 20002		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Colling/Murphy, LLC Owner			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. James A. Normand		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4	
Mailing Address 464 Elgin Ave		<b>Transaction ID:</b> C57280	
City State Zip Code Manchester NH 03104-1415	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Normand & Shaughnessy	Occupation Partner		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jason Pietrzak		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 9 Chesterfield Dr		<b>Transaction ID:</b> C56943	
City State Zip Code Concord NH 03301	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carbon Coalition	Occupation Outreach Coordinator		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gregory Price		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 151 Taylor Rd		<b>Transaction ID:</b> C56937	
City State Zip Code Tiburon CA 94920	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Bruce Regenstreich</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 633 Fairmont		<b>Transaction ID: C56934</b>	
City State Zip Code Westfield NJ 07090		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Anne E. Renner</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 4	
Mailing Address 110 Runnells Rd		<b>Transaction ID: C56949</b>	
City State Zip Code Concord NH 03303-3909		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation homemaker/ attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Lundy Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4	
Mailing Address 32 E Junipero St		<b>Transaction ID: C56886</b>	
City State Zip Code Santa Barbara CA 93105		Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Laura Ross</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 770 Park Ave		<b>Transaction ID: C57290</b>	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stanley Shuman</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 17 E 73rd St		<b>Transaction ID: C56933</b>	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allen and Company Occupation Executive Vice President			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. William C Siroty</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 4	
Mailing Address 8 Sprague Rd		<b>Transaction ID: C56920</b>	
City State Zip Code Amherst NH 03031-3237		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Harvard Pilgrim Health Care Occupation Physician			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dr. William C Siroty</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4	
Mailing Address 8 Sprague Rd		<b>Transaction ID: C57282</b>	
City State Zip Code Amherst NH 03031-3237		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard Pilgrim Health Care		Occupation Physician	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert B. Spiegelman</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4	
Mailing Address 18 Windsor Blvd		<b>Transaction ID: C57098</b>	
City State Zip Code Londonderry NH 03053-3662		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired		Occupation Retired	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert B. Spiegelman</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 4	
Mailing Address 18 Windsor Blvd		<b>Transaction ID: C57255</b>	
City State Zip Code Londonderry NH 03053-3662		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired		Occupation Retired	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Stein		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 6612 Fleet Rd		<b>Transaction ID:</b> C56925	
City State Zip Code Manchester CA 95459		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Regrandpre, Chait Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jeanne Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 175 E Delaware PI		<b>Transaction ID:</b> C56930	
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Consultant			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Joseph P Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 175 E Delaware PI		<b>Transaction ID:</b> C56929	
City State Zip Code Chicago IL 60611		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Consultant			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Kathleen N. Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 4	
Mailing Address 192 S Mammoth Rd		<b>Transaction ID: C57256</b>	
City Manchester	State NH	Amount of Each Receipt this Period 1000.00	
Zip Code 03109-4908			
FEC ID number of contributing federal political committee. C			
Name of Employer Wadleigh, Starr & Peters	Occupation attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Abner Taub</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4	
Mailing Address 104 Peele Rd		<b>Transaction ID: C56889</b>	
City Nashua	State NH	Amount of Each Receipt this Period 350.00	
Zip Code 03062-2522			
FEC ID number of contributing federal political committee. C			
Name of Employer Lahey Hitchcock Clinic	Occupation Pediatrician		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael Thorsnes</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 4	
Mailing Address 225D - 5th Ave Suite 900		<b>Transaction ID: C56940</b>	
City San Diego	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 92103			
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Anthony L Tomblin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4
Mailing Address 210 Barton Springs Suite 550		Transaction ID: C56931 Amount of Each Receipt this Period 10000.00
City Austin State TX Zip Code 78704	FEC ID number of contributing federal political committee. C	
Name of Employer Self Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Hon. Katherine W. Wheeler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 4
Mailing Address 27 Mill Rd		Transaction ID: C57311 Amount of Each Receipt this Period 500.00
City Durham State NH Zip Code 03824-3006	FEC ID number of contributing federal political committee. C	
Name of Employer Not Employed Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Not Employed Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	139825.00

