

A. Form/Schedule : **F3XA**

Transaction ID :

Please Note - Expenditures made for 'Consulting: Compliance', 'Consulting: Accounting', 'Consulting: Party Finance' and 'Consulting: Communications' were made to independent contractors and not employees.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
New Hampshire Democratic Party

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 99448.85 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 586472.93 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 654955.56 | 2028363.76 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1241428.49 | 2127812.61 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 1114047.29 | 2000431.41 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 127381.20 | 127381.20 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 29657.85 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

New Hampshire Democratic Party

Report Covering the Period:

From:

M M
1 0

D D
1 4

Y Y Y Y
2 0 1 0

To:

M M
1 1

D D
2 2

Y Y Y Y
2 0 1 0

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 60390.00 | 242821.75 |
| (ii) Unitemized | 2495.00 | 27458.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 62885.00 | 270280.00 |
| (b) Political Party Committees | 43943.91 | 139770.62 |
| (c) Other Political Committees (such as PACs) | 75789.65 | 117952.59 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 182618.56 | 528003.21 |
| 12. Transfers From Affiliated/Other Party Committees | 410134.98 | 1328863.02 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 19794.59 | 36519.23 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 17.02 | 790.03 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 42390.41 | 134188.27 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 42390.41 | 134188.27 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 654955.56 | 2028363.76 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 612565.15 | 1894175.49 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 11151.50 | 55316.91 |
| (ii) Non-Federal Share..... | 41950.87 | 191057.38 |
| (b) Other Federal Operating Expenditures..... | 374457.96 | 786124.46 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 427560.33 | 1032498.75 |
| 22. Transfers to Affiliated/Other Party Committees..... | 661537.35 | 845785.17 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 24949.61 | 122147.49 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 24949.61 | 122147.49 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 1114047.29 | 2000431.41 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1072096.42 | 1809374.03 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 146

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 182618.56 | 528003.21 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 182618.56 | 528003.21 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 385609.46 | 841441.37 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 19794.59 | 36519.23 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 365814.87 | 804922.14 |

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

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

FOR LINE NUMBER: PAGE 7 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
David Blair

Mailing Address PO Box 294

City State Zip Code
Dublin NH 03444-0294

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

Name of Employer Occupation
Mariposa Museum Director

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6335303

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Peter Hoe Burling

Mailing Address Rr 3 Box 194

City State Zip Code
Cornish NH 03745

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

Name of Employer Occupation
n/a retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6304682

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Colin Cabot

Mailing Address 7097 Sanborn Rd

City State Zip Code
Loudon NH 03307-1618

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

Name of Employer Occupation
Self Entrepreneur

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6313077

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 146

(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Colin Cabot

Mailing Address 7097 Sanborn Rd

City Loudon State NH Zip Code 03307-1618

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: C6335314

Amount of Each Receipt this Period

| |
|---------|
| 2000.00 |
|---------|

B.

Full Name (Last, First, Middle Initial)
Francis H. Cabot

Mailing Address 7154 Sanborn Rd.

City Loudon State NH Zip Code 03307

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID: C6344932

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

C.

Full Name (Last, First, Middle Initial)
George F. Colony

Mailing Address 463 Strawberry Hill Road

City Concord State MA Zip Code 01742

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 1 | 0 |

Transaction ID: C6324065

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

SUBTOTAL of Receipts This Page (optional)

| |
|----------|
| 12000.00 |
|----------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 146 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
joanne Y. dowdell

Mailing Address 83 Spinnaker Way

City Portsmouth State NH Zip Code 03801-3330

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

Name of Employer n/a Occupation n/a

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 10 / 15 / 2010

Transaction ID: C6308375

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
ellen drew

Mailing Address 528 Ramona St

City Palo Alto State CA Zip Code 94301-1709

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

Name of Employer none Occupation none

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 26 / 2010

Transaction ID: C6327747

Amount of Each Receipt this Period 2400.00

C.

Full Name (Last, First, Middle Initial)
john drew

Mailing Address 528 Ramona St

City Palo Alto State CA Zip Code 94301-1709

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

Name of Employer tcv Occupation investor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 26 / 2010

Transaction ID: C6327740

Amount of Each Receipt this Period 2400.00

SUBTOTAL of Receipts This Page (optional) ► 4850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Miriam D Dunn

Mailing Address 21 Pinewood Trl

City Concord State NH Zip Code 03301-5248

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2010

Transaction ID: C6304693

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Jay W. Eisenhofer

Mailing Address 485 Lexington Ave.
29th Floor

City New York State NY Zip Code 10017

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

Name of Employer Grant & Eisenhofer Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 28 / 2010

Transaction ID: C6333184

Amount of Each Receipt this Period 2400.00

C.

Full Name (Last, First, Middle Initial)
Antonio Osato Elmaleh

Mailing Address 325 Rileyville Road

City Ringoes State NJ Zip Code 08551

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

Name of Employer World-Wide Holdings Company Occupation Real Estate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 23 / 2010

Transaction ID: C6324060

Amount of Each Receipt this Period 10000.00

SUBTOTAL of Receipts This Page (optional) ► 12650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Timothy Fagan

Mailing Address 29 Brown Hill Rd

City Bow State NH Zip Code 03304-4803

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

Name of Employer Waseda University Occupation professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6325946

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
John R. Friday

Mailing Address PO Box 1433

City Grantham State NH Zip Code 03753-1433

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 8 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6333209

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mary Stuart Gile

Mailing Address 35 Penacook St

City Concord State NH Zip Code 03301-4518

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

Name of Employer Retired Occupation Retired State Representative

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6317296

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Kathleen Gillett

Mailing Address 1258 Union St

City Manchester State NH Zip Code 03104-2045

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

Name of Employer self employed Occupation writer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: C6307563
 Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Michele A Grennon

Mailing Address PO Box 752
98 Beach Hill Rd

City New Castle State NH Zip Code 03854-0752

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

Name of Employer self-employed Occupation volunteer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: C6304395
 Amount of Each Receipt this Period 2500.00

C.

Full Name (Last, First, Middle Initial)
John A. Hattan

Mailing Address 21 Stone Street Ext

City Concord State NH Zip Code 03301-2764

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

Name of Employer State Of New Hampshire Occupation Policy Writer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: C6304746
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► **3150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
John Hennessey

Mailing Address 460 Conant Rd

City State Zip Code
Weston MA 02493-1831

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

Name of Employer John.H@wonk.com Occupation webguy

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: C6317036

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Gary R Hirshberg

Mailing Address 38 Via Tranquilla St

City State Zip Code
Concord NH 03301

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

Name of Employer Stonyfield Farm, Inc. Occupation President/CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: C6340611

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Victor A. Kovner

Mailing Address 1633 Broadway
27th Floor

City State Zip Code
New York NY 10019-6708

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

Name of Employer Davis Wright Tremaine LLP Occupation Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2010

Transaction ID: C6337857

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Jone D. Labombard

Mailing Address 98 Pine Hill Rd

City Hollis State NH Zip Code 03049-5940

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

Name of Employer None Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 790.00

Date of Receipt 10 / 19 / 2010
Transaction ID: C6315766
 Amount of Each Receipt this Period 790.00

B. Full Name (Last, First, Middle Initial)
Cynthia J. Larose

Mailing Address 504 Ocean Blvd

City Hampton State NH Zip Code 03842-3682

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

Name of Employer Mintz Levin Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 23 / 2010
Transaction ID: C6324063
 Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Bette Lasky

Mailing Address 15 Masefield Rd

City Nashua State NH Zip Code 03062-2517

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

Name of Employer State of NH Occupation State Senator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 14 / 2010
Transaction ID: C6304690
 Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional) ► 3615.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Walter E. Lawrence

Mailing Address 5555 S Everett Ave
14-15A

City Chicago State IL Zip Code 60637-5013

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

Name of Employer Dartmouth College Occupation Professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: C6325483

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark Lore

Mailing Address 54 Wentworth Ave

City Londonderry State NH Zip Code 03053-7475

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

Name of Employer Ride Away Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2010

Transaction ID: C6343666

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Jim P MacKenzie

Mailing Address 395 Revere Beach Pkwy
Apt 3D

City Revere State MA Zip Code 02151-4033

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

Name of Employer Fidelity Investments Occupation Business Analyst

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2010

Transaction ID: C6304486

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional) ► **5700.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Paul M. Montrone

Mailing Address 153 Kensington Rd

City State Zip Code
Hampton Falls NH 03844-2211

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

Name of Employer Perspecta Trust Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: C6337867

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Paul M. Montrone

Mailing Address 153 Kensington Rd

City State Zip Code
Hampton Falls NH 03844-2211

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

Name of Employer Perspecta Trust Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6343777

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John Rassias

Mailing Address 6 Willow Spring Ln

City State Zip Code
Hanover NH 03755-1534

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6343678

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional) ► **4200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Greg A Rosenbaum

Mailing Address 9140 Vendome Dr

City State Zip Code
Bethesda MD 20817-4021

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

Name of Employer Palisades Associates, Inc. Occupation Merchant Banker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: C6340807

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Steven Royce

Mailing Address 4 Williams Path

City State Zip Code
Kingston NH 03848-3486

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

Name of Employer Agilent Technologies, Inc. Occupation Sales

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6343682

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Richard B. Slifka

Mailing Address 800 South Street

City State Zip Code
Waltham MA 02453

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 1 0

Transaction ID: C6309854

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
David Stewart Smith

Mailing Address 877 Battle St.

