



ANHP

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

RECEIVED

2014 OCT 17 AM 11:37

76 SARAH CIRCLE
LACONIA NH 03246
T: 603.455.1145

FEC MAIL CENTER

October 15, 2014

Quarter 3 2014 Report

Re: ID# C0515973

Advocates For New Hampshire Patients

To Whom It May Concern:

Please find enclosed our Quarter 3
Report for 2014.

Sincerely

Henry D. Lipman
Henry D. Lipman
Treasurer

(603) 455-1145

00001 NH 114500

**FEC
FORM 3X**

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

RECEIVED
2014 OCT 17 AM 11:37

FEC Office Use Only
STATE CENTER

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 ▲

C00515973

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) 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 (12S)

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

07 / 01 / 2014

through

09 / 30 / 2014

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

10 / 15 / 2014

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		27,369.98
(b) Cash on Hand at Beginning of Reporting Period.....	12,777.59	
(c) Total Receipts (from Line 19).....	18,450.00	18,450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31,227.59	45,819.98
7. Total Disbursements (from Line 31).....	15,789.98	30,387.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15,437.61	15,437.61
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: **07/01/2014** To: **09/30/2014**

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).....	18,450.00	18,450.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18,450.00	18,450.00
(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)..... ▶		
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))..... ▶	18,450.00	18,450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18,450.00	18,450.00

FROM: FROM: FROM:

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

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 (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>STIPENDIARY FOR ADVOCATES</i>	15,500.00	30,000.00
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)) ..	157,899.98	303,823.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

15001 1111 1000

DETAILED SUMMARY PAGE

of Disbursements

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)		

1001 441 1500

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 2			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) **Joseph Pope**

Mailing Address **55 Rms Birches**

City **Manchester** State **NH** Zip Code **03102**

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

Name of Employer **Catholic Medical Center** Occupation **Management**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1,000.00**

Date of Receipt **08/27/2014**

Amount of Each Receipt this Period **1,000.00**

B. Full Name (Last, First, Middle Initial) **Barbara Richards**

Mailing Address **PO Box 10012**

City **Bedford** State **NH** Zip Code **03110**

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

Name of Employer **So. NH Medical Center Foundation** Occupation **Physician**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **08/29/2014**

Amount of Each Receipt this Period **150.00**

C. Full Name (Last, First, Middle Initial) **Rachel Rowe**

Mailing Address **815 Jewett Road**

City **Hopkinton** State **NH** Zip Code **03229**

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

Name of Employer **Granite Health Network** Occupation **Management**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1,000.00**

Date of Receipt **08/11/2014**

Amount of Each Receipt this Period **1,000.00**

SUBTOTAL of Receipts This Page (optional) **2,150.00**

TOTAL This Period (last page this line number only) **1,845.00**

FROM 1111 111111

**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 2 OF 2
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial)
Robert Steigmeyer

Mailing Address
4 Audley Drive

City **Bow** State **NH** Zip Code **03304**

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

Name of Employer **Concord Hospital** Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
08/26/2014

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Kristinam Terris

Mailing Address
300 Bedford Street Suto Sob

City **Manchester** State **NH** Zip Code **03101**

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

Name of Employer **Concord Hospital** Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08/20/2014

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Michael Rose

Mailing Address
42 Anthony Drive

City **Londonderry** State **NH** Zip Code **03053**

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

Name of Employer **So.NH Medical Center** Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08/17/2014

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **1,600.00**

TOTAL This Period (last page this line number only)..... **18,450.00**

17001-101-10100

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

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

FOR LINE NUMBER: PAGE 3 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

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

Mailing Address
16 Grady's Lane

City **Dover** State **NH** Zip Code **03820**

Date of Receipt
08 / 18 / 2014

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

Amount of Each Receipt this Period
250.00

Name of Employer **Wentworth Douglas Hospital** Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

B. Full Name (Last, First, Middle Initial)
Stephanie Wolf-Rosenblum

Mailing Address
47 Berkeley Street

City **Nashua** State **NH** Zip Code **03064**

Date of Receipt
08 / 18 / 2014

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

Amount of Each Receipt this Period
1,000.00

Name of Employer **Sr. NH Medical Center Foundation** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

C. Full Name (Last, First, Middle Initial)
Wayne Domin

Mailing Address
109 Livingston Dr.