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

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

FOR LINE NUMBER: PAGE 28 / 56  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AFSCME People pAC

Mailing Address 1625 L St NW

City State Zip Code  
Washington DC 20036-5665

FEC ID number of contributing federal political committee. **C** C00189415

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 4

**Transaction ID:** C57316

Amount of Each Receipt this Period  
3000.00

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

Mailing Address 1750 New York Ave, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** C57312

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Kucinich for President Committee

Mailing Address 3886 N High St

City State Zip Code  
Columbus OH 43214-3334

FEC ID number of contributing federal political committee. **C** C00385146

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** C56919

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 56
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Laborers' Political League

Mailing Address 905 16th St Nw

City State Zip Code  
Washington DC 20006-1703

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID: C56918**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Tom Lantos for Congress Committee

Mailing Address PO Box 611

City State Zip Code  
Burlingame CA 94011-0611

FEC ID number of contributing federal political committee. **C** C00112250

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 4

**Transaction ID: C57286**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 56	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

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

Name of Employer Occupation  
Occupation  
Political Committee

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3967.53

Date of Receipt  

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

Transaction ID: C57285

Amount of Each Receipt this Period  
3967.53

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3967.53
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3967.53

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Anthem Blue Cross and Blue Shield</b>		<b>Transaction ID: D5060</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 4
Mailing Address 3000 Goffs Falls Rd		Amount of Each Disbursement this Period 1105.81
City Manchester State NH Zip Code 03101	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Astro Research, Inc.</b>		<b>Transaction ID: D5035</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4
Mailing Address 974 NW Circle Blvd		Amount of Each Disbursement this Period 2000.00
City Corvallis State OR Zip Code 97330-1410	Purpose of Disbursement Consulting: Technology Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		<b>Transaction ID: D5056</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 4
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 932.65
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

