

# 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 MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2012

through

MM / DD / YYYY 06 / 30 / 2012

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

MM / DD / YYYY 07 / 15 / 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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Joanne Dowdell for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 500.00                  | 201912.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 18850.00                | 18850.00                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | -18350.00               | 183062.00                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 38249.12                | 159293.91                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 38249.12                | 159293.91                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 22483.09                |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>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:  /  /

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 365.00                                | 150835.00                                  |
| (ii) Unitemized.....   | 135.00                                | 45077.00                                   |
| (iii) TOTAL of contributions from individuals ▶  | 500.00                                | 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))..                     | 500.00                                | 201912.00                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (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                                   |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 500.00                                | 228912.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 38249.12                      | 159293.91                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 27000.00                      | 27000.00                           |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 27000.00                      | 27000.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 17850.00                      | 17850.00                           |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 1000.00                       | 1000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 18850.00                      | 18850.00                           |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 1285.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 84099.12                      | 206428.91                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 106082.21 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 500.00    |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 106582.21 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 84099.12  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 22483.09  |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 5 OF 33 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mildred Henderson**

Mailing Address 47 Edgewood Rd

City State Zip Code  
Rockville Centre NY 11570-3509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2012

**Transaction ID : C6286782**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Bob Neily**

Mailing Address PO Box 272

City State Zip Code  
Stratham NH 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Collector's Eye Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012

**Transaction ID : C6280082**

Amount of Each Receipt this Period  
165.00

**C.** Full Name (Last, First, Middle Initial)  
**Ruth Scarville**

Mailing Address 25 Langdon Blvd

City State Zip Code  
Rockville Centre NY 11570-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : C6297768**

