

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2012 JUL 16 AM 6:44
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

FEC MAIL CENTER
12 FEB 15

New Hampshire Patients First Committee

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

Election on [MM] / [DD] / [YYYYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYYYY] through [MM] / [DD] / [YYYYYY]

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 P. Lipman

Signature of Treasurer

Henry P. Lipman

Date

07 / 13 / 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.

Office Use Only

FEC FORM 3X Rev. 12/2004

12030841733

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Hampshire Patients First Committee

Report Covering the Period: From:

04 / 01 / 2012

To:

06 / 30 / 2012

12030841734

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2012</u>		0
(b) Cash on Hand at Beginning of Reporting Period.....	10,700.00	
(c) Total Receipts (from Line 19)	30,550.00	41,300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41,250.00	41,300.00
7. Total Disbursements (from Line 31)	5098	100.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41,199.02	41,199.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



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

New Hampshire Patients First Committee

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2012

To:

MM / DD / YYYY
06 / 30 / 2012

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).....

28,775.00

39,475.00

(ii) Unitemized.....

1,775.00

1,825.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(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).....▶

30,550.00

41,300.00

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)).....▶

30,550.00

41,300.00

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

30,550.00

41,300.00

12030841735

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	5098	10098
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5098	10098
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		
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)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5098	10098

12030841736

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	30,550.00	41,300.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30,550.00	30,550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.98	100.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.98	100.98

12030841737

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)

<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
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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)
New Hampshire Patients First Committee

A. **Biehl, Noreen**
 Full Name (Last, First, Middle Initial)
 Mailing Address
183 Spur Road
 City State Zip Code
Dover NH 03820
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
Wentworth Douglas Administrator
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
05 / 22 / 2012
 Amount of Each Receipt this Period
500.00
 Aggregate Year-to-Date
500.00

B. **Bodwell, Erica**
 Full Name (Last, First, Middle Initial)
 Mailing Address
6 Hampton St
 City State Zip Code
Concord NH 03301
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
Southern NH Medical Administrator
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
04 / 26 / 2012
 Amount of Each Receipt this Period
250.00
 Aggregate Year-to-Date
250.00

C. **Brown, Thomas C.**
 Full Name (Last, First, Middle Initial)
 Mailing Address
13 Bolinda Ave
 City State Zip Code
Concord NH 03301
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
NH Distributors CEO, Chairman
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
04 / 25 / 2012
 Amount of Each Receipt this Period
200.00
 Aggregate Year-to-Date
200.00

SUBTOTAL of Receipts This Page (optional)..... **950.00**
 TOTAL This Period (last page this line number only)..... **950.00**

12030841738

**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 18	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
New Hampshire Patients First Committee

A. **Burns, Bruce R**
 Full Name (Last, First, Middle Initial)
 Mailing Address
473 Penacook Rd
 City **Hopkinton** State **NH** Zip Code **03229**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Concord Hospital** Occupation **Administrator**
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **2,500.00**

Date of Receipt
05 **11** **2012**
 Amount of Each Receipt this Period
250.00
 Aggregate Year-to-Date **2,500.00**

B. **Caille, Ellen**
 Full Name (Last, First, Middle Initial)
 Mailing Address
200 French Farm Rd
 City **North Andover** State **MA** Zip Code **01845**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Wentworth Douglas** Occupation **Administrator**
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **500.00**

Date of Receipt
05 **22** **2012**
 Amount of Each Receipt this Period
500.00
 Aggregate Year-to-Date **500.00**

C. **Cass, Paul**
 Full Name (Last, First, Middle Initial)
 Mailing Address
20 Prides Crossing
 City **Elliot** State **ME** Zip Code **03903**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Wentworth Douglas** Occupation **Administrator**
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **500.00**

Date of Receipt
05 **22** **2012**
 Amount of Each Receipt this Period
500.00
 Aggregate Year-to-Date **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1,250.00
TOTAL This Period (last page this line number only).....▶	1,250.00

12030841739

**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 **3** OF **17**

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

A. **Chapman, William**
 Full Name (Last, First, Middle Initial)
 Mailing Address
12 Wildemere Terrace
 City State Zip Code
Concord NH 03301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Orr + Reno** Occupation **Lawyer**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **1,000.00**

Date of Receipt

04 / 24 / 2012

Amount of Each Receipt this Period

1,000.00

B. **Conley, Joseph M.**
 Full Name (Last, First, Middle Initial)
 Mailing Address
710 Penacook Rd
 City State Zip Code
Contoocook NH 03229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Concord Hospital** Occupation **Administrator**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **1,000.00**