4038.46

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 56

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		<b>Transaction ID: D5057</b> Date of Disbursement 01 / 08 / 2004	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 25.00	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fees	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		<b>Transaction ID: D8066</b> Date of Disbursement 01 / 17 / 2004	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 4263.14	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Payroll Taxes	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		<b>Transaction ID: D5058</b> Date of Disbursement 01 / 21 / 2004	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 12.00	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fees	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4300.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		<b>Transaction ID: D5059</b> Date of Disbursement 01 / 21 / 2004	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 89.25	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fees	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		<b>Transaction ID: D8067</b> Date of Disbursement 01 / 25 / 2004	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 143.84	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Payroll Taxes-FUTA	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) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		<b>Transaction ID: D5055</b> Date of Disbursement 01 / 25 / 2004	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 2200.00	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Taxes	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2433.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		<b>Transaction ID: D8244</b> Date of Disbursement 01 / 31 / 2004
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 98.20
City Concord	State NH	
Zip Code 03301-4900		
Purpose of Disbursement Bank Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Factotum Productions</b>		<b>Transaction ID: D5037</b> Date of Disbursement 01 / 15 / 2004
Mailing Address 95 N Main St		Amount of Each Disbursement this Period 4000.00
City Westford	State MA	
Zip Code 01886-1211		
Purpose of Disbursement Consulting: Technology Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Factotum Productions</b>		<b>Transaction ID: D5038</b> Date of Disbursement 01 / 28 / 2004
Mailing Address 95 N Main St		Amount of Each Disbursement this Period 2000.00
City Westford	State MA	
Zip Code 01886-1211		
Purpose of Disbursement Consulting: Technology Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6098.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GE Capital</b>		<b>Transaction ID: D5040</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address PO Box 642111		Amount of Each Disbursement this Period 377.30	
City Pittsburgh State PA Zip Code 15264-2111	Purpose of Disbursement Office Supplies/Equipment	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. IRS</b>		<b>Transaction ID: D8150</b> Date of Disbursement 01 / 17 / 2004	
Mailing Address Department of Treasury		Amount of Each Disbursement this Period 796.43	
City Ogden State UT Zip Code 84201	Purpose of Disbursement Taxes	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Janvier Holding Co.</b>		<b>Transaction ID: D5044</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address 10 Ferry St		Amount of Each Disbursement this Period 2196.00	
City Concord State NH Zip Code 03301-5022	Purpose of Disbursement Rent	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3369.73</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Jennifer L. Kuzma</b>		<b>Transaction ID: D5072</b> Date of Disbursement 01 / 09 / 2004	
Mailing Address 126 N State St		Amount of Each Disbursement this Period 1177.45	
City Concord State NH Zip Code 03301-5058	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer L. Kuzma</b>		<b>Transaction ID: D5073</b> Date of Disbursement 01 / 23 / 2004	
Mailing Address 126 N State St		Amount of Each Disbursement this Period 1177.45	
City Concord State NH Zip Code 03301-5058	Purpose of Disbursement Payroll Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jennifer L. Kuzma</b>		<b>Transaction ID: D5074</b> Date of Disbursement 01 / 26 / 2004	
Mailing Address 126 N State St		Amount of Each Disbursement this Period 184.70	
City Concord State NH Zip Code 03301-5058	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2539.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. David P. Lee</b>		<b>Transaction ID: D5036</b> Date of Disbursement 01 / 21 / 2004	
Mailing Address 22 Paul Ave		Amount of Each Disbursement this Period 500.00	
City Derry State NH Zip Code 03038-3803	Purpose of Disbursement Consulting: Accounting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Damon Timm</b>		<b>Transaction ID: D5063</b> Date of Disbursement 01 / 28 / 2004	
Mailing Address 110 Harmony Rd		Amount of Each Disbursement this Period 201.90	
City Northwood State NH Zip Code 03261	Purpose of Disbursement Consulting: Signing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael A. Vlacich</b>		<b>Transaction ID: D5070</b> Date of Disbursement 01 / 09 / 2004	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 2006.75	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2708.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael A. Vlacich</b>		<b>Transaction ID: D5046</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 112.25	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Reimbursement Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael A. Vlacich</b>		<b>Transaction ID: D5071</b> Date of Disbursement 01 / 23 / 2004	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 2006.75	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Payroll Expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Nathan Naylor</b>		<b>Transaction ID: D5064</b> Date of Disbursement 01 / 23 / 2004	
Mailing Address 6806 Murray Ln		Amount of Each Disbursement this Period 1000.00	
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consulting Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3119.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary E. Purdy</b>		<b>Transaction ID: D5078</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 4	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 966.58	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Payroll Expenses Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary E. Purdy</b>		<b>Transaction ID: D5045</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 4	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 50.00	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Reimbursement: Gift Basket Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary E. Purdy</b>		<b>Transaction ID: D5079</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 966.58	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Payroll Expenses Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1983.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary E. Purdy</b>		<b>Transaction ID: D5080</b> Date of Disbursement MM / DD / YYYY 01 / 26 / 2004	
Mailing Address 14 Profile Ave		Amount of Each Disbursement this Period 184.70	
City Concord State NH Zip Code 03301-5923	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Real Data Corporation</b>		<b>Transaction ID: D5050</b> Date of Disbursement MM / DD / YYYY 01 / 15 / 2004	
Mailing Address 103 Bay St		Amount of Each Disbursement this Period 250.00	
City Manchester State NH Zip Code 03104-3007	Purpose of Disbursement Subscriptions Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sandler &amp; Reiff, P.C.</b>		<b>Transaction ID: D5041</b> Date of Disbursement MM / DD / YYYY 01 / 15 / 2004	
Mailing Address 50 E St Se		Amount of Each Disbursement this Period 800.00	
City Washington State DC Zip Code 20003-2620	Purpose of Disbursement Legal Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1234.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sandler &amp; Reiff, P.C.</b>		<b>Transaction ID: D5042</b> Date of Disbursement 01 / 28 / 2004	
Mailing Address 50 E St Se		Amount of Each Disbursement this Period 400.00	
City Washington State DC Zip Code 20003-2620	Purpose of Disbursement Legal Fees Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Shannon Toomey</b>		<b>Transaction ID: D5048</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address 319 Alton Woods Dr		Amount of Each Disbursement this Period 1350.00	
City Concord State NH Zip Code 03301	Purpose of Disbursement Stipend Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Shannon Toomey</b>		<b>Transaction ID: D5047</b> Date of Disbursement 01 / 28 / 2004	
Mailing Address 319 Alton Woods Dr		Amount of Each Disbursement this Period 19.08	
City Concord State NH Zip Code 03301	Purpose of Disbursement Reimbursement: Supplies Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1769.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sheraton</b>		<b>Transaction ID: D5068</b> Date of Disbursement 01 / 21 / 2004	
Mailing Address 11 Tara Blvd		Amount of Each Disbursement this Period 36846.52	
City Nashua State NH Zip Code 03060	Purpose of Disbursement Room Rental/ Catering	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sheraton</b>		<b>Transaction ID: D5069</b> Date of Disbursement 01 / 24 / 2004	
Mailing Address 11 Tara Blvd		Amount of Each Disbursement this Period 6721.72	
City Nashua State NH Zip Code 03060	Purpose of Disbursement Room Rental/ Catering	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Justin J. Slattery</b>		<b>Transaction ID: D5075</b> Date of Disbursement 01 / 09 / 2004	
Mailing Address 63 Keyes Hill Rd		Amount of Each Disbursement this Period 952.08	
City Pelham State NH Zip Code 03076-3240	Purpose of Disbursement Payroll Expenses	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>44520.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 56