Amount of Each Receipt this Period  
100.00

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

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

365.00

365.00

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 6 OF 33                       |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Apple Press</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 11 / 2012                        |
| Mailing Address 7617 Baltimore Annapolis Blvd  |   | Amount of Each Disbursement this Period<br>137.65<br><b>Transaction ID : D449905</b> |
| City<br>Glen Burnie  | State<br>MD   |  |
| Zip Code<br>21060-7343   | Purpose of Disbursement<br>Campaign Literature  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Comcast Cable</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 22 / 2012                        |
| Mailing Address 180 Greenleaf Ave  |   | Amount of Each Disbursement this Period<br>119.23<br><b>Transaction ID : D449854</b> |
| City<br>Portsmouth   | State<br>NH   |  |
| Zip Code<br>03801-5322   | Purpose of Disbursement<br>Utilities  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Comcast Cable</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 23 / 2012                        |
| Mailing Address 180 Greenleaf Ave  |   | Amount of Each Disbursement this Period<br>251.30<br><b>Transaction ID : D449855</b> |
| City<br>Portsmouth   | State<br>NH   |  |
| Zip Code<br>03801-5322   | Purpose of Disbursement<br>Utilities  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 508.18 |
| <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:<br>(check only one)  | PAGE 7 OF 33 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |              |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Complete Payroll Processing</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012                         |
| Mailing Address 7488 State Route 39  |   | Amount of Each Disbursement this Period<br>1503.09<br><b>Transaction ID : D435036</b> |
| City Perry State NY Zip Code 14530-9544  | Purpose of Disbursement<br>Payroll Taxes<br>Category/Type<br>001  |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Complete Payroll Processing</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012                        |
| Mailing Address 7488 State Route 39  |   | Amount of Each Disbursement this Period<br>197.13<br><b>Transaction ID : D435039</b> |
| City Perry State NY Zip Code 14530-9544  | Purpose of Disbursement<br>Payroll Invoice<br>Category/Type   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |   |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Complete Payroll Processing</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 27 / 2012                       |
| Mailing Address 7488 State Route 39  |   | Amount of Each Disbursement this Period<br>57.69<br><b>Transaction ID : D449869</b> |
| City Perry State NY Zip Code 14530-9544  | Purpose of Disbursement<br>Payroll Invoice<br>Category/Type   |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1757.91 |
| <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:<br>(check only one)  | PAGE 8 OF 33 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |              |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Complete Payroll Processing</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2012                        |
| Mailing Address 7488 State Route 39  |   | Amount of Each Disbursement this Period<br>885.71<br><b>Transaction ID : D449871</b> |
| City Perry State NY Zip Code 14530-9544  | Purpose of Disbursement<br>Payroll Invoice<br>Category/Type   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Complete Payroll Processing</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2012                        |
| Mailing Address 7488 State Route 39  |   | Amount of Each Disbursement this Period<br>885.71<br><b>Transaction ID : D449872</b> |
| City Perry State NY Zip Code 14530-9544  | Purpose of Disbursement<br>Payroll Taxes<br>Category/Type   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Complete Payroll Processing</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 27 / 2012                        |
| Mailing Address 7488 State Route 39  |   | Amount of Each Disbursement this Period<br>885.71<br><b>Transaction ID : D449873</b> |
| City Perry State NY Zip Code 14530-9544  | Purpose of Disbursement<br>Payroll Taxes<br>Category/Type   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1829.11 |
| <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:<br>(check only one)  | PAGE 9 OF 33 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |              |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dover Strategy Group</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2012 |
| Mailing Address 9 W Washington St   |  | Amount of Each Disbursement this Period<br>2108.31            |
| City Chicago  | State IL Zip Code 60602-1603   |   |
| Purpose of Disbursement<br>Consultant - Communications  | Category/Type  | <b>Transaction ID : D449918</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First Data</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000  |  | Amount of Each Disbursement this Period<br>106.10             |
| City Atlanta  | State GA Zip Code 30342-4799   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees  | Category/Type  | <b>Transaction ID : D449859</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. First Data</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012 |
| Mailing Address 5565 Glenridge Connector NE Ste 2000  |  | Amount of Each Disbursement this Period<br>81.18              |