City **Meredith** State **NH** Zip Code **03253**

Date of Receipt
08 / 18 / 2014

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

Amount of Each Receipt this Period
1.00.00

Name of Employer **OrthoCare** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.00.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1350.00**

TOTAL This Period (last page this line number only)..... ▶ **18450.00**

15001-1011-101000

**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** OF **12**

<input 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)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial) A. Fredric Fernholz		Date of Receipt 08/18/2014
Mailing Address 114 Pincrest Drive		Amount of Each Receipt this Period 100.00
City Gilford NH	State Zip Code 03249-2245	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 100.00
Name of Employer Laconia Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nara Friedman		Date of Receipt 08/27/2014
Mailing Address 73 Loughill Road		Amount of Each Receipt this Period 200.00
City Hollis	State Zip Code NH 03049	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 200.00
Name of Employer Southern Medical Center	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Adrienne Greenlaw		Date of Receipt 08/20/2014
Mailing Address 251 Sagamore Road		Amount of Each Receipt this Period 500.00
City Gilford	State Zip Code NH 03249	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Waco City Radiology	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	18,450.00

FORM 1111-11-2003

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)				PAGES OF 12			
<input 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial)
Matthew Lovine

Mailing Address
16 Blood Road

City
Hollis

State
NH

Zip Code
03049

FEC ID number of contributing federal political committee.
C

Name of Employer
So NH Radiology

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
08/18/2014

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Henry D. Lipman

Mailing Address
Po Box 1607

City
Laconia

State
NH

Zip Code
03247

FEC ID number of contributing federal political committee.
C

Name of Employer
LRHealthcare

Occupation
Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
08/31/2014

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Margaret J. Mochan

Mailing Address
18 Priscilla Road

City
Reading

State
MA

Zip Code
01867-2031

FEC ID number of contributing federal political committee.
C

Name of Employer
Wentworth Duxes Hospital

Occupation
Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
08/22/2014

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) **1,400.00**

TOTAL This Period (last page this line number only) **1,845.00**

14-0011 - 0911 - 10414

**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 <u>6</u> OF <u>12</u>
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) Erica Rodwell		Date of Receipt 08/26/2014
Mailing Address 6 Hampton Street Concord NH 03301		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C	Occupation Attorney/Manager	
Name of Employer So. NH Medical Center	Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00

B. Full Name (Last, First, Middle Initial) Robert J. Carbonneau		Date of Receipt 08/22/2014
Mailing Address 74 Spindlerwick Drive Nashua NH 03062-4532		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C	Occupation Management	
Name of Employer So. NH Medical Center	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00

C. Full Name (Last, First, Middle Initial) Thomas A. Clarnout		Date of Receipt 08/26/2014
Mailing Address 581 South Road Belmont NH 03220-4611		Amount of Each Receipt this Period 1,000.00
FEC ID number of contributing federal political committee. C	Occupation Retired Management	
Name of Employer Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	18450.00

FORM 1111-1001

**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 <u>7</u> OF <u>12</u>	
<input 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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) Corin Dechirico

Mailing Address 19 Storybrook Lane

City Ancheist State NH Zip Code 03031

FEC ID number of contributing federal political committee. C

Name of Employer S. NH Medical Center Foundation Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt 08/25/2014

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial) Peter Devoua

Mailing Address 30 Oakmont Drive

City Concord State NH Zip Code 03301

FEC ID number of contributing federal political committee. C

Name of Employer PMD Associates Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 250.00

