

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 1/4 SECRETARY OF THE SENATE PUBLIC RECORDS

14 MAR 24 PM 3:33

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

New Hampshire for Scott Brown Exploratory Committee

ADDRESS (number and street)

PO Box 600

(Check if address is changed)

Rye

CITY

NH

STATE

03870

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

paul@pdscompliance.com

Optional Second E-Mail Address ydevito@bowditch.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://scottbrown.com

2. DATE

03 / 20 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer

Paul Kilgore

Handwritten signature of Paul Kilgore

Date

03 / 20 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14020173268

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Scott Brown

Candidate Party Affiliation Office Sought: House Senate President State NH District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

14020173269

Write or Type Committee Name

New Hampshire for Scott Brown Exploratory Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Paul Kilgore

Mailing Address PO Box 600

Rye	NH	03870

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 603 - 785 - 4782

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Paul Kilgore

Mailing Address PO Box 600

Rye	NH	03870

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 603 - 785 - 4782

14020173270

Full Name of Designated Agent Vincent DeVito

Mailing Address PO Box 600

[Empty address line]

Rye NH 03870 CITY STATE ZIP CODE

Title or Position Chief Legal Counsel Telephone number 603 785 4782

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TD Bank

Mailing Address 500 Washington Road

[Empty address line]

Rye NH 03870 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line] CITY STATE ZIP CODE

14020173271

14020173272

Pull To Open

EXTREMELY URGENT Please Rush To Addressee

Schedule package pickup right from home or office at usps.com/pickup

Print postage online - Go to usps.com

PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE

Flat Rate Mailing Envelope
For Domestic and International Use

Visit us at usps.com



When used internationally affix customs declarations (PS Form 2976, or 2976A).



E129355755BUS



Addresssee Copy Label 1-B, Mar 2004

UNITED STATES POSTAL SERVICE® Post Office To Addresssee

ORIGIN (POSTAL SERVICE USE ONLY)		Postage	Return Receipt Fee	Insurance Fee
PO ZIP Code	Day of Delivery	\$ 19.60	\$	\$
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day			
Date Accepted	Scheduled Date of Delivery			
Mo. Day Year	Month Day			
	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM			
Time Accepted	Scheduled Time of Delivery			
<input type="checkbox"/> AM <input type="checkbox"/> PM	Military			
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			
lbs. ozs.	Int'l Alpha Country Code			
	Acceptance Emp. Initials			

FROM: (PLEASE PRINT) PHONE (617) 757-6518

Vincent DeVito, Esq.
Bowditch & Dewey, LLP
One International Place - 44th Fl.
Boston, MA 02110

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

DELIVERY (POSTAL USE ONLY)		CUSTOMER USE ONLY	
Delivery Attempt	Time	WARRANTY OF SERVICE: USPS guarantees that the item will be delivered to the addressee on the scheduled date and time unless otherwise indicated. Additional services, such as signature verification, may be required for certain items. USPS is not responsible for items that are not delivered to the addressee. USPS is not responsible for items that are not delivered to the addressee.	
Mo. Day	AM PM		
Delivery Attempt	Time		
Mo. Day	AM PM		
Delivery Date	Time		
Mo. Day	AM PM		

TO: (PLEASE PRINT) PHONE ()

Secretary of the Senate
Office of Public Records
P.O. Box 77578
Washington, DC

ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES)
2 0 0 1 3 + 7 5 7 8

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

USPS packaging products have been awarded Cradle to Cradle Certification for their ecologically-intelligent design. For more information go to ribbdc.com/usps
Cradle to Cradle Certified is a certification mark of USPO.

Please recycle.



EP13F

PRESS HARD, YOU ARE MAKING 3 COPIES

NCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 3-20-14 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 3-24-14

14020173273

1402017327A