| City Atlanta  | State GA Zip Code 30342-4799   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees  | Category/Type  | <b>Transaction ID : D449860</b>                               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2295.59 |
| <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:<br>(check only one)  | PAGE 10 OF 33 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. First Data</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012                       |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period<br>18.10<br><b>Transaction ID : D449861</b> |
| City Atlanta State GA Zip Code 30342-4799  | Purpose of Disbursement<br>Credit Card Processing Fees   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First Data</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 03 / 2012                       |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period<br>43.62<br><b>Transaction ID : D449862</b> |
| City Atlanta State GA Zip Code 30342-4799  | Purpose of Disbursement<br>Credit Card Processing Fees   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. First Data</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 03 / 2012                       |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period<br>19.00<br><b>Transaction ID : D449864</b> |
| City Atlanta State GA Zip Code 30342-4799  | Purpose of Disbursement<br>Credit Card Processing Fees   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 80.72 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 11 OF 33                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>A. First Data</b>   |  | M M / D D / Y Y Y Y<br>05 / 03 / 2012   |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period |
| City Atlanta   | State GA   | Zip Code 30342-4799                     |
| Purpose of Disbursement<br>Credit Card Processing Fees   | Category/Type  |   |
| Candidate Name   | Transaction ID : D449865   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>B. First Data</b>   |  | M M / D D / Y Y Y Y<br>06 / 04 / 2012   |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period |
| City Atlanta   | State GA   | Zip Code 30342-4799                     |
| Purpose of Disbursement<br>Credit Card Processing Fees   | Category/Type  |   |
| Candidate Name   | Transaction ID : D449866   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>C. First Data</b>   |  | M M / D D / Y Y Y Y<br>06 / 04 / 2012   |
| Mailing Address 5565 Glenridge Connector NE<br>Ste 2000  |  | Amount of Each Disbursement this Period |
| City Atlanta   | State GA   | Zip Code 30342-4799                     |
| Purpose of Disbursement<br>Credit Card Processing Fees   | Category/Type  |   |
| Candidate Name   | Transaction ID : D449867   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 41.07 |
| <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 12 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Massport Logan Airport</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2012 |
| Mailing Address 1 Harborside Dr<br>Ste 200S  |  | Amount of Each Disbursement this Period<br>81.00              |
| City Boston State MA Zip Code 02128-2905   | Purpose of Disbursement Parking<br>Category/Type 002 |   |
| Candidate Name   |  | Transaction ID : D449914                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                     |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. McKenna Pihlaja</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 24 / 2012 |
| Mailing Address 2263 12th PI NW  |  | Amount of Each Disbursement this Period<br>5000.00            |
| City Washington State DC Zip Code 20009-4405   | Purpose of Disbursement Consultant - GC & Media<br>Category/Type |   |
| Candidate Name   |  | Transaction ID : D449888                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Howell Montgomery</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012 |
| Mailing Address 8 Seaview Ln   |  | Amount of Each Disbursement this Period<br>851.94             |
| City Hampton State NH Zip Code 03842   | Purpose of Disbursement Mileage Reimbursement<br>Category/Type |   |
| Candidate Name   |  | Transaction ID : D450418                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5932.94 |
| <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:<br>(check only one)  | PAGE 13 OF 33 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Howell Montgomery</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                        |
| Mailing Address 8 Seaview Ln   |   | Amount of Each Disbursement this Period<br>613.72<br><b>Transaction ID : D450419</b> |
| City<br>Hampton  | State<br>NH   |  |
| Zip Code<br>03842  | Purpose of Disbursement<br>Mileage Reimbursement  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Next Level Partners</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 07 / 2012                         |
| Mailing Address PO Box 15320   |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D450415</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20003-0320   | Purpose of Disbursement<br>Consultant - Compliance  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Next Level Partners</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 07 / 2012                         |
| Mailing Address PO Box 15320   |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D450416</b> |
| City<br>Washington   | State<br>DC   |   |
| Zip Code<br>20003-0320   | Purpose of Disbursement<br>Consultant - Compliance  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2613.72 |
| <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 14 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

