

ANHP

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

RECEIVED
FEC MAIL CENTER

2016 OCT 31 AM 11:26

76 SARAH CIRCLE
LACONIA NH 03246
T: 603.455.1145

October 28, 2016

RE ID# COS15973


Advocates for NH Patients

RE: 10/1/16 - 10/19/2016 Pre-General Report

To Whom It May Concern:

Please find enclosed the above referenced report. I was a day late in completing the report and another day getting to the Post office due to work and family commitments. Respectfully, I request waiver of any penalties.

Respectfully,


Henry D. Lipman
Treasurer

NOV 10 10 11 AM '16

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 OCT 31 AM 11:26
Office Use Only

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

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

ADDRESS (number and street) 76 SARAH CIRCLE

Check if different than previously reported. (ACC) LACONIA NH 03246

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00515973

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 27 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 11 / 08 / 2016 in the State of NH

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

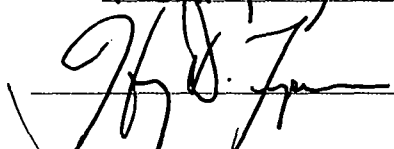
Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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 Henry D. Lipman

Signature of Treasurer



Date

10 / 28 / 2016

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

2016-10-31 11:00:00

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="399561"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="271061"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="290000"/>	<input type="text" value="1290000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="561061"/>	<input type="text" value="1689561"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="350000"/>	<input type="text" value="1478500"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="211061"/>	<input type="text" value="211061"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	

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

20161019 10:11 AM EDT

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2016

To:

MM / DD / YYYY
10 / 19 / 2016

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

Than Political Committees

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

29,000.00

12,900.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

29,000.00

12,900.00

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c) (Carry

Totals to Line 33, page 5).....▶

29,000.00

12,900.00

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

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

29,000.00

12,900.00

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

29,000.00

12,900.00

NO-10-10-NH-01-00-11-00-00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

NON-FEDERAL CAMPAIGN CONTRIBUTIONS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 3
<input 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

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)
Advocates for New Hampshire Patients

A. **Peterson, Michael**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **278 Paradise Rd ME**
 City: **Bethel** State: **ME** Zip Code: **04217**
 Name of Employer: **Androscoquin Valley Hospital** Occupation: **Healthcare Management**
 Receipt For: Primary General
 Aggregate Year-to-Date: **50.00**

Date of Receipt: **09 / 23 / 2016**
 Amount of Each Receipt this Period: **50.00**
 Previously reported

B. **Harker, Travis**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1550 Union St**
 City: **Manchester** State: **NH** Zip Code: **03104**
 Name of Employer: **Granite Health** Occupation: **Physician**
 Receipt For: Primary General
 Aggregate Year-to-Date: **100.00**

Date of Receipt: **10 / 04 / 2016**
 Amount of Each Receipt this Period: **100.00**

C. **Rowe, Rachel**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **815 Jewett Rd.**
 City: **Hopkinton** State: **NH** Zip Code: **03229**
 Name of Employer: **Granite Health** Occupation: **Healthcare Management**
 Receipt For: Primary General
 Aggregate Year-to-Date: **1,000.00**

Date of Receipt: **10 / 04 / 2016**
 Amount of Each Receipt this Period: **1,000.00**

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

NO. 10-10-01-01-001-00000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 3
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
Advocates for New Hampshire Patients

Full Name (Last, First, Middle Initial) A. Colby, Scott		Date of Receipt 10 / 14 / 2016
Mailing Address 6 William Dr.		Amount of Each Receipt this Period 50.00
City Londonderry	State NH	Zip Code 03053
FEC ID number of contributing federal political committee. C		
Name of Employer Upper CT Valley Hospital	Occupation Healthcare Management	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) B. Rose, Michael		Date of Receipt 10 / 14 / 2016
Mailing Address 42 Anthony Drive		Amount of Each Receipt this Period 1,000.00
City Londonderry	State NH	Zip Code 03053
FEC ID number of contributing federal political committee. C		
Name of Employer Southern NH Medical Ctr.	Occupation Healthcare Management	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) C. Marzinzik, John		Date of Receipt 10 / 17 / 2016
Mailing Address 175 Old Road		Amount of Each Receipt this Period 500.00
City Elliot ME	State ME	Zip Code 03903
FEC ID number of contributing federal political committee. C		
Name of Employer Frisbee Memorial Hospital	Occupation Healthcare Management	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,550.00
TOTAL This Period (last page this line number only).....▶	

NO TO THE EXTENT OF SUCH INFORMATION

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

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

FOR LINE NUMBER: PAGE **3** OF **3**
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
Advocates for New Hampshire Patients

A. Full Name (Last, First, Middle Initial)
Bizarro-Thunberg, Kathleen

Mailing Address
837 Hopkinton Rd.