Date of Receipt

04 / 27 / 2012

Amount of Each Receipt this Period

1,000.00

C. **Dean, Douglas F. Jr**
 Full Name (Last, First, Middle Initial)
 Mailing Address
300 River Road Unit 501
 City State Zip Code
Manchester NH 03104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Elliot Health Systems** Occupation **Administrator**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **1,500.00**

Date of Receipt

04 / 02 / 2012

Amount of Each Receipt this Period

500.00

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

2,500.00

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

2,500.00

12030841740

**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 16

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. **Decherico, Corin**

Mailing Address

19 Storybrook Lane

City

Amherst

State

NH

Zip Code

03031

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern NH Medical

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **Desocio, Susan M.**

Mailing Address

PO Box 516

City

Bolton

State

MA

Zip Code

01740

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern NH Medical

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 / 30 / 2012

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. **Domin, Wayne**

Mailing Address

1515 Navy Shore Rd

City

Wolfeboro

State

NH

Zip Code

03894

FEC ID number of contributing federal political committee.

C

Name of Employer

LRG Healthcare

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 24 / 2012

Amount of Each Receipt this Period

250.00

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

950.00

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

950.00

12030841741

**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 **5** OF **17**

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Dunn, Daniel

Mailing Address

14 Survey Lane

City

Durham

State

NH

Zip Code

03824

FEC ID number of contributing federal political committee.

C

Name of Employer

Wentworth Douglas

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Elwell, Richard A.

Mailing Address

178 Hobbs Rd

City

Pelham

State

NH

Zip Code

03076

FEC ID number of contributing federal political committee.

C

Name of Employer

Elliot Health Systems

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 12 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Flanigan, Erin

Mailing Address

44 Buck Drive

City

Elliot

State

ME

Zip Code

03903

FEC ID number of contributing federal political committee.

C

Name of Employer

Wentworth Douglas

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Amount of Each Receipt this Period

500.00

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

1500.00

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

1500.00

12030841742

**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 **6** OF **18**

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Fulton, Stuart

Mailing Address

30 Birchdale Rd

City

Concord

State

NH

Zip Code

03301

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 / 19 / 2012

Amount of Each Receipt this Period

500.00

Name of Employer

Foundation Med Partners

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Full Name (Last, First, Middle Initial)

B. Gilchrist, Brian F.

Mailing Address

15 Carriage Rd

City

Amherst

State

NH

Zip Code

03031

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 / 12 / 2012

Amount of Each Receipt this Period

1,000.00

Name of Employer

Elliot Pediatric Surgery Assoc

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Full Name (Last, First, Middle Initial)

C. Grant, Phillip W.

Mailing Address

24 Kent St.

City

Windham

State

NH

Zip Code

03087

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 30 / 2012

Amount of Each Receipt this Period

200.00

Name of Employer

Receipt For:

Primary General
 Other (specify) ▼

Occupation

Physician

Aggregate Year-to-Date ▼

200.00

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

1,700.00

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

1,700.00

12030841743

**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 **7** OF **18**

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Green, David

Mailing Address

69 Auburn Rd

City

Hooksett

State

NH

Zip Code

03106

FEC ID number of contributing federal political committee.

C

Name of Employer

Concord Hospital

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 19 / 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Green, Michael B.

Mailing Address

PO Box 768

City

Contoocook

State

NH

Zip Code

03229

FEC ID number of contributing federal political committee.

C

Name of Employer

Concord Hospital

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

04 / 10 / 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Grobman, John

Mailing Address

12 Davis Road

City

Sanbornton

State

NH

Zip Code

03259

FEC ID number of contributing federal political committee.

C

Name of Employer

LRG Healthcare

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Amount of Each Receipt this Period

500.00

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

2,500.00

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

2,500.00

12030841744

**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 13 14 15 16 17
 PAGE **8** OF **15**

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NAME OF COMMITTEE (In Full)
New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)
A. Imgrund, Stephen

Mailing Address
26 Checkerberry Rd

City State Zip Code
Hopkinton NH 03229

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Concord Pulmonary Medicine Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
09 / 12 / 2012

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
B. Irish, Kevin

Mailing Address
72 A Freedom Lane

City State Zip Code
Laconia NH 03246

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
LRG Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
06 / 27 / 2012

Amount of Each Receipt this Period
2,500.00

Full Name (Last, First, Middle Initial)
C. Jablonka, Marcio

Mailing Address
1200 Elm St # 720

City State Zip Code
Manchester NH 03101

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Elliot Health Network Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2,500.00

Date of Receipt
05 / 25 / 2012

Amount of Each Receipt this Period
2,500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,000.00**

TOTAL This Period (last page this line number only)..... ▶ **1,000.00**

12030841745

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

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

FOR LINE NUMBER:		PAGE 9 OF 10	
(check only one)			
<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)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Kachavos, Peter G.

