

ANHP

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

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2016 OCT 17 AM 9:02

76 SARAH CIRCLE
LACONIA NH 03246
T: 603.455.1145

October, 2016 Quarterly Report

RE ID# C0515973

Advocates for New Hampshire Patients

To Whom It May Concern:

Please find the October 2016 Quarterly
Report Enclosed.

Thank you

Best regards,

Henry D. Lipman
Treasurer

20161017090010740

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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2016 OCT 17 AM 9:03

Office Use Only

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)
- 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 / YYYY

in the State of

ST

(d) 30-Day POST-Election Report for the:

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

Election on

MM / DD / YYYY

in the State of

ST

5. Covering Period

07 / 01 / 2016

through

09 / 30 / 2016

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 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 12/2004

2016101709000741

**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** / **2016**

To:

09 / **30** / **2016**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		399561
(b) Cash on Hand at Beginning of Reporting Period.....	520.61	
(c) Total Receipts (from Line 19).....	9450.00	10000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9970.61	13995.61
7. Total Disbursements (from Line 31).....	7260.00	11285.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2710.61	2710.61
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

NATIONAL BONDING CORPORATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

07 / 01 / 2016

To:

09 / 30 / 2016

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).....

9,450.00

10,000.00

(ii) Unitemized.....

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

9,450.00

10,000.00

(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).....▶

9,450.00

10,000.00

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)).....▶

9,450.00

10,000.00

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

9,450.00

10,000.00

NO. 10-10-17-01-00101-01-01

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)		
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)		

20161017030010745

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	OF 3
<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. Stewart's Ambulance

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

20 Foundry Avenue
Merideth NH 03253
C
C
2500.00
09/08/2016
2500.00

B. Wolf-Rosenblum, Stephanie

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

47 Berkeley Street
Nas State Zip Code
C
So NH Medical Center Physician/Administration
09/12/2016
1000.00

c. Ahnau, Stephen

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

52 Hawk Drive
Bedford NH 03110
C
NH Hospital Association Health Care Assoc Mgmt
09/13/2016
500.00

SUBTOTAL of Receipts This Page (optional)..... **4000.00**

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

20161017 09:00:07.40

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

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

FOR LINE NUMBER: PAGE **2** OF **3**

<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)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) Walker, Alexander J.
 Mailing Address 887 Chestnut Street
 City Manchester State NH Zip Code 03104-2522

Date of Receipt 09/08/2016

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 1000.00

Name of Employer Catholic Medical Center Occupation Health Care Mgmt & Policy

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

B. Full Name (Last, First, Middle Initial) Van Etter, Justin
 Mailing Address 106 Tracy Way
 City Meredith State NH Zip Code 03253

Date of Receipt 09/08/2016

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 1000.00

Name of Employer Stewarts Ambulance Occupation Health Care Management

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial) Life Line Ambulance Service
 Mailing Address 11 State Street
 City Woburn State MA Zip Code 03253

Date of Receipt 09/08/2016

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 2500.00

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2500.00

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

4500.00

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

2016-10-17 09:00:00 AM

**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 3	
<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)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial)
Minnehan, Paula

Mailing Address
283 Galloping Hill Road

City
Hopkinton State
NH Zip Code
03229

FEC ID number of contributing federal political committee.
C

Name of Employer
NH Hospital Association Occupation
Hospital Assoc. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25,000

Date of Receipt
09/13/2016

Amount of Each Receipt this Period
250.00

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

Mailing Address
PO Box 1607

City
Lacونا State
NH Zip Code
03247

FEC ID number of contributing federal political committee.
C

Name of Employer
Levithealthcare Occupation
Health Mgmt & Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
09/27/2016

Amount of Each Receipt this Period
650.00

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

Mailing Address
278 Paradise Road

City
Bethel State
ME Zip Code
04217

FEC ID number of contributing federal political committee.
C

Name of Employer
Androscoggin Hospital Occupation
Health Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09/26/2016

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **9,500.00**

TOTAL This Period (last page this line number only)..... ▶ **9,450.00**

2016-10-17 09:00:00 AM

**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)

<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

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NAME OF COMMITTEE (In Full)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) Sorcey, Donna

Mailing Address 91 Alexander Drive

City Manchester State NH Zip Code 03109

Purpose of Disbursement Contribution

Candidate Name ..

Office Sought: House Senate NH State President

Disbursement For: Primary General Other (specify) ..

State: NH District: ..

Date of Disbursement: MM ' DD ' YYYY 09 ' 09 ' 2016

Amount of Each Disbursement this Period: 100,000

Memo Item

B. Full Name (Last, First, Middle Initial) Bradley, Job

Mailing Address 645 South Main Street

City Wolfeboro State NH Zip Code 03894

Purpose of Disbursement Contribution

Candidate Name ..

Office Sought: House Senate State President

Disbursement For: Primary General Other (specify) ..

State: NH District: ..