City **Hopkinton** State **NH** Zip Code **03229**

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

Name of Employer **NH Hospital Assoc.** Occupation **Association Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 17 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **250.00**

TOTAL This Period (last page this line number only) **2,900.00**

NON-PROFIT ORGANIZATION

**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 4 OF 4

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

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 16 / 2016

A. Hosmer for State Senate

Mailing Address

8 Summit Avenue

City

Laconia

State

NH

Zip Code

03246

Purpose of Disbursement

Campaign Contribution

Candidate Name

Andrew Hosmer

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House

Senate NH

President

Disbursement For:

Primary

General

Other (specify) ▼

Memo Item

State: NH

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 16 / 2016

B. Soucy for State Senate

Mailing Address

91 Alexander Drive

City

Manchester

State

NH

Zip Code

03109

Purpose of Disbursement

Campaign Contribution

Candidate Name

Donna Soucy

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House

Senate NH

President

Disbursement For:

Primary

General

Other (specify) ▼

Memo Item

State: NH

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 16 / 2016

C. Dan Feltus for Senate

Mailing Address

P.O. Box 623

City

Concord

State

NH

Zip Code

03302

Purpose of Disbursement

Dan Feltus Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Office Sought:

House

Senate NH

President

Disbursement For:

Primary

General

Other (specify) ▼

Memo Item

State: NH

District:

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

1,250.00

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

20161010 10:00:00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM ' DD ' YYYY
10 ' 16 ' 2016

A. **Bette Lasky for NH Senate**

Mailing Address

15 Mansfield Road

City

Nashua

State

NH

Zip Code

03062

Purpose of Disbursement

Bette Lasky Campaigns Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Memo Item

Office Sought:

House

Senate **NH**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM ' DD ' YYYY
10 ' 16 ' 2016

B. **Jay Kahn for Senate**

Mailing Address

PO Box 433

City

Keenex

State

NH

Zip Code

03431

Purpose of Disbursement

Campaign Contribution

Candidate Name

Jay Kahn

Category/
Type

Amount of Each Disbursement this Period

250.00

Memo Item

Office Sought:

House

Senate **NH**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM ' DD ' YYYY
10 ' 16 ' 2016

C. **Gray for NH Senate**

Mailing Address

21 Route Street Drive

City

Rochester

State

NH

Zip Code

03867

Purpose of Disbursement

James Gray Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Memo Item

Office Sought:

House

Senate **NH**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

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

750.00

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

NO-TO-THE-NH-CONFERENCE

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial)

A. Woodburn for Senate

Mailing Address: 30 King Square
City: Whitefield NH Zip Code: 03598

Purpose of Disbursement: Campaign Contribution

Candidate Name: Jeff Woodburn

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

State: NH District:

Date of Disbursement

10 / 16 / 2016

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hennessy for NH Senate

Mailing Address: PO Box 5191
City: Hamouir NH Zip Code: 03755

Purpose of Disbursement: Campaign Contribution

Candidate Name: Martha Hennessy

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

State: NH District:

Date of Disbursement

10 / 16 / 2016

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kennedy for NH

Mailing Address: PO Box 201
City: Union NH Zip Code: 03887

Purpose of Disbursement: Campaign Contribution

Candidate Name: Joseph Kennedy

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

State: NH District:

Date of Disbursement

10 / 16 / 2016

Amount of Each Disbursement this Period

750.00

Memo Item

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

1,000.00

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

NON-FUNCTIONAL SECTION

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial)

A. Chris Pappas for Executive Council

Date of Disbursement

MM/DD/YYYY
05/16/2016

Mailing Address

629 Kenney Circle

City

Manchester

State

NH

Zip Code

03104

Purpose of Disbursement

Campaign Contribution

Candidate Name

Chris Pappas

Category/
Type

Amount of Each Disbursement this Period

25000

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NH

District: Excluded

Full Name (Last, First, Middle Initial)

B. Weeks for NH

Date of Disbursement

MM/DD/YYYY
10/16/2016

Mailing Address

PO Box 1516

City

Nashua

State

NH

Zip Code

03061

Purpose of Disbursement

Campaign Contribution

Candidate Name

Daniel Weeks

Category/
Type

Amount of Each Disbursement this Period

25000

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NH

District: Excluded

Full Name (Last, First, Middle Initial)

C. Mailing Address

Date of Disbursement

MM/DD/YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

500.00

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

3,500.00

NON-FEDERAL CAMPAIGN DISBURSEMENTS

NO POSTAGE NEEDED IF MAILED IN THE U.S.

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS™ FASTEST SERVICE IN THE U.S.

FLAT RATE ENVELOPE

NO POSTAGE NEEDED IF MAILED IN THE U.S.

IF MAILED INTERNATIONALLY, POSTAGE DECLARATION MAY BE REQUIRED.



SEP 2015 2 x 9 1/2



001000006

PRESS FIRMLY TO SEAL

U.S. POSTAGE PAID LACONIA, NH 03246 OCT 29 16 AMOUNT \$22.95 R2304N117535-20



1007 20463



EL575217905US

PRIORITY MAIL EXPRESS™



RECEIVED FCC MAIL CENTER

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (03) 755-7743
 A MLP
 76 Southwick
 Laconia, NH 03246

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ()
 Federal Election Commission
 549 E Street NW
 Washington, DC
 205463

ZIP + 4® (U.S. ADDRESSES ONLY)

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 Insurance included.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO ZIP Code 03246 Scheduled Delivery Date (MMDDYY) 10/31/16 Postage \$ 22.95

Date Accepted (MMDDYY) 10/29/16 Scheduled Delivery Time 10:30 AM COD Fee \$

Time Accepted 11:00 AM 10:30 AM Delivery Fee \$ Live Animal Transportation Fee \$

Weight 11.00 lbs. Rate \$ 22.95 Total Postage & Fees \$

Sunday/Holiday Premium Fee \$ Return Receipt Fee \$

Acceptance Employee Initials JFG

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MMDDYY) Time Employee Signature

Delivery Attempt (MMDDYY) Time Employee Signature

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 PREPARER

10/31/16
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