Mailing Address

PO Box 3844

City

Manchester

State

NH

Zip Code

03105

FEC ID number of contributing federal political committee.

C

Name of Employer

Elliot Health Network

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 25 / 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. King, Richard S.

Mailing Address

3 Deery Field Rd

City

Nottingham

State

NH

Zip Code

03290

FEC ID number of contributing federal political committee.

C

Name of Employer

Elliot Hospital

Occupation

ED Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lavery, Robert

Mailing Address

31 Highland Farms

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing federal political committee.

C

Name of Employer

Elliot Cardiovascular Consultants / Physician

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

05 / 25 / 2012

Amount of Each Receipt this Period

5,000.00

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

1,750.00

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

1,750.00

12030841746

**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 10 OF 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Marrucci, Rich

Mailing Address

21 Darby Lane

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing federal political committee.

C

Name of Employer

Elliot Health Systems

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.00

Date of Receipt

05 / 25 / 2012

Amount of Each Receipt this Period

4,000.00

Full Name (Last, First, Middle Initial)

B. McCarthy, Kevin

Mailing Address

17 Bear Run Drive

City

Litchfield

State

NH

Zip Code

03052

FEC ID number of contributing federal political committee.

C

Name of Employer

Concord Hospital

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

04 / 28 / 2012

Amount of Each Receipt this Period

2,000.00

Full Name (Last, First, Middle Initial)

C. Mercier, Diane M.

Mailing Address

270 Poplar St

City

Manchester

State

NH

Zip Code

03104

FEC ID number of contributing federal political committee.

C

Name of Employer

People United Bank

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

04 / 28 / 2012

Amount of Each Receipt this Period

5,000.00

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

11,000.00

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

11,000.00

12030841747

**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 13
(check only one)

<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
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NAME OF COMMITTEE (In Full)
New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)
A. Mitsopoulos, Spiros

Mailing Address
380 Whitford St

City State Zip Code
Manchester NH 03104

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Elliot Bay Medical Assoc. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2012

Amount of Each Receipt this Period
250.00

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

Mailing Address
31 Skyline Drive

City State Zip Code
Samborton NH 03259

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
LRG Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2012

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Pollock, Jeffrey

Mailing Address
28 Hubbard Rd

City State Zip Code
Dover NH 03820

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Wentworth Douglas Hospital / Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2012

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1,250.00

TOTAL This Period (last page this line number only)..... ▶ 1,250.00

12030841748

**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 12 OF 17

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Rose, Michael

Mailing Address

42 Anthony Drive

City

Londonderry

State

NH

Zip Code

03053

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern NH Medical Center

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 26 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Rosenblum, Stephanie

Mailing Address

47 Berkeley Street

City

Nashua

State

NH

Zip Code

03064

FEC ID number of contributing federal political committee.

C

Name of Employer

Foundation Medical Partners

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 02 / 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Ruedig, Mary

Mailing Address

17 Merrimack St

City

Concord

State

NH

Zip Code

03301

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired Educator

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

05 / 20 / 2012

Amount of Each Receipt this Period

1,000.00

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

2,500.00

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

2,500.00

12030841749

**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 12 OF 17

<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

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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Shelton, Deborah

Mailing Address

62 Quaker lane

City

Dover

State

NH

Zip Code

03820

FEC ID number of contributing federal political committee.

C

Name of Employer

Wentworth Douglas Hospital / Administrator

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Date of Receipt

09 / 22 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stiles, Suzanne L.

Mailing Address

PO Box 357

City

Laconia

State

NH

Zip Code

03246

FEC ID number of contributing federal political committee.

C

Name of Employer

LRGHealthcare

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 27 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Suchdev, Praveen K

Mailing Address

21 Plain Rd

City

Hollis

State

NH

Zip Code

03049

FEC ID number of contributing federal political committee.

C

Name of Employer

Pain Solutions

Occupation

Employee

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,500.00

Date of Receipt

04 / 24 / 2012

Amount of Each Receipt this Period

1,500.00

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

2,500.00

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

2,500.00

12030841750

**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 14 OF 17

<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
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NAME OF COMMITTEE (In Full)
New Hampshire Patients First Committee

A. Full Name (Last, First, Middle Initial)
Sullivan, Timothy C.

Mailing Address
8 Steeple Lane

City State Zip Code
Amherst NH 03031

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Hitchiner Manufacturing Company / VP Corporate Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 20 / 2012

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Terrio, Kristine M.