City State Zip Code
Webster NH 03303

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

Name of Employer Occupation
None None

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 2 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6343676

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dorothy Solomon

Mailing Address PO Box 993

City State Zip Code
Albany NH 03818-0993

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

Name of Employer Occupation
None Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
670.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6343008

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Donna M. Soucy

Mailing Address 91 Alexander Drive

City State Zip Code
Manchester NH 03109

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

Name of Employer Occupation
State of N.H. Chief of Staff, N.H. State Senate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 4 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6304683

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 146

(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Kathleen N Sullivan

Mailing Address 192 S Mammoth Rd

City State Zip Code
Manchester NH 03109-4908

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

Name of Employer Occupation
Wadleigh, Starr & Peters Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: C6317295

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
cristina taylor

Mailing Address 155 School St

City State Zip Code
Concord NH 03301-2563

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

Name of Employer Occupation
pathways PA pathologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C6331792

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Judith Louise Wagner

Mailing Address 63 French Rd

City State Zip Code
Gilmanton NH 03237-5502

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

Name of Employer Occupation
N/A retired

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6304724

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 20 / 146 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Judith Louise Wagner

Mailing Address 63 French Rd

City State Zip Code
Gilmanton NH 03237-5502

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

Name of Employer N/A Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: C6316931

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Katherine W. Wheeler

Mailing Address 27 Mill Rd

City State Zip Code
Durham NH 03824-3006

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: C6343009

Amount of Each Receipt this Period
100.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 600.00 |
| TOTAL This Period (last page this line number only) | ▶ | 60390.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt: 11 / 02 / 2010
Transaction ID: C6345379
 Amount of Each Receipt this Period: 25148.91
 * In-Kind: Payroll and Benefits

B.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt: 11 / 02 / 2010
Transaction ID: C6345381
 Amount of Each Receipt this Period: 2250.00
 * In-Kind: Phone Banking

C.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt: 11 / 03 / 2010
Transaction ID: C6345376
 Amount of Each Receipt this Period: 2545.00
 * In-Kind: Online Voter File Access

SUBTOTAL of Receipts This Page (optional) ► 29943.91

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

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

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

FOR LINE NUMBER: PAGE 22 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt 11 / 16 / 2010
Transaction ID: C6344933
 Amount of Each Receipt this Period 1920.00

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt 11 / 16 / 2010
Transaction ID: C6344934
 Amount of Each Receipt this Period 1920.00

C. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt 11 / 16 / 2010
Transaction ID: C6345377
 Amount of Each Receipt this Period 2545.00

* In-Kind: Online Voter File Access

SUBTOTAL of Receipts This Page (optional) ► 6385.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680258.45

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6345378

Amount of Each Receipt this Period
2545.00

* In-Kind: Online Voter File Access

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680258.45

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Transaction ID: C6345382

Amount of Each Receipt this Period
5070.00

* In-Kind: Travel

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 7615.00 |
| TOTAL This Period (last page this line number only) | ▶ | 43943.91 |

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

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

FOR LINE NUMBER: PAGE 24 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
A New Direction PAC
Mailing Address PO Box 4234
City Concord State NH Zip Code 03302
FEC ID number of contributing federal political committee. **C** C00458570
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 / 14 / 2010
Transaction ID: C6304718
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
AAJ PAC
Mailing Address 777 6th St., NW Ste. 200
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 10 / 20 / 2010
Transaction ID: C6317298
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
AFL-CIO
Mailing Address 815-16TH ST NW
City WASHINGTON State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C70000112
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt: 10 / 26 / 2010
Transaction ID: C6329454
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 146
(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
AFSCME-P.E.O.P.L.E. - Qualified/Federal Account

Mailing Address 1625 L Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 23 / 2010
Transaction ID: C6324067
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Communication Workers of America

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 30 / 2010
Transaction ID: C6337855
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Friends of Schumer

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C** C00346312

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: C6304743
Amount of Each Receipt this Period: 25000.00

SUBTOTAL of Receipts This Page (optional) ► 32000.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: C6315785
 Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
IAFF

Mailing Address 1750 New York Ave, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: C6320622
 Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY - PAC

Mailing Address 175 Berkeley Street

City Boston State MA Zip Code 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: C6329458
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 146

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
LIUNA PAC

Mailing Address 905 16th Street, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: C6315781

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

B.

Full Name (Last, First, Middle Initial)
National Association of Letter Carriers

Mailing Address 100 INDIANA AVENUE NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C70001516

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 0 |

Transaction ID: C6304675

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

C.

Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Mailing Address 1630 R STREET NW #703

City State Zip Code
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3732.74

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID: C6345068

Amount of Each Receipt this Period

| |
|--------|
| 312.12 |
|--------|

* In-Kind: Andrew Kling's time

SUBTOTAL of Receipts This Page (optional)

| |
|----------|
| 10312.12 |
|----------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER: PAGE 28 / 146

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Mailing Address 1630 R STREET NW #703

City State Zip Code
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3732.74

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID: C6345081

Amount of Each Receipt this Period

475.25

* In-Kind: Payment to Activate Phone Minutes

B.

Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Mailing Address 1630 R STREET NW #703

City State Zip Code
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3732.74

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID: C6345082

Amount of Each Receipt this Period

413.44

* In-Kind: Callers

C.

Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Mailing Address 1630 R STREET NW #703

City State Zip Code
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3732.74

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2010

Transaction ID: C6345073

Amount of Each Receipt this Period

277.50

* In-Kind: Payment for Paid Calls on 10/18/2010

SUBTOTAL of Receipts This Page (optional)

1166.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE
Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3732.74

Date of Receipt: 10 / 29 / 2010
Transaction ID: C6345070
 Amount of Each Receipt this Period: 1755.71

* In-Kind: Andrew Kling's time

B. Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE
Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3732.74

Date of Receipt: 11 / 02 / 2010
Transaction ID: C6345072
 Amount of Each Receipt this Period: 237.81

* In-Kind: Facebook Ads

C. Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE
Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3732.74

Date of Receipt: 11 / 02 / 2010
Transaction ID: C6345074
 Amount of Each Receipt this Period: 8.26

* In-Kind: Phone Lines

SUBTOTAL of Receipts This Page (optional) ► 2001.78

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE
Mailing Address 1630 R STREET NW #703

City State Zip Code
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3732.74

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: C6345076

Amount of Each Receipt this Period 9.56

* In-Kind: Phone Lines

B. Full Name (Last, First, Middle Initial)
Sheet Metal Workers International Association
Mailing Address 500 Greenwich Street

City State Zip Code
New York NY 10013

FEC ID number of contributing federal political committee. **C** C00169490

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0

Transaction ID: C6315709

Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
United Food and Commercial Workers Intl Union
Mailing Address 1775 K St., N.W.

