

July 14, 2015

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Quarter 2 2014 Report

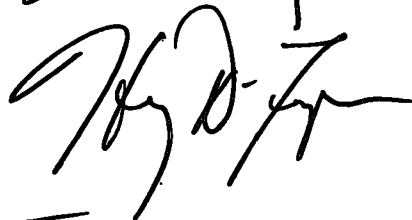
RE: ID# COS15973

Advocates for New Hampshire Patients

To Whom It May Concern;

Please find enclosed our Quarter 2
Report for 2014.

Sincerely,



Treasurer

603-455-1145

**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:

04^M 01^D 2014^Y

To:

06^M 30^D 2014^Y

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2014^Y		27,369.98
(b) Cash on Hand at Beginning of Reporting Period.....	21,319.98	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21,319.98	
7. Total Disbursements (from Line 31).....	8,542.39	14,592.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,777.59	12,777.59
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)	0.00	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

04 01 2014

To:

06 30 2014

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).....		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(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)		
▶		
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)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8,500.00	14,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements <i>Checks for Advocates for NH Patients</i>	42.39	92.39
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85,423.9	145,923.9
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

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)		

**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 1	
<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	

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)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2.00

**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 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)

A. **Peggy Gilmore for NH Senate**

Mailing Address

126 Depot Road

City

Hollis

State

NH

Zip Code

03049

Purpose of Disbursement

Donation to Campaign

Candidate Name

Category/
Type

Date of Disbursement

06 13 2014

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate **State**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

Full Name (Last, First, Middle Initial)

B. **Chuck Morse for State Senate**

Mailing Address

18 Brookhollow Drive

City

Salen

State

NH

Zip Code

03071

Purpose of Disbursement

Donation to Campaign

Candidate Name

Category/
Type

Date of Disbursement

06 13 2014

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate **State**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

Full Name (Last, First, Middle Initial)

C. **Job Bradley for State Senate**

Mailing Address

645 South Main Street

City

Wolfeboro

State

NH

Zip Code

03894

Purpose of Disbursement

Donation to Campaign

Candidate Name

Category/
Type

Date of Disbursement

06 13 2014

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate **State**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

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

3,000.00

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

8,542.39

**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

A. **Juanik Forrester for State Senate**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **78 Tracy Way**
 City: **Meredith** State: **NH** Zip Code: **03253**
 Purpose of Disbursement: **Donation to Campaign**
 Candidate Name: **Juanik Forrester**
 Date of Disbursement: **06 13 2014**
 Amount of Each Disbursement this Period: **1,000.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **NH**
 State: **NH** District:

B. **Committee to Elect Lou D'Allesandria**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **332 St. James Avenue**
 City: **Manchester** State: **NH** Zip Code: **03102**
 Purpose of Disbursement: **Donation to Campaign**
 Candidate Name: **Lou D'Allesandria**
 Date of Disbursement: **06 13 2014**
 Amount of Each Disbursement this Period: **1,000.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **NH**
 State: **NH** District:

C. **Friends of Nancy Stiles**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1 Mill Road**
 City: **North Hampton** State: **NH** Zip Code: **03862**
 Purpose of Disbursement: **Donation to Campaign**
 Candidate Name: **Nancy Stiles**
 Date of Disbursement: **06 13 2014**
 Amount of Each Disbursement this Period: **1,000.00**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **NH**
 State: **NH** District:

SUBTOTAL of Disbursements This Page (optional).....	3,000.00
TOTAL This Period (last page this line number only).....	8542.39

**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

A. Boutin for State Senate		Date of Disbursement
Mailing Address 1465 Hooksett Road # 80		06 13 2014
City	State	Zip Code
Hooksett	NH	03106
Purpose of Disbursement Campaign Donation		Amount of Each Disbursement this Period 1,000.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate NH State <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: N	District:	

B. Hosner for State Senate		Date of Disbursement
Mailing Address 8 Summit Avenue		06 13 2014
City	State	Zip Code
Laconia	NH	03246
Purpose of Disbursement Campaign Donation		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

C. Supporters of Nolly Kelly		Date of Disbursement
Mailing Address P.O. Box 1475		
City	State	Zip Code
Keene	NH	03431
Purpose of Disbursement Campaign Donation		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	8,542.39

**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. Steve Hattamer for Executive Council		Date of Disbursement
Mailing Address P.O. Box 1633		06 / 13 / 2014
City Nashua	State NH	Zip Code 03060
Purpose of Disbursement Campaign Donation		Amount of Each Disbursement this Period , 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: Executive Council NH	

B. BANK OF New Hampshire		Date of Disbursement
Mailing Address 62 Pleasant Street		06 / 24 / 2014
City Lebanon	State NH	Zip Code 03246
Purpose of Disbursement Checks ordered for Advocates		Amount of Each Disbursement this Period , 42.39
Candidate Name		
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:	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	8,542.39

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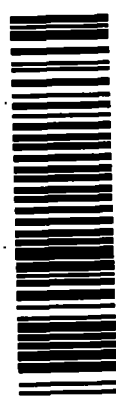
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<input type="checkbox"/> Military	Scheduled Delivery Time 10:30 AM <input type="checkbox"/> 3:00 PM	Delivery Attempt (MMDDYY) Time 10:30 AM Delivery Fee	Delivery Attempt (MMDDYY) Time 10:30 AM
<input type="checkbox"/> Postage	Insurance Fee \$ 19.99	Delivery Attempt (MMDDYY) Time 4:54 PM	Delivery Attempt (MMDDYY) Time 10:30 AM
<input type="checkbox"/> COD Fee	Return Receipt Fee \$	Delivery Attempt (MMDDYY) Time Weight 4:54	Delivery Attempt (MMDDYY) Time 10:30 AM
<input type="checkbox"/> Live Animal Transportation Fee	Total Postage & Fees \$ 19.99	Delivery Attempt (MMDDYY) Time Flat Rate	Delivery Attempt (MMDDYY) Time 10:30 AM
<input type="checkbox"/> DPO		Delivery Attempt (MMDDYY) Time Flat Rate	Delivery Attempt (MMDDYY) Time 10:30 AM
		Delivery Attempt (MMDDYY) Time Flat Rate	Delivery Attempt (MMDDYY) Time 10:30 AM

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/14/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

7/15/14
DATE PREPARED