**A. Next Level Partners**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15320

City Washington State DC Zip Code 20003-0320

Purpose of Disbursement Consultant - Compliance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 24 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : D449882

Category/Type

**B. NGP VAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 15th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 19 / 2012

Amount of Each Disbursement this Period: 3000.00

Transaction ID : D450417

Category/Type: 001

**c. Devan Julie Quinn**

Full Name (Last, First, Middle Initial)  
Mailing Address 16 Golden Meadow Rd

City Hampstead State NH Zip Code 03841

Purpose of Disbursement Mileage Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2012

Amount of Each Disbursement this Period: 287.03

Transaction ID : D450413

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 3787.03

**TOTAL** 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:<br>(check only one)  | PAGE 15 OF 33 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Devan Julie Quinn</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2012                         |
| Mailing Address 16 Golden Meadow Rd  |   | Amount of Each Disbursement this Period<br>1140.48<br><b>Transaction ID : D450414</b> |
| City<br>Hampstead  | State<br>NH   |   |
| Zip Code<br>03841  | Purpose of Disbursement<br>Mileage Reimbursement  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sage Systems LLC</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 09 / 2012                         |
| Mailing Address 185 Devonshire St<br>Ste 200   |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D449909</b> |
| City<br>Boston   | State<br>MA   |   |
| Zip Code<br>02110-1407   | Purpose of Disbursement<br>Targeting Software   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Staples</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012                      |
| Mailing Address 1981 Woodbury Ave  |   | Amount of Each Disbursement this Period<br>3.49<br><b>Transaction ID : D449889</b> |
| City<br>Portsmouth   | State<br>NH   |  |
| Zip Code<br>03801-3230   | Purpose of Disbursement<br>Office Supplies  | Category/<br>Type<br>001   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2143.97 |
| <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:<br>(check only one)  | PAGE 16 OF 33 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012 |
| Mailing Address 1981 Woodbury Ave   |  | Amount of Each Disbursement this Period<br>19.98              |
| City Portsmouth   | State NH   |   |
| Zip Code 03801-3230   | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D449890                                      |
| Candidate Name  | 001<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2012 |
| Mailing Address 45 Gosling Rd Space 5   |  | Amount of Each Disbursement this Period<br>-47.98             |
| City Newington  | State NH   |   |
| Zip Code 03801  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D450423                                      |
| Candidate Name  | 001<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Surplus Office Equipment</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 09 / 2012 |
| Mailing Address 186 Granite St  |  | Amount of Each Disbursement this Period<br>216.00             |
| City Manchester   | State NH   |   |
| Zip Code 03101-2643   | Purpose of Disbursement<br>Office Furniture  | Transaction ID : D449908                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 188.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 17 OF 33                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. T-Mobile</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 09 / 2012  |
| Mailing Address PO Box 37380                                  |   | Amount of Each Disbursement this Period<br>88.07   |
| City<br>Albuquerque   | State<br>NM   |  |
| Zip Code<br>87176-7380  | Purpose of Disbursement<br>Cell Phone Service   | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. T-Mobile</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 09 / 2012  |
| Mailing Address PO Box 37380                                  |   | Amount of Each Disbursement this Period<br>83.81   |
| City<br>Albuquerque   | State<br>NM   |  |
| Zip Code<br>87176-7380  | Purpose of Disbursement<br>Cell Phone Service   | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. T-Mobile</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 11 / 2012  |
| Mailing Address PO Box 37380                                  |   | Amount of Each Disbursement this Period<br>85.94   |
| City<br>Albuquerque   | State<br>NM   |  |
| Zip Code<br>87176-7380  | Purpose of Disbursement<br>Cell Phone Service   | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: District:  |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 257.82 |
| <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 18 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Postal Service (USPS)</b>                         |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012                        |
| Mailing Address 80 Daniel St   |  | Amount of Each Disbursement this Period<br>315.95<br><b>Transaction ID : D449912</b> |
| City Portsmouth State NH Zip Code 03801-3850   | Purpose of Disbursement Postage  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>B. United States Postal Service (USPS)</b>                         |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 18 / 2012                        |
| Mailing Address 80 Daniel St   |  | Amount of Each Disbursement this Period<br>270.00<br><b>Transaction ID : D449896</b> |
| City Portsmouth State NH Zip Code 03801-3850   | Purpose of Disbursement Postage  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>c. US Airways</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2012                       |
| Mailing Address 4000 E Sky Harbor Blvd   |  | Amount of Each Disbursement this Period<br>27.00<br><b>Transaction ID : D449915</b> |
| City Phoenix State AZ Zip Code 85034-3802  | Purpose of Disbursement Travel   |   |
| Candidate Name   | Category/Type  |   |
| 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:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 315.95 |
| <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:<br>(check only one)  | PAGE 19 OF 33 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2012 |
| Mailing Address 4000 E Sky Harbor Blvd  |  | Amount of Each Disbursement this Period<br>25.00              |
| City<br>Phoenix   | State<br>AZ  |   |
| Zip Code<br>85034-3802  | Purpose of Disbursement<br>Travel  | Transaction ID : D449916                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Walmart</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 06 / 2012 |
| Mailing Address 2460 Lafayette Rd   |  | Amount of Each Disbursement this Period<br>60.90              |
| City<br>Portsmouth  | State<br>NH  |   |
| Zip Code<br>03801-5618  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D449910                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Walmart</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 06 / 2012 |
| Mailing Address 2460 Lafayette Rd   |  | Amount of Each Disbursement this Period<br>75.77              |
| City<br>Portsmouth  | State<br>NH  |   |
| Zip Code<br>03801-5618  | Purpose of Disbursement<br>Office Supplies   | Transaction ID : D449911                                      |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 161.67 |
| <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:<br>(check only one)          |                                    | PAGE 20 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Walmart</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2012 |
| Mailing Address 2460 Lafayette Rd  |  | Amount of Each Disbursement this Period<br>-98.00             |
| City Portsmouth  | State NH   |   |
| Zip Code 03801-5618  | Purpose of Disbursement Office Supplies  | <b>Transaction ID : D450422</b>                               |
| Candidate Name   | 001<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. White Cliff Realty LLC</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 24 / 2012 |
| Mailing Address 510 Marthas Way  |  | Amount of Each Disbursement this Period<br>1400.00            |
| City Dover   | State NH   |   |
| Zip Code 03820-5424  | Purpose of Disbursement Rent   | <b>Transaction ID : D449884</b>                               |
| Candidate Name   | 001<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. White Cliff Realty LLC</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 30 / 2012 |
| Mailing Address 510 Marthas Way  |  | Amount of Each Disbursement this Period<br>1400.00            |
| City Dover   | State NH   |   |
| Zip Code 03820-5424  | Purpose of Disbursement Rent   | <b>Transaction ID : D449885</b>                               |
| Candidate Name   | 001<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2702.00 |
| <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 21 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |  |  |   |  |
|---|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. White Cliff Realty LLC</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2012 |  |
| Mailing Address 510 Marthas Way   |  |  | Amount of Each Disbursement this Period<br>2800.00            |  |
| City<br>Dover   | State<br>NH  | Zip Code<br>03820-5424   | Transaction ID : <b>D435204</b>                               |  |
| Purpose of Disbursement<br>Rent   |  | Category/<br>Type<br>001   |   |  |
| Candidate Name  |  |  |   |  |
| Office Sought:  | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:  | District:  |  |   |  |