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 1 0

Transaction ID: C6304680

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► **5159.56**

TOTAL This Period (last page this line number only) ► **75789.65**

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

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

FOR LINE NUMBER: PAGE 31 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Carol Shea-Porter for Congress

Mailing Address PO Box 453

City State Zip Code
Rochester NH 03866

FEC ID number of contributing federal political committee. **C** C00419978

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90746.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6304726

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6310648

Amount of Each Receipt this Period
4862.00

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City State Zip Code
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6310693

Amount of Each Receipt this Period
6155.00

SUBTOTAL of Receipts This Page (optional) ► **14017.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: C6310690

Amount of Each Receipt this Period
55000.00

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: C6310691

Amount of Each Receipt this Period
70000.00

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: C6338738

Amount of Each Receipt this Period
6155.00

SUBTOTAL of Receipts This Page (optional) ► **131155.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C6338739

Amount of Each Receipt this Period
4871.00

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
496079.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C6338741

Amount of Each Receipt this Period
5862.00

C. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680258.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6304737

Amount of Each Receipt this Period
4120.78

SUBTOTAL of Receipts This Page (optional) ► **14853.78**

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

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

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

FOR LINE NUMBER: PAGE 34 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Democratic National Committee
Mailing Address 430 S Capitol St SE
City Washington State DC Zip Code 20003-4024
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 680258.45
Date of Receipt: 10 / 19 / 2010
Transaction ID: C6315410
Amount of Each Receipt this Period: 200000.00

B. Full Name (Last, First, Middle Initial)
Democratic National Committee
Mailing Address 430 S Capitol St SE
City Washington State DC Zip Code 20003-4024
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 680258.45
Date of Receipt: 10 / 28 / 2010
Transaction ID: C6333197
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Democratic National Committee
Mailing Address 430 S Capitol St SE
City Washington State DC Zip Code 20003-4024
FEC ID number of contributing federal political committee. **C** C00010603
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 680258.45
Date of Receipt: 10 / 28 / 2010
Transaction ID: C6333198
Amount of Each Receipt this Period: 12007.05

SUBTOTAL of Receipts This Page (optional) ► 217007.05
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 146

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
New Hampshire Victory Fund

Mailing Address 426 C Street NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00488353

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
46102.15

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: C6304697

Amount of Each Receipt this Period

33022.00

B.

Full Name (Last, First, Middle Initial)
New Hampshire Victory Fund

Mailing Address 426 C Street NE

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00488353

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
46102.15

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C6333200

Amount of Each Receipt this Period

80.15

SUBTOTAL of Receipts This Page (optional)

33102.15

TOTAL This Period (last page this line number only)

410134.98

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

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

FOR LINE NUMBER: PAGE 36 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
ADP Easy pay
Mailing Address 225 2nd Ave
City Waltham State MA Zip Code 02451-1122
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 13451.93
Date of Receipt 11 / 04 / 2010
Transaction ID: C6341408
Amount of Each Receipt this Period 1107.69

B. Full Name (Last, First, Middle Initial)
American Express
Mailing Address 20002 N 19th Ave
City Phoenix State AZ Zip Code 85027-4250
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 485.55
Date of Receipt 10 / 25 / 2010
Transaction ID: C6324868
Amount of Each Receipt this Period 97.11

C. Full Name (Last, First, Middle Initial)
Carol Shea-Porter for Congress
Mailing Address PO Box 453
City Rochester State NH Zip Code 03866
FEC ID number of contributing federal political committee. **C** C00419978
Name of Employer Occupation
Receipt For: 2012
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 90746.70
Date of Receipt 11 / 15 / 2010
Transaction ID: C6343774
Amount of Each Receipt this Period 8146.70

SUBTOTAL of Receipts This Page (optional) ► 9351.50
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 146
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680258.45

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: C6343681

Amount of Each Receipt this Period
1920.00

B.

Full Name (Last, First, Middle Initial)
Hodes for Senate

Mailing Address 379 ELM STREET

City MANCHESTER State NH Zip Code 03101

FEC ID number of contributing federal political committee. **C** C00459040

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 32020.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6343775

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Hodes for Senate

Mailing Address 379 ELM STREET

City MANCHESTER State NH Zip Code 03101

FEC ID number of contributing federal political committee. **C** C00459040

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 32020.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6343776

Amount of Each Receipt this Period
6780.00

SUBTOTAL of Receipts This Page (optional) ► **9700.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 146

(check only one)

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

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Mailing Address 1630 R STREET NW #703

City State Zip Code
WASHINGTON DC 20009

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3732.74

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 2 | | 2 | 0 | 1 | 0 |

Transaction ID: C6343679

Amount of Each Receipt this Period

243.09

B.

Full Name (Last, First, Middle Initial)
UBS Financial Services, Inc.

Mailing Address PO Box 7350

City State Zip Code
Portland ME 04112

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 2 | | 2 | 0 | 1 | 0 |

Transaction ID: C6343680

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

743.09

TOTAL This Period (last page this line number only)

19794.59

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

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

FOR LINE NUMBER: PAGE 39 / 146
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Citizens Bank
Mailing Address 1 Capital Plz
City Concord State NH Zip Code 03301-4900
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 581.03
Date of Receipt 10 / 29 / 2010
Transaction ID: C6338333
Amount of Each Receipt this Period 10.61

B. Full Name (Last, First, Middle Initial)
Citizens Bank
Mailing Address 1 Capital Plz
City Concord State NH Zip Code 03301-4900
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 581.03
Date of Receipt 10 / 29 / 2010
Transaction ID: C6338334
Amount of Each Receipt this Period 3.57

C. Full Name (Last, First, Middle Initial)
Citizens Bank
Mailing Address 1 Capital Plz
City Concord State NH Zip Code 03301-4900
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 581.03
Date of Receipt 10 / 30 / 2010
Transaction ID: C6338330
Amount of Each Receipt this Period 2.84

SUBTOTAL of Receipts This Page (optional) ► 17.02
TOTAL This Period (last page this line number only) ► 17.02

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) ADP Easypay <hr/> Mailing Address 225 2nd Ave <hr/> City Waltham State MA Zip Code 02451-1122 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D364162 Date of Disbursement 10 / 18 / 2010 |
| | Amount of Each Disbursement this Period 10515.58 |
| | Category/ Type |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) ADP Easypay <hr/> Mailing Address 225 2nd Ave <hr/> City Waltham State MA Zip Code 02451-1122 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366323 Date of Disbursement 11 / 02 / 2010 |
| | Amount of Each Disbursement this Period 10436.41 |
| | Category/ Type |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) ADP Easypay <hr/> Mailing Address 225 2nd Ave <hr/> City Waltham State MA Zip Code 02451-1122 <hr/> Purpose of Disbursement Payroll Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367437 Date of Disbursement 11 / 10 / 2010 |
| | Amount of Each Disbursement this Period 115.07 |
| | Category/ Type |
| | Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

21067.06

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 225 2nd Ave</p> <p>City Waltham State MA Zip Code 02451-1122</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D368207</p> <p>Date of Disbursement 11 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 8270.75</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address 20002 N 19th Ave</p> <p>City Phoenix State AZ Zip Code 85027-4250</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366327</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Anthem Blue Cross An</p> <p>Mailing Address 3000 Goffs Falls Rd</p> <p>City Manchester State NH Zip Code 03111-0001</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366000</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 15579.50</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

23855.20

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Anthem Blue Cross and Blue Shield

Mailing Address PO Box 11007

City Lewiston State ME Zip Code 04243

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D372885

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

15579.57

B. Full Name (Last, First, Middle Initial)
Anthem Blue Cross and Blue Shield

Mailing Address PO Box 11007

City Lewiston State ME Zip Code 04243

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D367802

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

10219.14

C. Full Name (Last, First, Middle Initial)
Ms. Julia Barnes

Mailing Address 38 Hawthorne Drive
#D306

City Bedford State NH Zip Code 03110

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D368036

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

287.99

SUBTOTAL of Disbursements This Page (optional) ►

26086.70

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Ms. Gina Barry</p> <p>Mailing Address 186 Washington St Apt D</p> <p>City Dover State NH Zip Code 03820-3762</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367883</p> <p>Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 866.05</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Gina Barry</p> <p>Mailing Address 186 Washington St Apt D</p> <p>City Dover State NH Zip Code 03820-3762</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366333</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 866.05</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms. Gina Barry</p> <p>Mailing Address 186 Washington St Apt D</p> <p>City Dover State NH Zip Code 03820-3762</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363284</p> <p>Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 866.05</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2598.15