Date of Receipt 08/26/2014

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial) Edward Dudley III

Mailing Address 63 Boxwood Circle 3 Wigg'n st

City ~~Putnam~~ Chilmark State MA Zip Code 01824

FEC ID number of contributing federal political committee. C

Name of Employer Catholic Medical Center Occupation Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 500.00

Date of Receipt 08/22/2014

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 1250.00

TOTAL This Period (last page this line number only)..... 18450.00

17001-101-1011-1011

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 <u>8</u> OF <u>12</u>
	<input 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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) Richard Duguay		Date of Receipt 08 / 15 / 2014
Mailing Address 63 Box Wood Circle		Amount of Each Receipt this Period 250.00
City M. Iford	State Zip Code NH 03055-3001	
FEC ID number of contributing federal political committee. C		
Name of Employer So. NH Medical Center	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Alexander J. Walker		Date of Receipt 09 / 04 / 2014
Mailing Address 857 Chestnut Street		Amount of Each Receipt this Period 1,000.00
City Manchester	State Zip Code NH 03104-2522	
FEC ID number of contributing federal political committee. C		
Name of Employer Catholic Medical Center	Occupation Attorney/Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

C. Full Name (Last, First, Middle Initial) Gregory Walker		Date of Receipt 09 / 07 / 2014
Mailing Address 139 Woods Run		Amount of Each Receipt this Period 1,200.00
City Rollingford	State Zip Code NH 03869-5815	
FEC ID number of contributing federal political committee. C		
Name of Employer Wentworth Douglas Hosp. Ad	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,200.00	

SUBTOTAL of Receipts This Page (optional).....▶	2,450.00
TOTAL This Period (last page this line number only).....▶	18,450.00

**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)
 11a 11b 11c 12 17
 13 14 15 16

PAGE 9 OF 12

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)
Gregory Winder

Mailing Address
5 Century Pines Drive

City **Barrington** State **NH** Zip Code **03825**

FEC ID number of contributing federal political committee.
C

Name of Employer
Wentworth Douglas Hospital Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
09/07/2014

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Norbert A. Bickl

Mailing Address
183 Spur Road

City **Dover, NH** State **NH** Zip Code **03820-4686**

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 ▼
100.00

Date of Receipt
09/07/2014

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ellen Carille

Mailing Address
200 Farm Road

City **North Andover** State **MA** Zip Code **01845-1135**

FEC ID number of contributing federal political committee.
C

Name of Employer
Wentworth Douglas Hospital Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09/09/2014

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

TOTAL This Period (last page this line number only)..... ▶ **1,845.00**

FROM: 11/11/14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 12
 11a 11b 11c 12
 13 14 15 16 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)
Advocates for New Hampshire Patients

A. Full Name (Last, First, Middle Initial) Sylvio L. Dupuis
 Mailing Address 451 Coolidge Street
 City Manchester State NH Zip Code 03102
 Date of Receipt 09/07/2014
 Amount of Each Receipt this Period 100.00
 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 100.00

B. Full Name (Last, First, Middle Initial) Edward J. Farnlyft
 Mailing Address 31 Roundbay Road
 City Lacona State NH Zip Code 03246
 Date of Receipt 09/09/2014
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Lake City Radiologist Occupation Radiologist
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date 100.00

C. Full Name (Last, First, Middle Initial) Dung Mong
 Mailing Address 9 Fieldstone Circle
 City Hampton, NH State NH Zip Code 03842-1172
 Date of Receipt 09/07/2014
 Amount of Each Receipt this Period 800.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Wentworth Douglas Hospital Occupation Physician
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date 800.00

SUBTOTAL of Receipts This Page (optional) 100.00
 TOTAL This Period (last page this line number only) 18450.00

140011-1111-11111111

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

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

FOR LINE NUMBER: PAGE 11 OF 12
 11a 11b 11c 12
 13 14 15 16 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)
Advocates for New Hampshire Patients

