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RECEIVED
2012 MAR 19 AM 8:00
FEC MAIL CENTER

March 12, 2012

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: New Hampshire Patients First Committee

Dear Sir or Madam:

Enclosed please find the original Statement of Organization (FEC FORM 1) for filing on behalf of New Hampshire Patients First Committee.

Thank you.

Sincerely,



Gordon J. MacDonald

GM/cag

Enclosure

cc: Henry D. Lipman
Richard A. Elwell, Jr.

12030754599

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FEC FORM 1

STATEMENT OF ORGANIZATION

2012 MAR 19 AM 8:01

FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NEW HAMPSHIRE PATIENTS FIRST COMMITTEE

ADDRESS (number and street) C/O NIXON PEABODY LLP

(Check if address is changed) 900 ELM STREET

MANCHESTER NH 03101

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) lipman@metrocaster.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 01 2012

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT x 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 Henry D. Lipman

Signature of Treasurer [Handwritten Signature] Date 02/28/2012

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.

12030754600

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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (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:

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Corporation w/o Capital Stock	<input type="checkbox"/>	Labor Organization
<input checked="" type="checkbox"/>	Membership Organization	<input type="checkbox"/>	Trade Association	<input type="checkbox"/>	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 C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12030754601

Write or Type Committee Name

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

N O N E

Mailing Address

[Mailing address grid]

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

T R E A S U R E R

Mailing Address

[Mailing address grid]

Title or Position

CITY

STATE

ZIP CODE

[Telephone number grid]

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

H E N R Y B I L L I P M A N

Mailing Address

7 6 S A R A H C I R C L E

L A C O N I A N H 0 3 2 4 1 6

CITY

STATE

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number 6 0 3 - 4 5 5 - 1 1 4 5

12030754602

Full Name of Designated Agent | R i c h a r d A E l w e l l J r . |

Mailing Address | 1 7 8 H o b b s R o a d |

| P e l h a m | | N H | | 0 3 0 7 6 | - | |
CITY STATE ZIP CODE

Title or Position | A s s i s t a n t T r e a s u r e r | Telephone number | 6 0 3 | - | 4 9 3 | - | 5 2 6 2 |

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. | L a c o n i a S a v i n g s B a n k |

Mailing Address | 6 2 P l e a s a n t S t r e e t |

| L a c o n i a | | N H | | 0 3 2 4 6 | - | |
CITY STATE ZIP CODE

Name of Bank, Depository, etc. | |

Mailing Address | |

| | | | - | |
CITY STATE ZIP CODE

12030754603

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.

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Next Business Day Delivery

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Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked



PREPARER

3/19/12

DATE PREPARED

(3/2005)

12030754604