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Augustus P Bickford <hr/> Mailing Address 95 N. Main St <hr/> City Westford State MA Zip Code 01886 <hr/> Purpose of Disbursement Consulting Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D364985 Date of Disbursement 10 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 |
| | Category/Type |
| B. Full Name (Last, First, Middle Initial) Mr. Augustus P Bickford <hr/> Mailing Address 95 N. Main St <hr/> City Westford State MA Zip Code 01886 <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366866 Date of Disbursement 10 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 |
| | Category/Type |
| C. Full Name (Last, First, Middle Initial) Ms. Abigail Blum <hr/> Mailing Address 659 Canal Street <hr/> City Manchester State NH Zip Code 03101 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366334 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 175.61 |
| | Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

7675.61

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Abigail Blum</p> <p>Mailing Address 659 Canal Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363285 Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1275.61</p> |
| <p>B. Full Name (Last, First, Middle Initial) Ms. Abigail Blum</p> <p>Mailing Address 659 Canal Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D362104 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 362.73</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Abigail Blum</p> <p>Mailing Address 659 Canal Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367884 Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1275.61</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2913.95

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Matthew Bonasia Mailing Address 32 Myrtle St City Manchester State NH Zip Code 03104-6031 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367885 Date of Disbursement 11 / 17 / 2010 Amount of Each Disbursement this Period 1375.77 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Mr. Matthew Bonasia Mailing Address 32 Myrtle St City Manchester State NH Zip Code 03104-6031 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363286 Date of Disbursement 10 / 17 / 2010 Amount of Each Disbursement this Period 1375.77 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Mr. Matthew Bonasia Mailing Address 32 Myrtle St City Manchester State NH Zip Code 03104-6031 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366335 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 1375.76 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

4127.30

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Ms. Rebecca Bowers

Transaction ID: D363489
Date of Disbursement

Mailing Address 88 Grange Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 1 | 0 |

City Lancaster State NH Zip Code 03584

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

| |
|--------|
| 866.05 |
|--------|

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Ms. Rebecca Bowers

Transaction ID: D366359
Date of Disbursement

Mailing Address 88 Grange Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 1 | 0 |

City Lancaster State NH Zip Code 03584

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

| |
|--------|
| 866.05 |
|--------|

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Ms. Rebecca Bowers

Transaction ID: D367914
Date of Disbursement

Mailing Address 88 Grange Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 7 | | 2 | 0 | 1 | 0 |

City Lancaster State NH Zip Code 03584

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

| |
|--------|
| 866.05 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

2598.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Laura Burns</p> <p>Mailing Address 108 Ash St. Apt. 1L</p> <p>City Manchester State NH Zip Code 03104</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367006 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Nicholas Cannell</p> <p>Mailing Address 26 Stone Pond Rd</p> <p>City Marlow State NH Zip Code 03456-6118</p> <p>Purpose of Disbursement Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366999 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 165.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Nicole Caravella</p> <p>Mailing Address 22 Heritage Way</p> <p>City Milford State NH Zip Code 03055-3527</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366988 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

865.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Nicole Caravella</p> <p>Mailing Address 22 Heritage Way</p> <p>City Milford State NH Zip Code 03055-3527</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366989</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="68.86"/></p> <p>Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Ms. Nicole Caravella</p> <p>Mailing Address 22 Heritage Way</p> <p>City Milford State NH Zip Code 03055-3527</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366289</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="843.24"/></p> <p>Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Nicole Caravella</p> <p>Mailing Address 22 Heritage Way</p> <p>City Milford State NH Zip Code 03055-3527</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366338</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="843.24"/></p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Ms. Nicole Caravella <hr/> Mailing Address 22 Heritage Way <hr/> City Milford State NH Zip Code 03055-3527 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367888 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 843.24 |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Mr. Patrick Carroll <hr/> Mailing Address 30 Front Street <hr/> City Rollinsford State NH Zip Code 03869 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367889 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 843.24 |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) Mr. Patrick Carroll <hr/> Mailing Address 30 Front Street <hr/> City Rollinsford State NH Zip Code 03869 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366339 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 843.24 |
| | Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

2529.72

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Patrick Carroll | Transaction ID: D363290 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 30 Front Street | Amount of Each Disbursement this Period 843.24 |
| | City Rollinsford State NH Zip Code 03869 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mr. James S. Casazza | Transaction ID: D363291 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 10 Hearthstone Dr | Amount of Each Disbursement this Period 1013.81 |
| | City Pelham State NH Zip Code 03076-2318 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. James S. Casazza | Transaction ID: D366340 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 10 Hearthstone Dr | Amount of Each Disbursement this Period 1013.80 |
| | City Pelham State NH Zip Code 03076-2318 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2870.85 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Mr. James S. Casazza

Transaction ID: D367890
Date of Disbursement

Mailing Address 10 Hearthstone Dr

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 7 | | 2 | 0 | 1 | 0 |

City Pelham State NH Zip Code 03076-2318

Amount of Each Disbursement this Period

| |
|--------|
| 530.37 |
|--------|

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Citibank

Transaction ID: D367813
Date of Disbursement

Mailing Address 6 Manchester St

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 9 | | 2 | 0 | 1 | 0 |

City Nashua State NH Zip Code 03064-2160

Amount of Each Disbursement this Period

| |
|---------|
| 3065.00 |
|---------|

Purpose of Disbursement
Credit Card Payment
Candidate Name

Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
Citizens Bank

Transaction ID: D368213
Date of Disbursement

Mailing Address 1 Capital Plz

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 6 | | 2 | 0 | 1 | 0 |

City Concord State NH Zip Code 03301-4900

Amount of Each Disbursement this Period

| |
|--------|
| 678.21 |
|--------|

Purpose of Disbursement
Service Charge
Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 4273.58 |
|---------|

TOTAL This Period (last page this line number only)

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| |
|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Citizens Bank | Transaction ID: D366272 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1 Capital Plz | |
| | City Concord State NH Zip Code 03301-4900 | Amount of Each Disbursement this Period 13.00 |
| | Purpose of Disbursement Service Charge Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Citizens Bank | Transaction ID: D366273 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1 Capital Plz | |
| | City Concord State NH Zip Code 03301-4900 | Amount of Each Disbursement this Period 13.00 |
| | Purpose of Disbursement Service Charge Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Citizens Bank | Transaction ID: D365636 Date of Disbursement 10 / 22 / 2010 |
| | Mailing Address 1 Capital Plz | |
| | City Concord State NH Zip Code 03301-4900 | Amount of Each Disbursement this Period 13.00 |
| | Purpose of Disbursement Service Charge Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 39.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 1 Capital Plz City Concord State NH Zip Code 03301-4900 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363017 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 13.00 Category/Type |
| B. | Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 1 Capital Plz City Concord State NH Zip Code 03301-4900 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363018 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 13.00 Category/Type |
| C. | Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 1 Capital Plz City Concord State NH Zip Code 03301-4900 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D364168 Date of Disbursement 10 / 15 / 2010 Amount of Each Disbursement this Period 13.00 Category/Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 39.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 1 Capital Plz</p> <p>City Concord State NH Zip Code 03301-4900</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D364169</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 13.00</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) City Of Concord</p> <p>Mailing Address 41 Green St</p> <p>City Concord State NH Zip Code 03301-4255</p> <p>Purpose of Disbursement Water Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367775</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 52.04</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Richard Coleman</p> <p>Mailing Address 452 Pine St. #209</p> <p>City Manchester State NH Zip Code 03104</p> <p>Purpose of Disbursement Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366998</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 205.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

270.04

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Combined Services</p> <p>Mailing Address 15 N. Main, Suite 300</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement COBRA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D365834</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Connolly Printing</p> <p>Mailing Address 300 Salem Street</p> <p>City Woburn State MA Zip Code 01801</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D365848</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 4307.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Connolly Printing</p> <p>Mailing Address 300 Salem Street</p> <p>City Woburn State MA Zip Code 01801</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366184</p> <p>Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1532.50</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5939.50

