

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 REPUBLICAN STATE COMMITTEE

ADDRESS (number and street) 10 Water Street
 Check if different than previously reported. (ACC)
Concord NH 03301

2. **FEC IDENTIFICATION NUMBER** C00136457
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 02 01 2008 through 02 29 2008

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 Robert Scott

Signature of Treasurer Electronically Filed by Robert Scott Date 06 07 2011

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)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	X	Y	Y	Y	2	0	0	8		26172.68
X	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	104505.90									
(c) Total Receipts (from Line 19)	25938.21	129056.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	130444.11	155229.25								
7. Total Disbursements (from Line 31)	18281.59	43066.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112162.52	112162.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	335229.50									

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 REPUBLICAN STATE COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7370.00	36295.00
(ii) Unitemized	10481.00	24282.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17851.00	60577.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	18225.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22851.00	78802.69
12. Transfers From Affiliated/Other Party Committees	0.00	47166.67
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.)	3087.21	3087.21
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))	25938.21	129056.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25938.21	129056.57

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	10476.94	24937.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10476.94	24937.06
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	7804.65	18129.67
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	7804.65	18129.67
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18281.59	43066.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18281.59	43066.73

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)	22851.00	78802.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22851.00	78802.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10476.94	24937.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10476.94	24937.06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 19
(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 REPUBLICAN STATE COMMITTEE

A. Full Name (Last, First, Middle Initial)
Judd Alexander

Mailing Address 10 Oak St
128

City Exeter State NH Zip Code 03833-1623

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2008
Transaction ID: A6936F41D2D204E15953
Amount of Each Receipt this Period 250.00

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

Mailing Address 129 Rivermead Rd

City Peterborough State NH Zip Code 03458-1731

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 23 / 2008
Transaction ID: AA0274BD865EE431DAA0
Amount of Each Receipt this Period 250.00

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

Mailing Address PO Box 5254

City Hanover State NH Zip Code 03755-5254

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

Name of Employer White Mountains Ins. Group Occupation Ceo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 02 / 20 / 2008
Transaction ID: AF8404B43A10B4342B14
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Steven Bennett		Date of Receipt
	Mailing Address 7 Champagne Terrace		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bedford	NH	03110-5219
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	Transaction ID: A1C22FC097528469E8A1
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Beverly Bruce		Date of Receipt
	Mailing Address 300 Mtn Rd Well Sweep Farm		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Center Tuftonboro	NH	03816
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Bruce Group		Occupation Consultant	Transaction ID: A2658F0262921452C941
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Duncan Chaplin		Date of Receipt
	Mailing Address 16 Theopold Ln		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Strafford	NH	03884-6392
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Information Requested	Transaction ID: AFD46530380334670A67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="120.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="620.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 8 / 19
	<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Derrill Crosby		Date of Receipt																					
	Mailing Address 11 Central 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>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	2		2	0	0	8														
City	State	Zip Code	Transaction ID: A816F253CF2404BD7B6B																					
Peterborough	NH	03458-1418	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer Retired		Occupation Retired																						
Receipt For: <input 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) Muriel Graham		Date of Receipt																					
	Mailing Address PO Box 128		<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>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	9		2	0	0	8														
City	State	Zip Code	Transaction ID: A0E5BB08363A4426EB64																					
Wolfeboro	NH	03894-0128	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	500.00																					
Name of Employer Self		Occupation Homemaker																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500.00																					

