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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

											Office Us	e Only		
1.	NAME (OF TTEE (in full)	TYF	PE OR I	PRINT ▼		mple: If typi r the lines.	ng, type	12FE	4M5				
Α	dvocat	es for New	/ Hamp	shire	Patients									1
ADI	DRESS (I	number and stre		6 Sarah	Circle									
V	, Che	eck if different												
×	tiia	n previously orted. (ACC)	L	_aconia					NH	L	03246			
2.	FEC ID	ENTIFICATIO	N NUMB	ER ▼		CITY ▲		5	STATE A			ZIP COI	DE 🛦	
	С	C00515973				3. IS THIS REPORT		NEW (N) OR		AMI (A)	ENDED			
4.	TYPE OF REPORT (Choose One)		Т	(b) Mor	ort	Feb 20 (M2)		May 20 (M5)		Aug 2	20 (M8)		Nov 20 ((Non-Election Year Only)	(M11) on
	(a) Qua	(a) Quarterly Reports:		Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 2	20 (M9)		Dec 20 ((Non-Election Year Only)	(M12) on
		April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 2	0 (M10)		Jan 31 (YE)
	ш	Quarterly Rep	ort (Q1)	(c)	12-Day	×	Primary (12F	P)	Gei	neral (12G)	П	Runoff (1	2R)
	July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)		ort (Q2)		PRE-Election Report for t	-Election			Special (12S)					
			ort (Q3)		rioport for t	no.	Convention	(120)	Орс	olai (i	20)			
		January 31 Year-End Rep			E	Election on	09	11 /	2012	Y		in the State of	N	Н
		July 31 Mid-Year Report (Non-election Year Only) (MY)		(d)	30-Day POST-Elect		General (300	G)	Rui	noff (30	DR)		Special (30S)
Termination Report (TER)		leport		Report for t	ne.	M = M /	D - D /	Y	Y Y		in the		-	
				E	Election on						State of			
5.	Covering	g Period	07	01		012	through	M M M	/ D 22	D /	y y 201	2		
l ce	ertify that	I have examin	ned this R	eport a	nd to the be	est of mv kno	wledge and	belief it is tru	e. corre	ct and	complet	e.		
	-	t Name of Tre		-	Lipman									
Sigı	Signature of Treasurer Henry D Lipman [Electronically Filed] Date 08 29 2012													
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.														
		fice									FEC	FOR	M 3X	
		se nly										ev. 12/20		

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Advocates for New Hampshire P	atients	
Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y TO:	08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		0.00
(b) Cash on Hand at Beginning of Reporting Period	41349.05	
(c) Total Receipts (from Line 19)	875.00	42375.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42224.05	42375.00
7. Total Disbursements (from Line 31)	133.35	284.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42090.70	42090.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mul	ticandidate 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)

Write or Type Committee Name

R	eport Covering the Period: From: 07	/ 01 / 2012 To	: 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	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)	500.00	39225.00				
	(ii) Unitemized(iii) TOTAL (add	375.00	3150.00				
	Lines 11(a)(i) and (ii)▶	875.00	42375.00				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	875.00	42375.00				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
47	to Federal Candidates and Other Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	875.00	42375.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	875.00	42375.00				

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) All	ng Expenditures: ocated Federal/Non-Federal	10:01 11110 1 0/100	Odiendai Teal-to-Date
AC (i)	tivity (from Schedule H4) Federal Share	0.00	0.00
(-)			
(ii)		0.00	0.00
	ner Federal Operating penditures	133.35	284.30
	al Operating Expenditures		
	dd 21(a)(i), (a)(ii), and (b))▶	133.35	284.30
	rs to Affiliated/Other Party ttees	0.00	0.00
Contrib			
and Otl	ner Political Committees	0.00	0.00
-	ndent Expenditures	0.00	0.00
Coordir	chedule E) nated Party Expenditures	0.00	0.00
(2 U.S. (use Sc	C. §441a(d)) chedule F)	0.00	0.00
		0.00	
Loan R	epayments Made	0.00	0.00
Loans I	Made	0.00	0.00
Refund	s of Contributions To: lividuals/Persons Other		
Th	an Political Committees	0.00	0.00
(b) Po	litical Party Committees	0.00	0.00
	ner Political Committees		
(su	ich as PACs)	0.00	0.00
(d) To	tal Contribution Refunds		
` '	dd Lines 28(a), (b), and (c))▶	0.00	0.00
Other [Disbursements	0.00	0.00
Federa	Election Activity (2 U.S.C. §431(20))		
	ocated Federal Election Activity		
	om Schedule H6)	0.00	0.00
(1)	Federal Share	0.00	
(ii)	"Levin" Share	0.00	0.00
(b) Fe	deral Election Activity Paid Entirely	0.00	0.00
(c) To	With Federal Funds tal Federal Election Activity (add	0.00	0.00
	nes 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
T =			
	isbursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	133.35	204.20
20, 24,	20, 20, 21, 20(a), 20 and 00(b))	100.00	284.30
	ederal Disbursements		
	ct Line 21(a)(ii) and Line 30(a)(ii)	422.25	204.20
from Li	ne 31)	133.35	284.30

DETAILED SUMMARY PAGE

of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	875.00	42375.00			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	875.00	42375.00			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	133.35	284.30			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	133.35	284.30			

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	` —	ck only 11a 13	y one) 11b 14	11c		12 16		17_
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpose	of soliciting	g co	ntribut	ions	

Ar 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) Muriel D Scheadee Date of Receipt Mailing Address 4 Foxcross Circle 05 2012 City State Zip Code Transaction ID: SA11AI.4114 NH Concord 03301 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Administrator Concord Hospital Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....