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 146

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Connolly Printing | Transaction ID: D367013 Date of Disbursement 11 / 05 / 2010 |
| | Mailing Address 300 Salem Street | Amount of Each Disbursement this Period 530.00 |
| | City Woburn State MA Zip Code 01801 | |
| | Purpose of Disbursement Printing | Category/ Type |
| | Candidate Name | |
| | 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. | Full Name (Last, First, Middle Initial) Connolly Printing | Transaction ID: D367788 Date of Disbursement 11 / 09 / 2010 |
| | Mailing Address 300 Salem Street | Amount of Each Disbursement this Period 13400.00 |
| | City Woburn State MA Zip Code 01801 | |
| | Purpose of Disbursement Printing | Category/ Type |
| | Candidate Name | |
| | 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: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Zach Crago | Transaction ID: D367932 Date of Disbursement 11 / 17 / 2010 |
| | Mailing Address 1501 W. Mosby Street | Amount of Each Disbursement this Period 866.05 |
| | City Sioux Falls State SD Zip Code 57108 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | 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: | |

SUBTOTAL of Disbursements This Page (optional) ▶

14796.05

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Zach Crago</p> <p>Mailing Address 1501 W. Mosby Street</p> <p>City Sioux Falls State SD Zip Code 57108</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366364</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 866.05</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Zach Crago</p> <p>Mailing Address 1501 W. Mosby Street</p> <p>City Sioux Falls State SD Zip Code 57108</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363497</p> <p>Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 866.05</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) D McLeod Inc.</p> <p>Mailing Address 49 S. State Street</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Floral Arrangements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363023</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1932.10

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 146

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) David Mailhot Enterprises | Transaction ID: D367809 Date of Disbursement 11 / 09 / 2010 |
| | Mailing Address 65 Manor Rd. | Amount of Each Disbursement this Period 1512.50 |
| | City Concord State NH Zip Code 03303 | |
| | Purpose of Disbursement Consulting | |
| | 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. | Full Name (Last, First, Middle Initial) Mr. Keith Davies | Transaction ID: D367891 Date of Disbursement 11 / 17 / 2010 |
| | Mailing Address 2 Mountain View Dr | Amount of Each Disbursement this Period 553.18 |
| | City Northport State NY Zip Code 11768-2338 | |
| | Purpose of Disbursement Payroll Expenses | |
| | 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: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Keith Davies | Transaction ID: D363463 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 2 Mountain View Dr | Amount of Each Disbursement this Period 1036.62 |
| | City Northport State NY Zip Code 11768-2338 | |
| | Purpose of Disbursement Payroll Expenses | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

SUBTOTAL of Disbursements This Page (optional) ▶

3102.30

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Mr. Keith Davies</p> <p>Mailing Address 2 Mountain View Dr</p> <p>City Northport State NY Zip Code 11768-2338</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366341 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1036.61</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Keith Davies</p> <p>Mailing Address 2 Mountain View Dr</p> <p>City Northport State NY Zip Code 11768-2338</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366986 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 71.12</p> |
| <p>C. Full Name (Last, First, Middle Initial) Davis Towle Morrill & Everett Insurance</p> <p>Mailing Address 115 Airport Rd</p> <p>City Concord State NH Zip Code 03301-7300</p> <p>Purpose of Disbursement Insurance Certificate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D365842 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 153.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1260.73

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Delta Dental | Transaction ID: D365844 |
| | Mailing Address PO Box 9566 | Date of Disbursement 10 / 25 / 2010 |
| | City Manchester State NH Zip Code 03108-9566 | Amount of Each Disbursement this Period 1245.26 |
| | Purpose of Disbursement Dental Insurance | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Delta Dental | Transaction ID: D367791 |
| | Mailing Address PO Box 9566 | Date of Disbursement 11 / 09 / 2010 |
| | City Manchester State NH Zip Code 03108-9566 | Amount of Each Disbursement this Period 1245.26 |
| | Purpose of Disbursement Dental Insurance | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Democratic National Committee | Transaction ID: D372433 |
| | Mailing Address 430 S Capitol St SE | Date of Disbursement 11 / 03 / 2010 |
| | City Washington State DC Zip Code 20003-4024 | Amount of Each Disbursement this Period 2545.00 |
| | Purpose of Disbursement Online Voter File Access | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

* In-Kind Received

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 5035.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Democratic National Committee Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Online Voter File Access Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372435 Date of Disbursement 11 / 16 / 2010 Amount of Each Disbursement this Period 2545.00 * In-Kind Received | |
| B. | Full Name (Last, First, Middle Initial) Democratic National Committee Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Online Voter File Access Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372436 Date of Disbursement 11 / 16 / 2010 Amount of Each Disbursement this Period 2545.00 * In-Kind Received | |
| C. | Full Name (Last, First, Middle Initial) Democratic National Committee Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Payroll and Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372437 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 25148.91 * In-Kind Received | |

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| SUBTOTAL of Disbursements This Page (optional) | 30238.91 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 146

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|----|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Democratic National Committee Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Phone Banking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D372440 Date of Disbursement 11 / 02 / 2010 | Amount of Each Disbursement this Period 2250.00 * In-Kind Received |
| B. | Full Name (Last, First, Middle Initial) Democratic National Committee Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement Travel Candidate Name 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: | Transaction ID: D372441 Date of Disbursement 11 / 16 / 2010 | Amount of Each Disbursement this Period 5070.00 * In-Kind Received |
| C. | Full Name (Last, First, Middle Initial) Dewey Square Group Mailing Address 100 Cambridge St City Boston State MA Zip Code 02114-2509 Purpose of Disbursement Consulting Fee Candidate Name 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: | Transaction ID: D367789 Date of Disbursement 11 / 09 / 2010 | Amount of Each Disbursement this Period 4000.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

11320.00

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Diversified Adjustment Service</p> <p>Mailing Address PO Box 32145</p> <p>City State Zip Code Fridley MN 55432</p> <p>Purpose of Disbursement Debt Repayment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367786</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.98</p> <p>Category/Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Katherine Drapcho</p> <p>Mailing Address 24 Caswell Dr</p> <p>City State Zip Code Greenland NH 03840-2207</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367892</p> <p>Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 530.37</p> <p>Category/Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms. Katherine Drapcho</p> <p>Mailing Address 24 Caswell Dr</p> <p>City State Zip Code Greenland NH 03840-2207</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366342</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1013.80</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1620.15

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

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

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ms. Katherine Drapcho | Transaction ID: D363464 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 24 Caswell Dr | |
| | City Greenland State NH Zip Code 03840-2207 | Amount of Each Disbursement this Period 1013.81 |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Colman Durkee | Transaction ID: D363465 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 48 S Spring St | |
| | City Concord State NH Zip Code 03301-2427 | Amount of Each Disbursement this Period 1013.80 |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Colman Durkee | Transaction ID: D366343 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 48 S Spring St | |
| | City Concord State NH Zip Code 03301-2427 | Amount of Each Disbursement this Period 1013.81 |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3041.42 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Colman Durkee <hr/> Mailing Address 48 S Spring St <hr/> City Concord State NH Zip Code 03301-2427 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367893 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 530.37 |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Fairpoint <hr/> Mailing Address PO Box 12045 <hr/> City Trenton State NJ Zip Code 08650 <hr/> Purpose of Disbursement Internet and Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367799 Date of Disbursement 11 / 09 / 2010 <hr/> Amount of Each Disbursement this Period 2204.21 |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) Fairpoint <hr/> Mailing Address PO Box 12045 <hr/> City Trenton State NJ Zip Code 08650 <hr/> Purpose of Disbursement Internet and Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D365843 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 252.13 |
| | Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

2986.71

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Fairpoint Mailing Address PO Box 12045 City Trenton State NJ Zip Code 08650 Purpose of Disbursement Internet and Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D365837 Date of Disbursement 10 / 25 / 2010 Amount of Each Disbursement this Period 368.31 Category/Type |
| B. | Full Name (Last, First, Middle Initial) First Comp Mailing Address PO Box 2329 City Omaha State NE Zip Code 68103 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D365846 Date of Disbursement 10 / 25 / 2010 Amount of Each Disbursement this Period 304.00 Category/Type |
| C. | Full Name (Last, First, Middle Initial) First Comp Mailing Address PO Box 2329 City Omaha State NE Zip Code 68103 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367808 Date of Disbursement 11 / 09 / 2010 Amount of Each Disbursement this Period 20.00 Category/Type |

SUBTOTAL of Disbursements This Page (optional)

692.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Will Fogel</p> <p>Mailing Address 1926 11 St. NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366984</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 74.72</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Shpresa Gashi</p> <p>Mailing Address 54 Dewey St</p> <p>City Manchester State NH Zip Code 03103-6666</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367005</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 220.00</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Georgetown Labs</p> <p>Mailing Address 2020 Pennsylvania Ave. NW Suite 134</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Digital Media</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367781</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