|  |  |  |   |  |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Complete Payroll Processing</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012 |  |
| Mailing Address 7488 State Route 39  |  |  | Amount of Each Disbursement this Period<br>4627.16            |  |
| City<br>Perry  | State<br>NY  | Zip Code<br>14530-9544   | Transaction ID : <b>D435041</b>                               |  |
| Purpose of Disbursement<br>Payroll   |  | Category/<br>Type  |   |  |
| Candidate Name   |  |  |   |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:  |  |   |  |

|  |  |  |   |  |
|--|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Howell Montgomery</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012 |  |
| Mailing Address 8 Seaview Ln   |  |  | Amount of Each Disbursement this Period<br>2882.04            |  |
| City<br>Hampton  | State<br>NH  | Zip Code<br>03842  | Transaction ID : <b>D449881</b>                               |  |
| Purpose of Disbursement<br>Payroll   |  | Category/<br>Type<br>001   | [MEMO ITEM]   |  |
| Candidate Name   |  |  |   |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/><br>President<br><input type="checkbox"/> | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:  |  |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 7427.16 |
| <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 22 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Devan Julie Quinn</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2012 |  |
| Mailing Address 16 Golden Meadow Rd   |  |                          | Amount of Each Disbursement this Period<br>2882.04            |  |
| City<br>Hampstead   | State<br>NH  | Zip Code<br>03841        | Transaction ID : D449879                                      |  |
| Purpose of Disbursement<br>Payroll  |  | Category/<br>Type<br>001 | [MEMO ITEM]   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: _____  | District: _____  |                          |   |  |

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Complete Payroll Processing</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2012 |  |
| Mailing Address 7488 State Route 39   |  |                        | Amount of Each Disbursement this Period<br>2882.04            |  |
| City<br>Perry   | State<br>NY  | Zip Code<br>14530-9544 | Transaction ID : D449874                                      |  |
| Purpose of Disbursement<br>Payroll  |  | Category/<br>Type      |   |  |
| Candidate Name  |  |                        |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |
| State: _____  | District: _____  |                        |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Howell Montgomery</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 31 / 2012 |  |
| Mailing Address 8 Seaview Ln  |  |                          | Amount of Each Disbursement this Period<br>2882.04            |  |
| City<br>Hampton   | State<br>NH  | Zip Code<br>03842        | Transaction ID : D449877                                      |  |
| Purpose of Disbursement<br>Payroll  |  | Category/<br>Type<br>001 | [MEMO ITEM]   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: _____  | District: _____  |                          |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2882.04 |
| <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:<br>(check only one)          |                                    | PAGE 23 OF 33                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