C.	Full Name (Last, First, Middle Initial) William Hallager		Date of Receipt																					
	Mailing Address 113 Pollard Rd		<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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	7		2	0	0	8														
City	State	Zip Code	Transaction ID: A26F07CD1B6964F41AAF																					
Lincoln	NH	03251-4236	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer Retired		Occupation Retired																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**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 9 / 19
	<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) John Hewitt		Date of Receipt
	Mailing Address PO Box 2333		<input type="text" value="02"/> <input type="text" value="28"/> <input type="text" value="2008"/>
	City	State	Zip Code
	New London	NH	03257-2333
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Trustee	Transaction ID: AFFD7816205294DB9B44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Peter McArdle		Date of Receipt
	Mailing Address 12 Tern Way		<input type="text" value="02"/> <input type="text" value="26"/> <input type="text" value="2008"/>
	City	State	Zip Code
	Merrimack	NH	03054-4836
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Acadia Insurance Company		Occupation Asst. Vice President	Transaction ID: A870457D81DF74D91855
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Robert Scribner		Date of Receipt
	Mailing Address 304 Reid Rd		<input type="text" value="02"/> <input type="text" value="25"/> <input type="text" value="2008"/>
	City	State	Zip Code
	Fracestown	NH	03043-3717
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer C.i.m. Industries, Inc.		Occupation President	Transaction ID: A20641B90FDFA44E385D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 19
	(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 REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial) Kurt Swenson		Date of Receipt MM / DD / YYYY 02 / 19 / 2008
Mailing Address 336 Putney Hill Rd		Transaction ID: A8EE5682095854806B15
City Hopkinton	State NH	
Zip Code 03229-2506		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Rock Of Ages Corporation	Occupation Chairman And Ceo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Don Van Patten		Date of Receipt MM / DD / YYYY 02 / 21 / 2008
Mailing Address 55 Laura Ln		Transaction ID: A743088DBFB5B4FB1BE9
City Hampstead	State NH	
Zip Code 03841-2360		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Ctf Technology	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	7370.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 19
	(check only one)	
<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

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 REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Log Cabin Republicans, Inc

Mailing Address 1901 Pennsylvania Avenue NW
Suite 902

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C90011982

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: AE0223C1E1528419B8CA

Amount of Each Receipt this Period
5000.00

A sponsor for the First in the Nation Primary Brunch

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

A.

Full Name (Last, First, Middle Initial)
University System Of New Hampshire

Mailing Address 105 Main Street

City State Zip Code
Durham NH 03824

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3087.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	8

Transaction ID: A3DD1A1273B594668817

Amount of Each Receipt this Period
3087.21

Refund of overpayment

SUBTOTAL of Receipts This Page (optional)	▶	3087.21
TOTAL This Period (last page this line number only)	▶	3087.21

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

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 REPUBLICAN STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Christian Party Rental</p> <p>Mailing Address 18 Clinton Drive</p> <p>City Hollis State NH Zip Code 03049</p> <p>Purpose of Disbursement Fundraising: Event Stage/Sound Set up</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B17F402744A0A40A3BF4</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1166.50</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address PO Box 789</p> <p>City Providence State RI Zip Code 02901-0789</p> <p>Purpose of Disbursement Credit Card fee</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0E1F842DFD534CCB82C</p> <p>Date of Disbursement 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 206.19</p>
<p>C. Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc.</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 33762</p> <p>Purpose of Disbursement Fundraising: Mail Fundraising</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBFA07C31CBCD4EDA81F</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2122.69

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)

<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

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 REPUBLICAN STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Ge Capital</p> <p>Mailing Address PO Box 642333</p> <p>City Pittsburgh State PA Zip Code 15264</p> <p>Purpose of Disbursement Printer/Copier Lease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6FFA141BB58A4701988</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="241.39"/></p>
<p>B. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Processing Center</p> <p>City Andover State MA Zip Code 05501</p> <p>Purpose of Disbursement federal taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1A7E9100F1D747BDA64</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2061.09"/></p>
<p>C. Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address Processing Center</p> <p>City Andover State MA Zip Code 05501</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD138753635D841B1949</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="873.83"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3176.31"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 15 / 19

<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

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 REPUBLICAN STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Keene Country Club</p> <p>Mailing Address 75 West Street</p> <p>City Keene State NH Zip Code 03431</p> <p>Purpose of Disbursement Fundraising: catering fee</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE7ABB448F09345A181A</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 702.00</p>
<p>B. Full Name (Last, First, Middle Initial) Molloy Sound And Video</p> <p>Mailing Address 1200 S Mammoth Road</p> <p>City Manchester State NH Zip Code 03109</p> <p>Purpose of Disbursement Event Sound and Video Expense</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B99424E9E074643B1B4D</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3360.00</p>
<p>C. Full Name (Last, First, Middle Initial) One Communications</p> <p>Mailing Address PO Box 9614</p> <p>City Manchester State NH Zip Code 03108</p> <p>Purpose of Disbursement Phone Service</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB84F8F2AA32A4B45BCE</p> <p>Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 363.38</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4425.38</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 16 / 19