594.72

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 146

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Golden Manet Press | Transaction ID: D367792 Date of Disbursement 11 / 09 / 2010 |
| | Mailing Address 86 Robertson St | Amount of Each Disbursement this Period 3000.00 |
| | City Quincy State MA Zip Code 02169 | |
| | Purpose of Disbursement Consulting | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Vincent Greco | Transaction ID: D367895 Date of Disbursement 11 / 17 / 2010 |
| | Mailing Address 16 Harvey Rd | Amount of Each Disbursement this Period 530.37 |
| | City Deerfield State NH Zip Code 03037-1212 | |
| | Purpose of Disbursement Payroll Expenses | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Vincent Greco | Transaction ID: D366345 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 16 Harvey Rd | Amount of Each Disbursement this Period 1013.80 |
| | City Deerfield State NH Zip Code 03037-1212 | |
| | Purpose of Disbursement Payroll Expenses | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 4544.17 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Mr. Vincent Greco

Mailing Address 16 Harvey Rd

City State Zip Code
Deerfield NH 03037-1212

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D363467
Date of Disbursement

10 / 17 / 2010

Amount of Each Disbursement this Period

1013.81

B.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Rosner Research

Mailing Address 10 G St NE
Ste 500

City State Zip Code
Washington DC 20002-4228

Purpose of Disbursement
Polling
Candidate Name

Category/
Type

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

Transaction ID: D367778
Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

18500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Christopher Greene

Mailing Address 190 Wilson St.

City State Zip Code
Manchester NH 03103

Purpose of Disbursement
Canvassing
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D366997
Date of Disbursement

11 / 05 / 2010

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional)

19593.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 72 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Mr. Jeffrey Greene</p> <p>Mailing Address 190 Wilson St.</p> <p>City Manchester State NH Zip Code 03103</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367009</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 160.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. John Greene</p> <p>Mailing Address 9 Holly Hill Dr</p> <p>City Amherst State NH Zip Code 03031-1617</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366346</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mr. John Greene</p> <p>Mailing Address 9 Holly Hill Dr</p> <p>City Amherst State NH Zip Code 03031-1617</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363469</p> <p>Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 1846.48 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Mr. John Greene</p> <p>Mailing Address 9 Holly Hill Dr</p> <p>City Amherst State NH Zip Code 03031-1617</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367896 Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |
| <p>B. Full Name (Last, First, Middle Initial) Ms Anna Gustina</p> <p>Mailing Address 830 8th Ave.</p> <p>City Helena State MT Zip Code 83861</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366085 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mr. Anthony Guthrie</p> <p>Mailing Address 100 St. Anselm Dr. #658</p> <p>City Manchester State NH Zip Code 03102</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366991 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1383.24

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Hansen Fox Company</p> <p>Mailing Address 25 Depot St.</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Plumbing and HVAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367785 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 717.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Bradley Hennessy</p> <p>Mailing Address 5 Cold Spring Rd</p> <p>City Durham State NH Zip Code 03824-4303</p> <p>Purpose of Disbursement Payroll Adjustment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366865 Date of Disbursement 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mr. Bradley Hennessy</p> <p>Mailing Address 5 Cold Spring Rd</p> <p>City Durham State NH Zip Code 03824-4303</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363470 Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2403.48

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Bradley Hennessy Mailing Address 5 Cold Spring Rd City Durham State NH Zip Code 03824-4303 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367898 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 843.24 |
| B. | Full Name (Last, First, Middle Initial) Mr. Bradley Hennessy Mailing Address 5 Cold Spring Rd City Durham State NH Zip Code 03824-4303 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367899 Date of Disbursement 11 / 17 / 2010 Amount of Each Disbursement this Period 843.24 |
| C. | Full Name (Last, First, Middle Initial) High Output Mailing Address 495 Turnpike St. City Canton State MA Zip Code 02021 Purpose of Disbursement Sound Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367012 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 2074.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3760.48 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 146

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Anthony Hobbs</p> <p>Mailing Address 11 Beaver Pond Rd</p> <p>City Farmington State NH Zip Code 03835-3400</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366348</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 888.86</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Anthony Hobbs</p> <p>Mailing Address 11 Beaver Pond Rd</p> <p>City Farmington State NH Zip Code 03835-3400</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363471</p> <p>Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 888.86</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Anthony Hobbs</p> <p>Mailing Address 11 Beaver Pond Rd</p> <p>City Farmington State NH Zip Code 03835-3400</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367900</p> <p>Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 888.86</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2666.58

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Kristian Hoysradt</p> <p>Mailing Address 30 Hanover St. Apt. 207</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D367021</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="152.87"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. David Imamura</p> <p>Mailing Address 59 Sycamore Lane</p> <p>City Irvington State NY Zip Code 10533</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D366349</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="843.24"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Mr. David Imamura</p> <p>Mailing Address 59 Sycamore Lane</p> <p>City Irvington State NY Zip Code 10533</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D363472</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="843.24"/></p> |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1839.35"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Mr. David Imamura</p> <p>Mailing Address 59 Sycamore Lane</p> <p>City Irvington State NY Zip Code 10533</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367901</p> <p>Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Thomas Johnson</p> <p>Mailing Address 10 Water Street</p> <p>City Antrim State NH Zip Code 03440</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367003</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 90.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) K Systems</p> <p>Mailing Address 7 E Dracut Rd</p> <p>City Methuen State MA Zip Code 01844-1328</p> <p>Purpose of Disbursement Audio/Visual Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D362100</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4505.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5438.24

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Mr. Alex Kaufman</p> <p>Mailing Address 1200 Elm Street #420</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366985 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 60.85</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Adam Kelly</p> <p>Mailing Address 131 Court St Unit 4</p> <p>City Exeter State NH Zip Code 03833-2635</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366350 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1036.61</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mr. Adam Kelly</p> <p>Mailing Address 131 Court St Unit 4</p> <p>City Exeter State NH Zip Code 03833-2635</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367902 Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 553.18</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1650.64

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 80 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Keystone Press, Inc</p> <p>Mailing Address 9 Old Falls Rd</p> <p>City Manchester State NH Zip Code 03103-3622</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367793</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 94.00</p> <p>Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Waad Khalifa</p> <p>Mailing Address 207 Eastern Ave. #28</p> <p>City Manchester State NH Zip Code 03104</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366995</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 115.00</p> <p>Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Claire Kim</p> <p>Mailing Address 29 Brislecone Street</p> <p>City Irvine State CA Zip Code 92620</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366351</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 301.09</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

510.09

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ms. Claire Kim | Transaction ID: D367903 Date of Disbursement 11 / 17 / 2010 |
| | Mailing Address 29 Brislecone Street | Amount of Each Disbursement this Period 301.08 |
| | City Irvine State CA Zip Code 92620 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Elizabeth Kokot | Transaction ID: D367907 Date of Disbursement 11 / 17 / 2010 |
| | Mailing Address 9 Cynthia Road | Amount of Each Disbursement this Period 843.24 |
| | City Canton State MA Zip Code 02021 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ms. Elizabeth Kokot | Transaction ID: D366353 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 9 Cynthia Road | Amount of Each Disbursement this Period 843.24 |
| | City Canton State MA Zip Code 02021 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1987.56 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Elizabeth Kokot</p> <p>Mailing Address 9 Cynthia Road</p> <p>City Canton State MA Zip Code 02021</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363476 Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |
| <p>B. Full Name (Last, First, Middle Initial) Labor Ready</p> <p>Mailing Address PO Box 820145</p> <p>City Philadelphia State PA Zip Code 19182-0145</p> <p>Purpose of Disbursement Labor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367011 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2603.06</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Rebecca Leventhal</p> <p>Mailing Address 1572 Massachusetts Ave. Apt. 30</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367010 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3496.30

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 83 / 146

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Valerie Martin</p> <p>Mailing Address 1200 Elm St Unit 215</p> <p>City Manchester State NH Zip Code 03101-2513</p> <p>Purpose of Disbursement Survey</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366990 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Gool Mayola</p> <p>Mailing Address 99 Ahern St.</p> <p>City Manchester State NH Zip Code 03103</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366996 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) McAulife-Shepard Discovery Center</p> <p>Mailing Address 2 Institute Dr</p> <p>City Concord State NH Zip Code 03301-7400</p> <p>Purpose of Disbursement Venue Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367794 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 390.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