Date of Disbursement: MM ' DD ' YYYY 09 ' 09 ' 2016

Amount of Each Disbursement this Period: 100,000

Memo Item

C. Full Name (Last, First, Middle Initial) Hosmer, Andrew

Mailing Address 8 Summit Avenue

City Laconia State NH Zip Code 03246

Purpose of Disbursement Contribution

Candidate Name ..

Office Sought: House Senate State President

Disbursement For: Primary General Other (specify) ..

State: NH District: ..

Date of Disbursement: MM ' DD ' YYYY 09 ' 09 ' 2016

Amount of Each Disbursement this Period: 100,000

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 300,000

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

20161017 0310010101709

**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 **2** OF **4**

<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

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial)

A. Gilmore, Peggy

Mailing Address

126 Depot Street

City

Hollis

State

NH

Zip Code

03053

Purpose of Disbursement

Contributions

Candidate Name

Category/
Type

Date of Disbursement

09/09/2016

Amount of Each Disbursement this Period

2000.00

Memo Item

**\$1000 9/9/16
\$1000 9/21/16**

Office Sought:

House

Senate **State**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

Full Name (Last, First, Middle Initial)

B. Carson, Sharon

Mailing Address

19 Tokanel Drive

City

Londonderry

State

NH

Zip Code

03053

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Date of Disbursement

09/09/2016

Amount of Each Disbursement this Period

5000.00

Memo Item

Office Sought:

House

Senate **State**

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

Full Name (Last, First, Middle Initial)

C. Hinch, Dick

Mailing Address

14 Ichabod Drive

City

Merrimack

State

NH

Zip Code

03054

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Date of Disbursement

09/09/2016

Amount of Each Disbursement this Period

2500.00

Memo Item

Office Sought:

House **State**

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NH**

District:

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

2750.00

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

20161017 09:00AM

**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 **4**

<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

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Full Name (Last, First, Middle Initial)

A. Wolf, Terry		Date of Disbursement
Mailing Address 61 Braekers Circle		09 09 2016
City Bodford	State NH	Zip Code 03110
Purpose of Disbursement Contributions	Candidate Name	Amount of Each Disbursement this Period 25000
Office Sought: <input checked="" type="checkbox"/> House state <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: NH	District:	

B. Danielson, David		Date of Disbursement
Mailing Address 9 Derby Lane		09 08 2016
City Bodford	State NH	Zip Code 03110
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 25000
Office Sought: <input checked="" type="checkbox"/> House state <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: NH	District:	

C. Woodburn, Jeff		Date of Disbursement
Mailing Address 30 King Square		09 21 2016
City Whitefield	State NH	Zip Code 03598
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 1,000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate state <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: NH	District:	

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

1500.00

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

2010-10-17 09:00AM

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) **Pay Pal** Date of Disbursement **09 27 2016**

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement **Fee on Credit Card Contribution** Amount of Each Disbursement this Period **10.00**

Candidate Name _____ Category/Type _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Amount of Each Disbursement this Period _____

Candidate Name _____ Category/Type _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Amount of Each Disbursement this Period _____

Candidate Name _____ Category/Type _____

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) ▼
 President

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	7,260.00

2016-10-17 09:00:00

UNITED STATES POSTAL SERVICE

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS™

FASTEST SERVICE IN THE U.S.

U.S. POSTAGE PAID LACONIA, NH 03246 OCT 14, 16 AMOUNT \$22.95 R2304N117535-20



1007 20463



EL545217627US

INTERNATIONAL ICE

PRIORITY MAIL EXPRESS™



RECEIVED
FEC MAIL CENTER

2016 OCT 17 AM 9:02

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
Henry Lipman
N/AH
76 South Castle
Laconia, NH 03216
PHONE (603) 455-1115

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 local post; 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)
Rural Electric Commission
419 E Street NW
Washington, DC
200463
PHONE ()

USED INTERNATIONALLY,
CUSTOMS DECLARATION
FORM MAY BE REQUIRED.



July 2013 OD: 12.5 x 9.5



10001000006

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

PO Zip Code 03246 Scheduled Delivery Date 10/15/16 Postage \$ 22.95

Date Accepted (MM/DD/YY) 10/14/16 Scheduled Delivery Time 10:30 AM - 3:00 PM Insurance Fee \$ COD Fee \$

Time Accepted 1:02 PM 10:30 AM Delivery Fee \$ Return Receipt Fee \$ Live Animal Transportation Fee \$

Weight 1.02 lbs. Flat Rate \$ Sunday/Holiday Premium Fee \$ Total Postage & Fees \$ 22.95

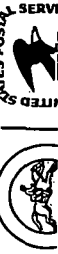
DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time Employee Signature

Delivery Attempt (MM/DD/YY) Time Employee Signature

LABEL TB: SEPTEMBER 2015 PSN 7690-02-000-9995 3-ADDRESSEE COPY

VISIT US AT USPS.COM®



UNITED STATES

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked
10/19/16

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office 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

10/17/16
 DATE PREPARED

20161017090010754