A. Full Name (Last, First, Middle Initial)
Marie Doregon

Mailing Address
415 N. Bond Drive

City Manchester State NH Zip Code 03104-1855

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 1.00.00

Date of Receipt
09 / 13 / 2014

Amount of Each Receipt this Period
1.00.00

B. Full Name (Last, First, Middle Initial)
Thomas Raffio

Mailing Address
57 Bow Bog Road

City Bow State NH Zip Code 03304-4301

FEC ID number of contributing federal political committee. C

Name of Employer Delta Dental Occupation Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1.00.00

Date of Receipt
09 / 07 / 2014

Amount of Each Receipt this Period
1.00.00

C. Full Name (Last, First, Middle Initial)
Pravien K. Sicheliv

Mailing Address
21 Plain Road

City Hollis State NH Zip Code 03049

FEC ID number of contributing federal political committee. C

Name of Employer Pain Solutions Occupation Phys. c.w

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 1.00.00

Date of Receipt
09 / 04 / 2014

Amount of Each Receipt this Period
1.00.00

SUBTOTAL of Receipts This Page (optional)..... 1.20.00

TOTAL This Period (last page this line number only)..... 1.45.00

11091-101-10100

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

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

FOR LINE NUMBER: PAGE 12 OF 12
 11a 11b 11c 12
 13 14 15 16 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)
Advocates for New Hampshire Patients

A. Full Name (Last, First, Middle Initial)
Andrew Patterson

Mailing Address
21 Skyline Drive

City **Samberton** State **NH** Zip Code **03269**

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

Name of Employer **Life Healthcare** Occupation **Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 24 / 2014

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lucena Clinic Properties

Mailing Address
PO Box 637

City **Lucena** State **NH** Zip Code **03247**

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

Name of Employer **Lucena Clinic Properties** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 / 24 / 2014

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional).....▶ **2500.00**

TOTAL This Period (last page this line number only).....▶ **18450.00**

12001-1111-1111

**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 1 OF 6
	<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

A. Jeff Woodburn for NH Senate

Full Name (Last, First, Middle Initial) **Jeff Woodburn**

Date of Disbursement **07/22/2014**

Mailing Address **524 Faraway Road**

City **Dalton, NH** State **NH** Zip Code **03598**

Purpose of Disbursement **Campaign Donation**

Candidate Name **Jeff Woodburn**

Amount of Each Disbursement this Period **500.00**

Category/Type **General**

Office Sought: House Senate **State** President

Disbursement For: Primary General Other (specify) **▼**

State: **NH** District:

B. Peggy Gilmore for NH Senate

Full Name (Last, First, Middle Initial) **Peggy Gilmore**

Date of Disbursement **07/22/2014**

Mailing Address **126 Depot Road**

City **Hollis** State **NH** Zip Code **03049**

Purpose of Disbursement **Campaign Donation**

Candidate Name **Peggy Gilmore**

Amount of Each Disbursement this Period **1,000.00**

Category/Type **General**

Office Sought: House Senate **State** President

Disbursement For: Primary General Other (specify) **▼**

State: **NH** District:

C. Friends of Nancy Stiles

Full Name (Last, First, Middle Initial) **Friends of Nancy Stiles**

Date of Disbursement **07/22/2014**

Mailing Address **1 Mill Road**

City **North Hampton** State **NH** Zip Code **03862**

Purpose of Disbursement **Campaign Donation**

Candidate Name **Nancy Stiles**

Amount of Each Disbursement this Period **1,000.00**

Category/Type **General**

Office Sought: House Senate **State** President

Disbursement For: Primary General Other (specify) **▼**

State: **NH** District:

SUBTOTAL of Disbursements This Page (optional) **2,500.00**

TOTAL This Period (last page this line number only) **15,789.98**

FORM 11-1-2013

**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 <u>2</u> 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

A. Full Name (Last, First, Middle Initial)
Bartin for State Senate

Mailing Address
1465 Hockett Road #80

City
Hockett State NH Zip Code 03106

Purpose of Disbursement
Campaign Donation

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
State: NH District: State

Disbursement For: Primary General Other (specify) [Blank]