790.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Nashua Fire Marshal's Office <hr/> Mailing Address 177 Lake St. <hr/> City Nashua State NH Zip Code 03060 <hr/> Purpose of Disbursement Event Security Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367014 Date of Disbursement 11 / 05 / 2010 |
| | Amount of Each Disbursement this Period 387.07 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Nashua Police Department <hr/> Mailing Address PO Box 785 <hr/> City Nashua State NH Zip Code 03061 <hr/> Purpose of Disbursement Event Security Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367000 Date of Disbursement 11 / 05 / 2010 |
| | Amount of Each Disbursement this Period 1541.94 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Nashua School District <hr/> Mailing Address 141 Ledge St. <hr/> City Nashua State NH Zip Code 03060 <hr/> Purpose of Disbursement Venue Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367784 Date of Disbursement 11 / 09 / 2010 |
| | Amount of Each Disbursement this Period 1262.50 |
| | Category/ Type |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

3191.51

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) National Telecommunications Services, Inc.</p> <hr/> <p>Mailing Address 122 C Street, NW Suite 640</p> <hr/> <p>City Washington State DC Zip Code 20001</p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: D367017</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">6921.00</td> </tr> </table> </p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | 6921.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 6921.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) National Telecommunications Services, Inc.</p> <hr/> <p>Mailing Address 122 C Street, NW Suite 640</p> <hr/> <p>City Washington State DC Zip Code 20001</p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: D367018</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">31277.00</td> </tr> </table> </p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | 31277.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 31277.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) National Telecommunications Services, Inc.</p> <hr/> <p>Mailing Address 122 C Street, NW Suite 640</p> <hr/> <p>City Washington State DC Zip Code 20001</p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: D367019</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1091.00</td> </tr> </table> </p> <hr/> <p>Purpose of Disbursement Reimbursement</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | 1091.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 1091.00 | | | | | | | | | | | | | | | | | | | | | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 39289.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Entesar Nazir | Transaction ID: D366993 Date of Disbursement 11 / 05 / 2010 |
| | Mailing Address 495 Old Wellington Rd. #3101 | Amount of Each Disbursement this Period 75.00 |
| | City Manchester State NH Zip Code 03104 | |
| | Purpose of Disbursement Canvassing | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Erika Nelson | Transaction ID: D366354 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 10 Topland Pl | Amount of Each Disbursement this Period 843.24 |
| | City East Northport State NY Zip Code 11731-1939 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ms. Erika Nelson | Transaction ID: D363479 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 10 Topland Pl | Amount of Each Disbursement this Period 843.24 |
| | City East Northport State NY Zip Code 11731-1939 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 1761.48 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Erika Nelson</p> <p>Mailing Address 10 Topland Pl</p> <p>City East Northport State NY Zip Code 11731-1939</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367908 Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 843.24</p> |
| <p>B. Full Name (Last, First, Middle Initial) New Hampshire Electric Cooperative</p> <p>Mailing Address PO Box 9612</p> <p>City Manchester State NH Zip Code 03108</p> <p>Purpose of Disbursement Power Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367796 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 67.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms Miranda Noyce</p> <p>Mailing Address 98 Pine Hill Rd.</p> <p>City Hollis State NH Zip Code 03049</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367910 Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 309.37</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1219.61

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ms Miranda Noyce | Transaction ID: D363481 Date of Disbursement 10 / 17 / 2010 |
| | Mailing Address 98 Pine Hill Rd. | Amount of Each Disbursement this Period 309.37 |
| | City Hollis State NH Zip Code 03049 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ms Miranda Noyce | Transaction ID: D366355 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 98 Pine Hill Rd. | Amount of Each Disbursement this Period 309.38 |
| | City Hollis State NH Zip Code 03049 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Mr. Michael O'Brien | Transaction ID: D366356 Date of Disbursement 11 / 02 / 2010 |
| | Mailing Address 101 Centre St | Amount of Each Disbursement this Period 1059.43 |
| | City Concord State NH Zip Code 03301-4110 | |
| | Purpose of Disbursement Payroll Expenses | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1678.18 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. Michael O'Brien Mailing Address 101 Centre St City Concord State NH Zip Code 03301-4110 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363483 Date of Disbursement 10 / 17 / 2010 Amount of Each Disbursement this Period 1059.42 |
| B. | Full Name (Last, First, Middle Initial) Mr. Michael O'Brien Mailing Address 101 Centre St City Concord State NH Zip Code 03301-4110 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367911 Date of Disbursement 11 / 17 / 2010 Amount of Each Disbursement this Period 570.31 |
| C. | Full Name (Last, First, Middle Initial) Mr. Kerrin O'Connor Mailing Address 100 St. Anselm Dr. #1423 City Manchester State NH Zip Code 03102 Purpose of Disbursement Canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366994 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 40.00 |

SUBTOTAL of Disbursements This Page (optional)

1669.73

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE | Transaction ID: D367022 |
| | Mailing Address 1630 R STREET NW #703 | Date of Disbursement MM / DD / YYYY 11 / 05 / 2010 |
| | City WASHINGTON State DC Zip Code 20009 | Amount of Each Disbursement this Period 4871.38 |
| | Purpose of Disbursement Paid Calls | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE | Transaction ID: D366154 |
| | Mailing Address 1630 R STREET NW #703 | Date of Disbursement MM / DD / YYYY 10 / 28 / 2010 |
| | City WASHINGTON State DC Zip Code 20009 | Amount of Each Disbursement this Period 3581.62 |
| | Purpose of Disbursement Paid Calls | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE | Transaction ID: D371138 |
| | Mailing Address 1630 R STREET NW #703 | Date of Disbursement MM / DD / YYYY 10 / 15 / 2010 |
| | City WASHINGTON State DC Zip Code 20009 | Amount of Each Disbursement this Period 312.12 |
| | Purpose of Disbursement Andrew Kling's time | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

* In-Kind Received

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8765.12 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE</p> <p>Mailing Address 1630 R STREET NW #703</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Andrew Kling's time</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D371139 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1755.71</p> <p>* In-Kind Received</p> |
| <p>B. Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE</p> <p>Mailing Address 1630 R STREET NW #703</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Facebook Ads</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D371140 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 237.81</p> <p>* In-Kind Received</p> |
| <p>C. Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE</p> <p>Mailing Address 1630 R STREET NW #703</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Payment for Paid Calls on 10/18/2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D371141 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 277.50</p> <p>* In-Kind Received</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 2271.02 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement

Phone Lines

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D371142

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

8.26

* In-Kind Received

B. PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement

Phone Lines

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D371143

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

9.56

* In-Kind Received

C. PROGRESSIVE CHANGE CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address 1630 R STREET NW #703

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement

Payment to Activate Phone Minutes

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: D371144

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

475.25

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional) ►

493.07

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 146

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) PROGRESSIVE CHANGE CAMPAIGN COMMITTEE</p> <p>Mailing Address 1630 R STREET NW #703</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Callers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D371145 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 413.44</p> <p>* In-Kind Received</p> |
| <p>B. Full Name (Last, First, Middle Initial) Paul Phillips</p> <p>Mailing Address 35 Ashl Hill Rd</p> <p>City Plymouth State NH Zip Code 03264</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367782 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 110.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Mary E. Purdy</p> <p>Mailing Address 34 Thorndike St # 3</p> <p>City Concord State NH Zip Code 03301-3633</p> <p>Purpose of Disbursement Consulting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366191 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5523.44

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 / 146

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Ms. Mary E. Purdy Mailing Address 34 Thorndike St # 3 City Concord State NH Zip Code 03301-3633 Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D362702 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 5000.00 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Devan Quinn Mailing Address 16 Golden Meadow Rd City Hampstead State NH Zip Code 03841-2389 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D363487 Date of Disbursement 10 / 17 / 2010 Amount of Each Disbursement this Period 553.17 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Devan Quinn Mailing Address 16 Golden Meadow Rd City Hampstead State NH Zip Code 03841-2389 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D366358 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 553.18 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

6106.35

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Devan Quinn

Transaction ID: D367913
Date of Disbursement

Mailing Address 16 Golden Meadow Rd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 7 | / | 2 | 0 | 1 | 0 |