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Justin J. Slattery</b>		<b>Transaction ID: D5076</b> Date of Disbursement 01 / 23 / 2004	
Mailing Address 63 Keyes Hill Rd		Amount of Each Disbursement this Period 952.08	
City Pelham State NH Zip Code 03076-3240	Purpose of Disbursement Payroll Expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Justin J. Slattery</b>		<b>Transaction ID: D5077</b> Date of Disbursement 01 / 26 / 2004	
Mailing Address 63 Keyes Hill Rd		Amount of Each Disbursement this Period 184.70	
City Pelham State NH Zip Code 03076-3240	Purpose of Disbursement Payroll Expenses Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sprint</b>		<b>Transaction ID: D5052</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address PO Box 56970		Amount of Each Disbursement this Period 152.36	
City Dallas State TX Zip Code 75356	Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1289.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 44 / 56

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		<b>Transaction ID: D5053</b>																					
Mailing Address PO Box 56970		Date of Disbursement																					
City Dallas State TX Zip Code 75356		<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	8		2	0	0	4														
Purpose of Disbursement Telephone		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">413.32</td> </tr> </table>		413.32																			
413.32																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID: D5051</b>																					
Mailing Address 76 Fort Eddy Rd		Date of Disbursement																					
City Concord State NH Zip Code 03301-7404		<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>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	5		2	0	0	4														
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">829.84</td> </tr> </table>		829.84																			
829.84																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>C. The Publius Group</b>		<b>Transaction ID: D5062</b>																					
Mailing Address 409 Washington St PMB 361		Date of Disbursement																					
City Hoboken State NJ Zip Code 07030		<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>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	3		2	0	0	4														
Purpose of Disbursement Advertising		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>		250.00																			
250.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004																					
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1493.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID: D5054</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address PO Box 15123		Amount of Each Disbursement this Period 454.67	
City Albany State NY Zip Code 12212-5123	Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VoiceText.com</b>		<b>Transaction ID: D5030</b> Date of Disbursement 01 / 15 / 2004	
Mailing Address 211 E 7th St		Amount of Each Disbursement this Period 11.88	
City Austin State TX Zip Code 78701-3334	Purpose of Disbursement Conference Calls Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. VoiceText.com</b>		<b>Transaction ID: D5031</b> Date of Disbursement 01 / 21 / 2004	
Mailing Address 211 E 7th St		Amount of Each Disbursement this Period 117.24	
City Austin State TX Zip Code 78701-3334	Purpose of Disbursement Conference Calls Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>583.79</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. VoiceText.com</b>		<b>Transaction ID: D5032</b> Date of Disbursement																					
Mailing Address 211 E 7th St		<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>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	2		2	0	0	4														
City Austin	State TX	Zip Code 78701-3334																					
Purpose of Disbursement Conference Calls		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>10.56</td> </tr> </table>		Amount of Each Disbursement this Period	10.56																		
Amount of Each Disbursement this Period																							
10.56																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For: 2004																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>B. VoiceText.com</b>		<b>Transaction ID: D5033</b> Date of Disbursement																					
Mailing Address 211 E 7th St		<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	8		2	0	0	4														
City Austin	State TX	Zip Code 78701-3334																					
Purpose of Disbursement Conference Calls		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>84.60</td> </tr> </table>		Amount of Each Disbursement this Period	84.60																		
Amount of Each Disbursement this Period																							
84.60																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For: 2004																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>C. Ms. Pamela M Walsh</b>		<b>Transaction ID: D5081</b> Date of Disbursement																					
Mailing Address 33 Warren St		<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>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	9		2	0	0	4														
City Concord	State NH	Zip Code 03301-4049																					
Purpose of Disbursement Payroll Expenses		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1423.74</td> </tr> </table>		Amount of Each Disbursement this Period	1423.74																		
Amount of Each Disbursement this Period																							
1423.74																							
Candidate Name		Category/Type																					
Office Sought:	Disbursement For: 2004																						
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1518.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms. Pamela M Walsh</p> <p>Mailing Address 33 Warren St</p> <p>City Concord State NH Zip Code 03301-4049</p> <p>Purpose of Disbursement Payroll 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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D5082 <b>Date of Disbursement</b> 01 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 1423.74</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Pamela M Walsh</p> <p>Mailing Address 33 Warren St</p> <p>City Concord State NH Zip Code 03301-4049</p> <p>Purpose of Disbursement Payroll 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: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D5083 <b>Date of Disbursement</b> 01 / 26 / 2004</p> <p>Amount of Each Disbursement this Period 174.70</p>