<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

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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Allison Welch			Transaction ID: B60A91BB0B27D4A568E7		
	Mailing Address 605 Silver St Apt. 1r			Date of Disbursement MM / DD / YYYY 02 / 20 / 2008		
	City Manchester	State NH	Zip Code 03103-4440	Amount of Each Disbursement this Period 249.94		
	Purpose of Disbursement Travel reimbursement		Category/ Type			
	Candidate Name Allison Welch					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
	State:	District:				

SUBTOTAL of Disbursements This Page (optional)

249.94

TOTAL This Period (last page this line number only)

9974.32

**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 checked="" type="checkbox"/> 30b

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

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

A. Full Name (Last, First, Middle Initial) Stephen Demaura <hr/> Mailing Address 99 Clinton St Unit 421 <hr/> City Concord State NH Zip Code 03301-2284 <hr/> Purpose of Disbursement FEA 100% Federal: Salary <hr/> Candidate Name Stephen Demaura <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2143473B17934599BA4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1521.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Peter Flynn <hr/> Mailing Address 22 N. Spring St Apt. 2 <hr/> City Concord State NH Zip Code 03301-3919 <hr/> Purpose of Disbursement FEA 100% Federal: salary <hr/> Candidate Name Peter Flynn <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB58DDA377161452AB79 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1184.25
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Peter Flynn <hr/> Mailing Address 22 N. Spring St Apt. 2 <hr/> City Concord State NH Zip Code 03301-3919 <hr/> Purpose of Disbursement FEA 100% Federal: salary <hr/> Candidate Name Peter Flynn <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B39D2CBAA1BF9408FB12 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1184.25
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3889.50

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)

<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 checked="" type="checkbox"/> 30b

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

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

<p>A. Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 30 Hanover St Apt. 302</p> <p>City Manchester State NH Zip Code 03101-2238</p> <p>Purpose of Disbursement FEA 100% Federal: salary</p> <p>Candidate Name Barney Keller</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B115C9577EE424FF0916</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 999.37</p>
<p>B. Full Name (Last, First, Middle Initial) Allison Welch</p> <p>Mailing Address 605 Silver St Apt. 1r</p> <p>City Manchester State NH Zip Code 03103-4440</p> <p>Purpose of Disbursement FEA 100% Federal: salary</p> <p>Candidate Name Allison Welch</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B68FDA8C39C0F44CDB79</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1457.89</p>
<p>C. Full Name (Last, First, Middle Initial) Allison Welch</p> <p>Mailing Address 605 Silver St Apt. 1r</p> <p>City Manchester State NH Zip Code 03103-4440</p> <p>Purpose of Disbursement FEA 100% Federal: Salary</p> <p>Candidate Name Allison Welch</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD25974595BE04A17B46</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1457.89</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3915.15

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

7804.65

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 / 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Devine Millimet & Branch	Nature of Debt (Purpose): Legal Fees
Mailing Address 111 Amherst Street	
City State ZIP Code Manchester NH 03101	

Outstanding Balance Beginning This Period 330081.50	Transaction ID: DAE652BD65F604340B05	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 330081.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NH Rep. State Cmte. - NON FEDERAL	Nature of Debt (Purpose): Allocable Federal share of rent owed
Mailing Address 10 Water Street	
City State ZIP Code Concord NH 03301	

Outstanding Balance Beginning This Period 4680.00	Transaction ID: D223CBF03DB7C477098C	
Amount Incurred This Period 468.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5148.00

1) SUBTOTALS This Period This Page (optional).....	335229.50
2) TOTALS This Period (last page this line number only).....	335229.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	335229.50