



ANHP

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

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76 SARAH CIRCLE
LACONIA NH 03246
T: 603.455.1145

January 31, 2017 Year-End Report

RE ID# COSIS 973

Advocates For New Hampshire Patients

To Whom It May Concern:

Please find the 2016 Year-End report
enclosed. Thank you.

Best Regards,

Henry D. Lioman
Treasurer

2017-01-01 10:00 AM FAX

**FEC
FORM 3X**

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

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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 ▲

000515973

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

Election on

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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

Henry D. Lipman

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

2017-01-01 10:00 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

11 / 09 / 2016

To:

12 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		399,561
(b) Cash on Hand at Beginning of Reporting Period.....	23,106	
(c) Total Receipts (from Line 19).....	100.00	132,000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24,106	171,956
7. Total Disbursements (from Line 31).....	280.00	15,065.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21,306	213,061
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

2016-11-09 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

MM / DD / YYYY
11 / 09 / 2016

To:

MM / DD / YYYY
12 / 31 / 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

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

1.00.00

13,200.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1.00.00

13,200.00

(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).....▶

1.00.00

13,200.00

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)).....▶

1.00.00

13,200.00

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

1.00.00

13,200.00

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... <i>Reg. & Tax Prep</i>	280.00	815.00
30. Federal Election Activity (52 U.S.C. § 30101(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))..	280.00	15065.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	280.00	15065.00

NON-FEDERAL DONATIONS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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-CONFIDENTIAL

**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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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

A. Full Name (Last, First, Middle Initial)
Peter J. Wright

Mailing Address
50 Ridge Road

City **Claremont** State **NH** Zip Code **03743**

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

Name of Employer **Valley Regional Hospital** Occupation **Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
12 / 13 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional) **100.00**

TOTAL This Period (last page this line number only) **100.00**

NON-CONFIDENTIAL

**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 /

<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

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. NH Secretary of State
Mailing Address State House
City Concord State NH Zip Code 03301
Purpose of Disbursement Registration of ANHP PAc
Candidate Name _____
Office Sought: House Senate President
State: _____ District: _____
Disbursement For: Primary General
 Other (specify) State PAC Registration

Date of Disbursement

12 / 07 / 2016

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dunsmuir, Waldron & Sullivan, PA
Mailing Address 67 Water Street
City Laconia State NH Zip Code 03246
Purpose of Disbursement 990 Tax Return
Candidate Name _____
Office Sought: House Senate President
State: _____ District: _____
Disbursement For: Primary General
 Other (specify) 990 prep

Date of Disbursement

11 / 21 / 2016

Amount of Each Disbursement this Period

230.00

Memo Item

Full Name (Last, First, Middle Initial)

C. _____
Mailing Address _____
City _____ State _____ Zip Code _____
Purpose of Disbursement _____
Candidate Name _____
Office Sought: House Senate President
State: _____ District: _____
Disbursement For: Primary General
 Other (specify) _____

Date of Disbursement

____ / ____ / _____

Amount of Each Disbursement this Period

Memo Item

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

280.00

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

280.00

2014-10-01 10:00 AM

03246 JAN 31 17

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Federal Election Commission
999 East Street NW
Washington DC
20463

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03246	2/1/17		
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Delivery Attempt (MM/DD/YYYY)	Time
1/31/17	<input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM		
Time Accepted	10:30 AM Delivery Fee	Delivery Attempt (MM/DD/YYYY)	Time
9:40 AM			
Weight	Sunday/Holiday Premium Fee	Delivery Attempt (MM/DD/YYYY)	Time
	\$		
lbs.	Acceptance Employee Initials	Delivery Attempt (MM/DD/YYYY)	Time
ozs.	\$ 23.75		
	Postage	Delivery Attempt (MM/DD/YYYY)	Time
	\$ 23.75		
	Insurance Fee	Delivery Attempt (MM/DD/YYYY)	Time
	\$		
	Return Receipt Fee	Delivery Attempt (MM/DD/YYYY)	Time
	\$		
	Live Animal Transportation Fee	Delivery Attempt (MM/DD/YYYY)	Time
	\$		
	Total Postage & Fees	Delivery Attempt (MM/DD/YYYY)	Time
	\$ 23.75		

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UNITED STATES

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

2017-01-01 10:00:00 AM

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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