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

1598.44

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

84597.56

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 1848 Associates	Nature of Debt (Purpose): WMUR debate
Mailing Address 340 Commercial St	
City State ZIP Code Manchester NH 03101-1121	

Outstanding Balance Beginning This Period 100.00	<b>Transaction ID: D1547</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ariel Press	Nature of Debt (Purpose): sample ballot printing
Mailing Address 26 Roxbury St	
City State ZIP Code Keene NH 03431-3265	

Outstanding Balance Beginning This Period 1276.41	<b>Transaction ID: D1548</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1276.41

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ariel Press	Nature of Debt (Purpose): sample ballot printing
Mailing Address 26 Roxbury St	
City State ZIP Code Keene NH 03431-3265	

Outstanding Balance Beginning This Period 1276.41	<b>Transaction ID: D749</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1276.41

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>2652.82</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bannon Research	Nature of Debt (Purpose): polling
Mailing Address 545 Boylston St	
City State ZIP Code Boston MA 02116-3606	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID: D1550</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Below Tobe	Nature of Debt (Purpose): voter list
Mailing Address 801 Fairfax St	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 3500.00	<b>Transaction ID: D1551</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Below Tobe	Nature of Debt (Purpose): voter list
Mailing Address 801 Fairfax St	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 3500.00	<b>Transaction ID: D751</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	9000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bronco Realty	Nature of Debt (Purpose): rent
Mailing Address 922 Elm St	
City State ZIP Code Manchester NH 03101-2017	

Outstanding Balance Beginning This Period 990.00	<b>Transaction ID: D752</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 990.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Bronco Realty	Nature of Debt (Purpose): admin/rent
Mailing Address 922 Elm St	
City State ZIP Code Manchester NH 03101-2017	

Outstanding Balance Beginning This Period 990.00	<b>Transaction ID: D1552</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 990.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Spirou	Nature of Debt (Purpose): travel
Mailing Address 259 Whitford St	
City State ZIP Code Manchester NH 03104-2166	

Outstanding Balance Beginning This Period 676.55	<b>Transaction ID: D757</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 676.55

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>2656.55</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Spirou	Nature of Debt (Purpose): admin/travel
Mailing Address 259 Whitford St	
City State ZIP Code Manchester NH 03104-2166	

Outstanding Balance Beginning This Period <input type="text" value="676.55"/>	<b>Transaction ID: D1558</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="676.55"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express	Nature of Debt (Purpose): admin/mail
Mailing Address PO Box 1140	
City State ZIP Code Memphis TN 38101-1140	