**A. Complete Payroll Processing**

Full Name (Last, First, Middle Initial)  
Mailing Address 7488 State Route 39

City State Zip Code  
Perry NY 14530-9544

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 27 / 2012

Amount of Each Disbursement this Period  
2882.04

Transaction ID : D449876

Category/Type

**B. Mr. Howell Montgomery**

Full Name (Last, First, Middle Initial)  
Mailing Address 8 Seaview Ln

City State Zip Code  
Hampton NH 03842

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 27 / 2012

Amount of Each Disbursement this Period  
2882.04

Transaction ID : D449878

[MEMO ITEM]

Category/Type  
001

**C.**

Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 2882.04

**TOTAL** This Period (last page this line number only)..... 37806.92

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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 24 OF 33                                  |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Joanne Dowdell</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                          |
| Mailing Address 83 Spinnaker Way   |  | Amount of Each Disbursement this Period<br>10000.00<br><b>Transaction ID : D438781</b> |
| City<br>Portsmouth   | State<br>NH  |  |
| Purpose of Disbursement<br>Loan Repayment  |  | Category/<br>Type  |
| Candidate Name<br><b>Joanne Dowdell</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: NH  | District: 01   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joanne Dowdell</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                          |
| Mailing Address 83 Spinnaker Way   |  | Amount of Each Disbursement this Period<br>10000.00<br><b>Transaction ID : D438782</b> |
| City<br>Portsmouth   | State<br>NH  |  |
| Purpose of Disbursement<br>Loan Repayment  |  | Category/<br>Type  |
| Candidate Name<br><b>Joanne Dowdell</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: NH  | District: 01   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Joanne Dowdell</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                         |
| Mailing Address 83 Spinnaker Way   |  | Amount of Each Disbursement this Period<br>5000.00<br><b>Transaction ID : D438783</b> |
| City<br>Portsmouth   | State<br>NH  |   |
| Purpose of Disbursement<br>Loan Repayment  |  | Category/<br>Type   |
| Candidate Name<br><b>Joanne Dowdell</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: NH  | District: 01   |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 25000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |          |



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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 25 OF 33                                  |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Joanne Dowdell</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 25 / 2012</b> |
| Mailing Address <b>83 Spinnaker Way</b>   |   | Amount of Each Disbursement this Period<br><b>2000.00</b>            |
| City <b>Portsmouth</b> State <b>NH</b> Zip Code <b>03801-3330</b>   | Purpose of Disbursement<br><b>Loan Repayment</b>  |  |
| Candidate Name<br><b>Joanne Dowdell</b>   |   | <b>Transaction ID : D438784</b>                                      |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <b>2012</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <b>NH</b> District: <b>01</b>  | Category/Type   |  |

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

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

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2000.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>27000.00</b> |