Mailing Address
80 Jewett Lane

City State Zip Code
Hollis NH 03049

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Concord Hospital Administrator, VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 01 / 2012

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Towle, Jeffery K.

Mailing Address
89 Gross Drive

City State Zip Code
NH

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Davis + Towle Insurance / Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
04 / 24 / 2012

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,800.00**

TOTAL This Period (last page this line number only)..... ▶ **1,800.00**

12030841751

**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 15 OF 17

<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

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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial) A. Van Ethen, Justin		Date of Receipt 06 / 30 / 2012	
Mailing Address PO Box 797		Amount of Each Receipt this Period 500.00	
City Meredith	State NH	Zip Code 03253	
FEC ID number of contributing federal political committee. C			
Name of Employer Stewarts Ambulance Co.		Occupation Owner, CEO	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Veilleux, Karen		Date of Receipt 04 / 04 / 2012	
Mailing Address 8 half Penny lane		Amount of Each Receipt this Period 1000.00	
City Exeter	State NH	Zip Code 03833	
FEC ID number of contributing federal political committee. C			
Name of Employer Exeter School		Occupation Special Ed teacher	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Walcek, Peter		Date of Receipt 05 / 22 / 2012	
Mailing Address 15 Grady's lane		Amount of Each Receipt this Period 500.00	
City Dover	State NH	Zip Code 03820	
FEC ID number of contributing federal political committee. C			
Name of Employer Wentworth Douglas Hospital		Occupation Administrator	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		2000.00	
TOTAL This Period (last page this line number only)..... ▶		2000.00	

12030841752

**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 16 OF 17

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Warner, Craig S. Jr

Mailing Address

16 Monroe St

City

Manchester

State

NH

Zip Code

03104

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern NH Medical

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

06 / 26 / 2012

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

B. Westover, Scott R

Mailing Address

310 StumField Rd

City

Hopkinton

State

NH

Zip Code

03229

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern NH Medical Center

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

04 / 12 / 2012

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. Wilhelmsen, Thomas E

Mailing Address

21 Mendelsohn Road

City

Hollis

State

NH

Zip Code

03049

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern NH Medical

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,725.00

Date of Receipt

04 / 26 / 2012

Amount of Each Receipt this Period

1,725.00

In-kind: \$225.00

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

2,225.00

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

2,225.00

12030841753

**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 17 OF 18

<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
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NAME OF COMMITTEE (In Full)

New Hampshire Patients First Committee

Full Name (Last, First, Middle Initial)

A. Winkler, Dalma

Mailing Address

50 Stratham Green

City

Stratham

State

NH

Zip Code

03885

FEC ID number of contributing federal political committee.

C

Name of Employer

Wentworth Douglas Hospital

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wood Allen, Diane E.

Mailing Address

43 Plummer Hill Road

City

Henniker

State

NH

Zip Code

03242

FEC ID number of contributing federal political committee.

C

Name of Employer

Concord Hospital

Occupation

Administration

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 24 / 2012

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Woolley, Sheila

Mailing Address

77 River Road

City

Rollingsford

State

NH

Zip Code

03869

FEC ID number of contributing federal political committee.

C

Name of Employer

Wentworth Douglas Hosp.

Occupation

Administrator

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Amount of Each Receipt this Period

500.00

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

1,300.00

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

1,300.00

12030841754

**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

21b 22 23 24 25 26
 27 28a 28b 28c 29 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)

New Hampshire Patents First Committee

Full Name (Last, First, Middle Initial)

A. Federal Express
Mailing Address 10 Fort Eddy Road
City Concord State NH Zip Code 03301
Purpose of Disbursement Mailing to FEC
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) FEC Regulatory Filing
State: _____ District: _____
Date of Disbursement 04 / 24 / 2012
Amount of Each Disbursement this Period 32.03
Category/Type _____

B. US Post Office
Mailing Address 33 Church Street
City Laconia State NH Zip Code 03246
Purpose of Disbursement _____
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) FEC Regulatory Filing
State: _____ District: _____
Date of Disbursement 05 / 17 / 2012
Amount of Each Disbursement this Period 18.92
Category/Type _____

C.
Mailing Address _____
City _____ State _____ Zip Code _____
Purpose of Disbursement _____
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____
Date of Disbursement _____
Amount of Each Disbursement this Period _____
Category/Type _____

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

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

50.98
50.98

12030841755

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.

12030841756

<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
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 7/13/12
<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
(3/2005)

7/16/12

DATE PREPARED