Outstanding Balance Beginning This Period <input type="text" value="148.75"/>	<b>Transaction ID: D1554</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="148.75"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor John Durkin	Nature of Debt (Purpose): admin/equipment
Mailing Address 40 Longwood Dr	
City State ZIP Code Keene NH 03431-4505	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	<b>Transaction ID: D1553</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1825.30"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Morrill & Everett	Nature of Debt (Purpose): admin/insurance
Mailing Address 2 Capital Plz	
City State ZIP Code Concord NH 03301-4911	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID: D1557</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Morrill & Everett	Nature of Debt (Purpose): insurance
Mailing Address 2 Capital Plz	
City State ZIP Code Concord NH 03301-4911	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID: D756</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor National Health Policy Institute	Nature of Debt (Purpose): Health Care Form Reimburse
Mailing Address 1601 NW 114th St	
City State ZIP Code Des Moines IA 50325-7036	

Outstanding Balance Beginning This Period 1700.00	<b>Transaction ID: D1556</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1700.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	3700.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor National Health Policy Institute	Nature of Debt (Purpose): health care forum reimbursement
Mailing Address 1601 NW 114th St	
City State ZIP Code Des Moines IA 50325-7036	

Outstanding Balance Beginning This Period 1700.00	<b>Transaction ID: D755</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1700.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NH Mailing Services	Nature of Debt (Purpose): 100C Mailing
Mailing Address 7 Perimeter Rd	
City State ZIP Code Manchester NH 03103-3343	

Outstanding Balance Beginning This Period 156.58	<b>Transaction ID: D1555</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 156.58

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor NH Mailing Services	Nature of Debt (Purpose): 100 Club Mailing
Mailing Address 7 Perimeter Rd	
City State ZIP Code Manchester NH 03103-3343	

Outstanding Balance Beginning This Period 156.58	<b>Transaction ID: D754</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 156.58

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>2013.16</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Russell Verney	Nature of Debt (Purpose): reimbursement
Mailing Address 4 Nutt St	
City State ZIP Code Nashua NH 03060-5110	

Outstanding Balance Beginning This Period <input type="text" value="2029.51"/>	<b>Transaction ID: D759</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2029.51"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Russell Verney	Nature of Debt (Purpose): admin/reimbursement
Mailing Address 4 Nutt St	
City State ZIP Code Nashua NH 03060-5110	

Outstanding Balance Beginning This Period <input type="text" value="2029.51"/>	<b>Transaction ID: D1560</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2029.51"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Star Graphics	Nature of Debt (Purpose): Health Care Forum Invite Design
Mailing Address PO Box 1475	
City State ZIP Code Concord NH 03302-1475	

Outstanding Balance Beginning This Period <input type="text" value="119.00"/>	<b>Transaction ID: D1559</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="119.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4178.02"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Star Graphics	Nature of Debt (Purpose): health care forum invite design
Mailing Address PO Box 1475	
City State ZIP Code Concord NH 03302-1475	

Outstanding Balance Beginning This Period 119.00	<b>Transaction ID: D758</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 119.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WNNE-TV	Nature of Debt (Purpose): debate media hook-up
Mailing Address PO Box 1310	
City State ZIP Code White Riv Jct VT 05001-1310	

Outstanding Balance Beginning This Period 1665.00	<b>Transaction ID: D760</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1665.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WNNE-TV	Nature of Debt (Purpose): debate media hook-up
Mailing Address PO Box 1310	
City State ZIP Code White Riv Jct VT 05001-1310	

Outstanding Balance Beginning This Period 1665.00	<b>Transaction ID: D1561</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1665.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	3449.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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 10

NAME OF COMMITTEE (In Full)  
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Xerox Corporation	Nature of Debt (Purpose): admin
Mailing Address 191 Spring St	
City State ZIP Code Lexington MA 02421-8045	

Outstanding Balance Beginning This Period 91.50	<b>Transaction ID: D761</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.50

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Xerox Corporation	Nature of Debt (Purpose): admin - copier service
Mailing Address 191 Spring St	
City State ZIP Code Lexington MA 02421-8045	

Outstanding Balance Beginning This Period 91.50	<b>Transaction ID: D1562</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.50

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>183.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>29657.85</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	