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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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

SHAHEEN FOR SENATE COMMITTEE

2½ BEACON STREET

ADDRESS (number and street) ▼

☐ Check if different than previously reported. (ACC)

CONCORD NH 03301-

2. FEC IDENTIFICATION NUMBER ▼ C00368506

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☒ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

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

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2004 through 06 / 30 / 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 MICHELLE CHICOINE

Signature of Treasurer _____ Date 04 / 15 / 2004

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

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FEC FORM 3
(Revised 02/2003)

FE4AH018

FEC Form 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
SHAHEEN FOR SENATE COMMITTEE

Report Covering the Period: From: 04 / 01 / 2004 To: 06 / 30 / 2004

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0	4804258
(b) Total Contribution Refunds (from Line 20(d))	0	707500
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0	4096758
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	98073	2705055.7
(b) Total Offsets to Operating Expenditures (from Line 14)	0	640946
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	98073	2640961.1
8. Cash on Hand at Close of Reporting Period (from Line 27)	223431.9	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:

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

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

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

SHAHEEN FOR SENATE COMMITTEE

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0	0
(ii) Unitemized	0	0
(iii) TOTAL of contributions from individuals ▶	0	3435566
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	1368692
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0	4804258
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	375908
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0	0
(b) All Other Loans	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	640946
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2210	6274601
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	2210	12095713

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	98073	27050557
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	707500
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0	707500
21. OTHER DISBURSEMENTS	0	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98073	27758057

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2330182
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	2210
25. SUBTOTAL (add Line 23 and Line 24)	2332392
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	98073
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2234319

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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

NAME OF COMMITTEE (In Full)
SHAHEEN FOR SENATE COMMITTEE

A.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: 1 Capitol Plaza
City: Concord State: NH Zip Code: 03301
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: ☐ Primary ☐ General ☒ Other (specify)
Election Cycle-to-Date
Date of Receipt: 04 30 2004
Amount of Each Receipt this Period: 747
☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: 1 Capitol Plaza
City: Concord State: NH Zip Code: 03301
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: ☐ Primary ☐ General ☒ Other (specify)
Election Cycle-to-Date
Date of Receipt: 05 31 2004
Amount of Each Receipt this Period: 759
☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: 1 Capitol Plaza
City: Concord State: NH Zip Code: 03301
FEC ID number of contributing federal political committee: C
Name of Employer: Occupation:
Receipt For: ☐ Primary ☐ General ☒ Other (specify)
Election Cycle-to-Date
Date of Receipt: 06 30 2004
Amount of Each Receipt this Period: 714
☐ Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2210

TOTAL This Period (last page this line number only) ▶ 2210

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) [X] 17 [ ] 18 [ ] 19a [ ] 19b [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
SHAHEEN FOR SENATE COMMITTEE

A.
Full Name (Last, First, Middle Initial): Fratello's Restaurant
Mailing Address: Dow Street
City: Manchester State: NH Zip Code: 03101
Purpose of Disbursement: Room fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 05 / 11 / 2004
Amount of Each Disbursement this Period: 757.73
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): United States Postal Service
Mailing Address: Coffs Falls Road
City: Manchester State: NH Zip Code: 03109
Purpose of Disbursement: P.O. Box fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 04 / 26 / 2004
Amount of Each Disbursement this Period: 136.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: 1 Capitol Plaza
City: Concord State: NH Zip Code: 03301
Purpose of Disbursement: Bank charges
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 09 / 13 / 2004
Amount of Each Disbursement this Period: 29.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 9,207.73

TOTAL This Period (last page this line number only) ▶ 9,807.73

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) [X] 17 [ ] 18 [ ] 19a [ ] 19b [ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (in Full)
SHAHEEN FOR SENATE COMMITTEE

A.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: 1 Capitol Plaza
City: Concord State: NH Zip Code: 03301
Purpose of Disbursement: Bank fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 05/13/2004
Amount of Each Disbursement this Period: 29.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.
Full Name (Last, First, Middle Initial): Citizens Bank
Mailing Address: 1 Capitol Plaza
City: Concord State: NH Zip Code: 03301
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify)
Date of Disbursement: 06/29/2004
Amount of Each Disbursement this Period: 29.00
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:
[ ] Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 58.00

TOTAL This Period (last page this line number only) ▶ 98073

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
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