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

|   |  |   |  |   |
|---|--|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   |   | PAGE 26 OF 33  |   |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dwight Bush</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                         |
| Mailing Address 3105 Ellicott St NW  |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438790</b> |
| City Washington State DC Zip Code 20008  | Purpose of Disbursement Contribution Refund  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Toni Bush</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                         |
| Mailing Address 3105 Ellicott St NW  |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438788</b> |
| City Washington State DC Zip Code 20008-2026   | Purpose of Disbursement Contribution Refund  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Sophia Collier</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                         |
| Mailing Address 901 W. 9th St. #904  |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438786</b> |
| City Austin State TX Zip Code 78703  | Purpose of Disbursement Contribution Refund  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7500.00 |
| <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:<br>(check only one)                                   |   | PAGE 27 OF 33  |   |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Holland</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 23 / 2012                              |
| Mailing Address 257 Soundview Ave  |   | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438789</b> |
| City<br>White Plains   | State<br>NY   |   |
| Zip Code<br>10606  | Purpose of Disbursement<br>Contribution Refund  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Andi Kasarsky</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 25 / 2012                             |
| Mailing Address 1135 N Inglewood St  |   | Amount of Each Disbursement this Period<br>100.00<br><b>Transaction ID : D438792</b> |
| City<br>Arlington  | State<br>VA   |  |
| Zip Code<br>22205-2442   | Purpose of Disbursement<br>Contribution Refund  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Chula Reynolds</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 25 / 2012                              |
| Mailing Address 901 W. 9th St. #904  |   | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438787</b> |
| City<br>Austin   | State<br>TX   |   |
| Zip Code<br>78703  | Purpose of Disbursement<br>Contribution Refund  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5100.00 |
| <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:<br>(check only one)                                   |   | PAGE 28 OF 33  |   |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Maya Rockeymoore</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                        |
| Mailing Address 132 Randolph Place NW  |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : D438794</b> |
| City Washington State DC Zip Code 20001  | Purpose of Disbursement Contribution Refund  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>B. Sara Truebridge</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                         |
| Mailing Address 49 Emerald Dr.   |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438785</b> |
| City Danville State CA Zip Code 94526  | Purpose of Disbursement Contribution Refund  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Damion Wicker</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                         |
| Mailing Address 1130 Sacramento St Apt 3   |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : D438791</b> |
| City San Francisco State CA Zip Code 94108-1978  | Purpose of Disbursement Contribution Refund  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5250.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 17850.00 |

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

|   |                                      |                                    |  |                                    |
|---|--------------------------------------|------------------------------------|--|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 29 OF 33                                  |                                    |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input checked="" type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Joanne Dowdell for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Danny K. Davis for Congress</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                         |
| Mailing Address 5956 W Race Ave   |  | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : D438793</b> |
| City Chicago State IL Zip Code 60644-1462   | Purpose of Disbursement<br>Contribution Refund   |   |
| Candidate Name<br><b>Danny K. Davis</b>   | Category/Type  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IL District: 07  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |  | Date of Disbursement<br>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   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |  | Date of Disbursement<br>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   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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)..... | 1000.00 |

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L874

Joanne Dowdell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Joanne Dowdell PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address

83 Spinnaker Way

City

State

ZIP Code

Portsmouth

NH

03801-3330

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

10000.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
06 / 30 / 2011

M M / D D / Y Y Y Y  
12/31/2012

0.00 % (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

0.00

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L906

Joanne Dowdell for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Joanne Dowdell PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address

83 Spinnaker Way

City

State

ZIP Code

Portsmouth

NH

03801-3330

Original Amount of Loan

2000.00

Cumulative Payment To Date

2000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M 12 / D 31 / Y 2011

Date Due

M / D / Y 12/31/2012

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

0.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Joanne Dowdell for Congress** Transaction ID : L919

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012  
**Joanne Dowdell PERS FUNDS**  Primary  
 Mailing Address 83 Spinnaker Way  General  
 Other (specify) ▼

City State ZIP Code  
 Portsmouth NH 03801-3330

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00                 | 5000.00                    | 0.00  |

**TERMS**

|                      |                          |               |   |
|----------------------|--------------------------|---------------|---|
| Date Incurred        | Date Due                 | Interest Rate | Secured:  |
| M 03 / D 20 / Y 2012 | M M / D D / Y 12/31/2012 | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|  |                                    |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                   |
| Mailing Address                            | Occupation                         |
| City State ZIP Code                        | Amount Guaranteed Outstanding: [ ] |

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Joanne Dowdell for Congress** Transaction ID : **L920**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012  
**Joanne Dowdell PERS FUNDS**  Primary  
 Mailing Address 83 Spinnaker Way  General  
 Other (specify) ▼

City State ZIP Code  
 Portsmouth NH 03801-3330

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10000.00                | 10000.00                   | 0.00  |

**TERMS**

|                      |                      |               |   |
|----------------------|----------------------|---------------|---|
| Date Incurred        | Date Due             | Interest Rate | Secured:  |
| M 03 / D 27 / Y 2012 | M / D / Y 12/31/2012 | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|  |   |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |

|  |                           |
|--|---------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | <input type="text"/> 0.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | <input type="text"/> 0.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.