Date of Disbursement
07 / 22 / 2014

Amount of Each Disbursement this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Jeanie Forrester for State Senate

Mailing Address
78 Tracy Way

City
Meredith State NH Zip Code 03253

Purpose of Disbursement
Campaign Donation

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
State: NH District: State

Disbursement For: Primary General Other (specify) [Blank]

Date of Disbursement
07 / 22 / 2014

Amount of Each Disbursement this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Comm. Hse to Elect NH House Democrats

Mailing Address
~~6 Hampton Street~~ Po Box 1292

City
Concord State NH Zip Code 03301

Purpose of Disbursement
Campaign Donation

Candidate Name
[Blank] Category/Type
[Blank]

Office Sought: House Senate President
State: [Blank] District: [Blank]

Disbursement For: Primary General Other (specify) [Blank]

Date of Disbursement
07 / 22 / 2014

Amount of Each Disbursement this Period
1,000.00

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 15,789.98

143011-111-11111-0

**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 3 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. **Erica Bodwell**

Date of Disbursement

07/22/2014

Mailing Address

6 Hampton Street

City

Concord

State

NH

Zip Code

03301

Purpose of Disbursement

Reimbursement Expense for Stationary

Candidate Name

Category/Type

Amount of Each Disbursement this Period

289.98

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **Stationary**

State:

District:

Full Name (Last, First, Middle Initial)

B. **Maggie Hassan for Governor**

Date of Disbursement

08/26/2014

Mailing Address

PO Box 1464

City

Manchester

State

NH

Zip Code

03894

Purpose of Disbursement

Campaign Donation

Candidate Name

Category/Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) **Gov**

State: **NH**

District: **Gov**

Full Name (Last, First, Middle Initial)

C. **Job Bradley for State Senate**

Date of Disbursement

08/26/2014

Mailing Address

645 South Main Street

City

Wolfeboro

State

NH

Zip Code

03894

Purpose of Disbursement

Campaign Donation

Candidate Name

Category/Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

Senate **State**
 House
 President

Disbursement For:

Primary General
 Other (specify) **State**

State: **NH**

District:

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

2,289.98

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

1,597.89

**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 <u>4</u> 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

A. **Bette Lasky For NH State Senate**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **15 Massfield Road**
 City: **Nashua** State: **NH** Zip Code: **03062**
 Purpose of Disbursement: **Campaign Donation**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: **NH** District: _____
 Date of Disbursement: **09/23/2014**
 Amount of Each Disbursement this Period: **1,000.00**

B. **Dan Feltes For NH State Senate**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **44 Hope Avenue**
 City: **Concord** State: **NH** Zip Code: **03301**
 Purpose of Disbursement: **Campaign Donation**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: **NH** District: _____
 Date of Disbursement: **09/23/2014**
 Amount of Each Disbursement this Period: **5.00.00**

C. **David Waters For NH State Senate**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **19 Maple Street**
 City: **Dover** State: **NH** Zip Code: **03820**
 Purpose of Disbursement: **Campaign Donation**
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: **NH** District: _____
 Date of Disbursement: **09/23/2014**
 Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional).....▶ **2,500.00**
TOTAL This Period (last page this line number only).....▶ **15,789.98**

130011-1111-1111-1111-1111

**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 5 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

A. Full Name (Last, First, Middle Initial)
Luc Nyquist for NH State Senate

Date of Disbursement
09 / 23 / 2014

Mailing Address
PO Box 3

City
New Boston State
NH Zip Code
03070

Purpose of Disbursement
Campa. gn Donation

Candidate Name
Luc Nyquist Category/Type
Other

Amount of Each Disbursement this Period
1,000.00

Office Sought: House Senate President Disbursement For: Primary General Other (specify) State: **NH** District:

