

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

JOANNE DOWDELL FOR CONGRESS

ADDRESS (number and street) 1465 WOODBURY AVE

PMB 400

Check if different than previously reported. (ACC)

PORTSMOUTH

NH

03801

2. **FEC IDENTIFICATION NUMBER** ▼

C C00495838

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NH

01

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

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

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Neily

Signature of Treasurer Robert Neily

[Electronically Filed]

Date

/  /

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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JOANNE DOWDELL FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	201912.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	18850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	183062.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	1098.53	168292.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1098.53	168292.69
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	4663.56	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**JOANNE DOWDELL FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	195912.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	195912.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	5000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	201912.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	12000.00
(b) All Other Loans.....	0.00	15000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	27000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	228912.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1098.53	168292.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	12000.00
(b) Of All Other Loans .....	0.00	15000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	27000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	17850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18850.00
21. OTHER DISBURSEMENTS .....	7500.00	1285.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	8598.53	215427.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13262.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	13262.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8598.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4663.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**JOANNE DOWDELL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOANNE DOWDELL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013		
Mailing Address 83 SPINNAKER WAY			Amount of Each Disbursement this Period 251.60 <b>Transaction ID : SB17.4162</b>		
City PORTSMOUTH	State NH	Zip Code 03801			
Purpose of Disbursement Reimbursement for Domain Registration			Category/ Type		
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: NH	District: 01				

Full Name (Last, First, Middle Initial) <b>B. Go Daddy</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013		
Mailing Address 14455 N. Hayden Rd. Ste. 226			Amount of Each Disbursement this Period 251.60 <b>Transaction ID : SB17.4164</b> <b>[MEMO ITEM]</b>		
City Scottsdale	State AZ	Zip Code 85260			
Purpose of Disbursement Domain Registration			Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Next Level Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013		
Mailing Address PO Box 15320			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4142</b>		
City Washington	State DC	Zip Code 20003			
Purpose of Disbursement Consultant - Compliance			Category/ Type		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	751.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**JOANNE DOWDELL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 83.61
City Albuquerque	State NM	
Zip Code 87176-7380	Purpose of Disbursement Cell Phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2013
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 83.49
City Albuquerque	State NM	
Zip Code 87176-7380	Purpose of Disbursement Cell Phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	167.10
<b>TOTAL</b> This Period (last page this line number only).....	918.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)  
**JOANNE DOWDELL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Democratic National Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2013
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB21.4156</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Jeanne Shaheen</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2013
Mailing Address 105 N State St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4146</b>
City Concord State NH Zip Code 03301	Purpose of Disbursement Contribution	
Candidate Name <b>Jeanne Shaheen</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH District: 00		

Full Name (Last, First, Middle Initial) <b>c. Joan G Loving Health Center</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2013
Mailing Address 559 Portsmouth Ave		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4160</b>
City Greenland State NH Zip Code 03840	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)  
**JOANNE DOWDELL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kuster for Congress, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2013
Mailing Address PO Box 1498		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB21.4153</b>
City Concord	State NH	
Zip Code 03302	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: NH District: 02	

Full Name (Last, First, Middle Initial) <b>B. New Hampshire Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2013
Mailing Address 105 N. State St		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB21.4158</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Portsmouth Historical Society</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 43 Middle St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.4150</b>
City Portsmouth	State NH	
Zip Code 03801	Purpose of Disbursement Contribution	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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)  
**JOANNE DOWDELL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Volunteer New Hampshire</b>		Date of Disbursement										
Mailing Address 117 Pleasant St		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		30		2013
M M	/	D D	/	Y Y Y Y								
01		30		2013								
City Concord	State NH	Zip Code 03301										
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">1000.00</td> </tr> </table>		Amount of Each Disbursement this Period		1000.00							
Amount of Each Disbursement this Period												
1000.00												
Candidate Name	<b>Transaction ID : SB21.4148</b>											
Office Sought:	House <input type="checkbox"/>	Disbursement For:										
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General										
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify)										
State:	District:											

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement										
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2"></td> </tr> </table>		Amount of Each Disbursement this Period									
Amount of Each Disbursement this Period												
Candidate Name	<b>Category/Type</b>											
Office Sought:	House <input type="checkbox"/>	Disbursement For:										
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General										
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify)										
State:	District:											

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement										
Mailing Address		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2"></td> </tr> </table>		Amount of Each Disbursement this Period									
Amount of Each Disbursement this Period												
Candidate Name	<b>Category/Type</b>											
Office Sought:	House <input type="checkbox"/>	Disbursement For:										
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General										
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify)										
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	7500.00