B. Full Name (Last, First, Middle Initial)
Donna Soucy for NH State Senate

Date of Disbursement
09 / 23 / 2014

Mailing Address
91 Alexander Drive

City
Manchester State
NH Zip Code
03109

Purpose of Disbursement
Campaign Donation

Candidate Name
Donna Soucy Category/Type
Other

Amount of Each Disbursement this Period
1,000.00

Office Sought: House Senate President Disbursement For: Primary General Other (specify) State: **NH** District:

C. Full Name (Last, First, Middle Initial)
Chuck Morse for NH State Senate

Date of Disbursement
09 / 23 / 2014

Mailing Address
14 Brookhollow Drive

City
Salmon State
NH Zip Code
03071

Purpose of Disbursement
Campa. gn Donation

Candidate Name
Chuck Morse Category/Type
Other

Amount of Each Disbursement this Period
1,000.00

Office Sought: House Senate 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).....▶ **15,789.98**

13041-1NH-12/2013

**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 6 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

A. Full Name (Last, First, Middle Initial) Committee to Elect Lou D'Allesandro

Mailing Address 332 St. James Avenue

City Manchester State NH Zip Code 03102

Purpose of Disbursement Campaign Donation

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: NH District: _____

Date of Disbursement 09/23/2014

Amount of Each Disbursement this Period 1,000.00

B. Full Name (Last, First, Middle Initial) Hosmer for NH State Senate

Mailing Address 8 Sunniti Avenue

City Laconia State NH Zip Code 03246

Purpose of Disbursement Campaign Donation

Candidate Name _____

Office Sought: Senate House President

Disbursement For: Primary General Other (specify) _____

State: NH District: _____

Date of Disbursement 09/23/2014

Amount of Each Disbursement this Period 1,000.00

C. Full Name (Last, First, Middle Initial) Jeff Woodburn for NH State Senate

Mailing Address 524 Faraway Road

City Dalton State NH Zip Code 03598

Purpose of Disbursement Campaign Donation

Candidate Name _____

Office Sought: Senate House President

Disbursement For: Primary General Other (specify) _____

State: NH District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) 2,500.00

TOTAL This Period (last page this line number only) 15,789.98

140011-1111-1111

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

WHEN USED INTERNATIONALLY, A CUSTOMS DECLARATION LABEL MAY BE REQUIRED.



13F July 2013 OD: 12.5 X 9.5



PS 1000100006

VISIT US AT **USPS.COM**®
ORDER FREE SUPPLIES ONLINE

PRESS FIRMLY TO SEAL

0 0 0 0 0 0 0 0 0 0 0 0

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
PHONE (603) 455-1145
Advocates for NH Patients
76 Sarah Circle
Laconia, NH 03246

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)
PHONE ()
Federal Elections Commission
999 E Street NW
Washington, DC
ZIP + 4® (U.S. ADDRESSES ONLY)
20463

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
■ \$100.00 Insurance included.

RECEIVED

2014 OCT 17 AM 11:00

FEDERAL CENTER



EK2495876005

NATIONAL USE



PRIORITY MAIL EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day
PO ZIP Code 03246	Scheduled Delivery Date (MM/DD/YYYY) 10/17/14	Date Accepted (MM/DD/YYYY) 10/16/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 10:30 AM DELIVERY
Postage \$ 19.99	Insurance Fee \$	Time Accepted 1602	Return Receipt Fee \$
Live Animal Transportation Fee \$	COD Fee \$	Weight 1602	Live Animal Transportation Fee \$
Return Receipt Fee \$	Return Receipt Fee \$	Rate ozs.	Return Receipt Fee \$
Total Postage & Fees \$ 19.99	Total Postage & Fees \$ 19.99	Acceptance Employee Initials WJ	Total Postage & Fees \$ 19.99
DELIVERY (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

3-ADDRESSEE COPY

PSN 7650C-000-9996

LABEL T-1-B, JANUARY 2014



UNITED STATES POSTAL SERVICE®

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 10/16/14
<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)

10/17/14

DATE PREPARED

11/10/14 11:11:11 AM