City State Zip Code
Hampstead NH 03841-2389

Amount of Each Disbursement this Period

| |
|--------|
| 553.18 |
|--------|

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Deepak Rasaily

Transaction ID: D367007
Date of Disbursement

Mailing Address 82 Lawry St.
Apt. 2

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 |

City State Zip Code
Manchester NH 03103

Amount of Each Disbursement this Period

| |
|--------|
| 160.00 |
|--------|

Purpose of Disbursement
Canvassing
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Nestor Reyes

Transaction ID: D367002
Date of Disbursement

Mailing Address 369 Calef Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 1 | 0 |

City State Zip Code
Manchester NH 03103

Amount of Each Disbursement this Period

| |
|-------|
| 35.00 |
|-------|

Purpose of Disbursement
Canvassing
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

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| 748.18 |
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TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 146

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Ms. Jamie Richardson</p> <p>Mailing Address 70A Broadway</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367001</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 925.35</p> <p>Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mr. Aaron Rottenstein</p> <p>Mailing Address 820 S. Columbus St. Apt. 320</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366983</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 87.15</p> <p>Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) RUI Credit Services</p> <p>Mailing Address PO Box 1349</p> <p>City Melville State NY Zip Code 11747-0421</p> <p>Purpose of Disbursement Electricity Bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D365984</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 779.20</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1791.70

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

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

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

FOR LINE NUMBER:
(check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Mr. Matthew Scutt</p> <p>Mailing Address 14 Overlook Dr.</p> <p>City Derry State NH Zip Code 03038</p> <p>Purpose of Disbursement Canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366992 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 80.00</p> <p>Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Ms. Cynthia Sebian-Lander</p> <p>Mailing Address 32 Gurnsey St</p> <p>City Keene State NH Zip Code 03431-3848</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366987 Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 71.51</p> <p>Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Cynthia Sebian-Lander</p> <p>Mailing Address 32 Gurnsey St</p> <p>City Keene State NH Zip Code 03431-3848</p> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366360 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1013.81</p> <p>Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1165.32

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

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

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

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Cynthia Sebian-Lander <hr/> Mailing Address 32 Gurnsey St <hr/> City Keene State NH Zip Code 03431-3848 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D363491 Date of Disbursement 10 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 1013.80 |
| B. | Full Name (Last, First, Middle Initial) Ms. Cynthia Sebian-Lander <hr/> Mailing Address 32 Gurnsey St <hr/> City Keene State NH Zip Code 03431-3848 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> 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: | Transaction ID: D367915 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 530.37 |
| C. | Full Name (Last, First, Middle Initial) Sign a Rama <hr/> Mailing Address 190 Manchester St. <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement Sign Purchase Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D365839 Date of Disbursement 10 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 48.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

1592.17

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 146

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Ms. Donna M. Soucy <hr/> Mailing Address 91 Alexander Drive <hr/> City Manchester State NH Zip Code 03109 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367717 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 434.20 |
| | Category/ Type |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Suntrust Merchant Services <hr/> Mailing Address PO Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 <hr/> Purpose of Disbursement Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367861 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 204.10 |
| | Category/ Type |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) Suntrust Merchant Services <hr/> Mailing Address PO Box 6600 <hr/> City Hagerstown State MD Zip Code 21741-6600 <hr/> Purpose of Disbursement Merchant Interchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367862 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 191.52 |
| | Category/ Type |
| | Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

829.82

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Suntrust Merchant Services | Transaction ID: D367863 Date of Disbursement |
| | Mailing Address PO Box 6600 | <input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Hagerstown State MD Zip Code 21741-6600 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Merchant Discount | <input type="text" value="1106.11"/> |
| | 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. | Full Name (Last, First, Middle Initial) Taylor Rental (e) | Transaction ID: D363024 Date of Disbursement |
| | Mailing Address 231 S Main St | <input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Concord State NH Zip Code 03301-3405 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Banquet Decoration Rental | <input type="text" value="375.10"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Telephone Network Technologies | Transaction ID: D366001 Date of Disbursement |
| | Mailing Address 117 Londonderry Tpke | <input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Hooksett State NH Zip Code 03106-2015 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Telephone Networking | <input type="text" value="3266.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4747.21"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) The Melman Group Mailing Address 1023 31st St. NW 5th Floor City Washington State DC Zip Code 20007 Purpose of Disbursement Polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D367015 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 21300.00 Category/Type |
| B. | Full Name (Last, First, Middle Initial) The Super Secret Project Mailing Address 155 Main St City Boston State MA Zip Code 02129-3533 Purpose of Disbursement Musical Entertainment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D366197 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type |
| C. | Full Name (Last, First, Middle Initial) Mr. Nickolas Theisen Mailing Address 330 Notre Dame Ave. City Manchester State NH Zip Code 03101 Purpose of Disbursement Canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D367004 Date of Disbursement 11 / 05 / 2010 Amount of Each Disbursement this Period 200.00 Category/Type |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 22500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Tidewater Catering Group Mailing Address 250 Commercial St. Suite 2021 City Manchester State NH Zip Code 03101 Purpose of Disbursement Catering Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367787 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0 | Amount of Each Disbursement this Period 6055.00 |
| B. | Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address P.O. Box 1034 City Buffalo State NY Zip Code 14240 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367798 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0 | Amount of Each Disbursement this Period 174.95 |
| C. | Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address P.O. Box 1034 City Buffalo State NY Zip Code 14240 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D365845 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 | Amount of Each Disbursement this Period 274.90 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 6504.85 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Lynda Tocci</p> <p>Mailing Address 39 Pennsylvania Ave.</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367016</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="414.60"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) Ms. Lynda Tocci</p> <p>Mailing Address 372 Bunke</p> <p>City Charlestown State MA Zip Code 02110</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366867</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Ms. Lynda Tocci</p> <p>Mailing Address 372 Bunke</p> <p>City Charlestown State MA Zip Code 02110</p> <p>Purpose of Disbursement Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366868</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5471.00"/></p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A.

Full Name (Last, First, Middle Initial)
Mr. Matthew Vallone

Transaction ID: D366361
Date of Disbursement

Mailing Address 252 Blake Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 1 | 0 |

City Epping State NH Zip Code 03042

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

| |
|--------|
| 866.05 |
|--------|

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Matthew Vallone

Transaction ID: D367020
Date of Disbursement

Mailing Address 252 Blake Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 5 | | 2 | 0 | 1 | 0 |

City Epping State NH Zip Code 03042

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimbursement
Candidate Name

Category/
Type

| |
|-------|
| 56.70 |
|-------|

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Matthew Vallone

Transaction ID: D367919
Date of Disbursement

Mailing Address 252 Blake Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 7 | | 2 | 0 | 1 | 0 |

City Epping State NH Zip Code 03042

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Expenses
Candidate Name

Category/
Type

| |
|--------|
| 866.05 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

1788.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 106 / 146

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|-----------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Ray Walker Mailing Address 226 Amory St Apt 2 City Manchester State NH Zip Code 03102-3556 Purpose of Disbursement Canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367008 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0 | Amount of Each Disbursement this Period 90.00 |
| B. | Full Name (Last, First, Middle Initial) Ms. Elizabeth Wester Mailing Address 74 Fairview Rd City Lynnfield State MA Zip Code 01940-1557 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366362 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0 | Amount of Each Disbursement this Period 1013.81 |
| C. | Full Name (Last, First, Middle Initial) Ms. Elizabeth Wester Mailing Address 74 Fairview Rd City Lynnfield State MA Zip Code 01940-1557 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363494 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 1 0 | Amount of Each Disbursement this Period 1013.80 |

SUBTOTAL of Disbursements This Page (optional) ▶

2117.61

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|-----------|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Elizabeth Wester Mailing Address 74 Fairview Rd City Lynnfield State MA Zip Code 01940-1557 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367921 Date of Disbursement 11 / 17 / 2010 | Amount of Each Disbursement this Period 530.37 |
| B. | Full Name (Last, First, Middle Initial) Ms. Mariann White Mailing Address 5 Council Tree Lane City Wolfeboro State NH Zip Code 03894 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367922 Date of Disbursement 11 / 17 / 2010 | Amount of Each Disbursement this Period 309.37 |
| C. | Full Name (Last, First, Middle Initial) Ms. Mariann White Mailing Address 5 Council Tree Lane City Wolfeboro State NH Zip Code 03894 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363495 Date of Disbursement 10 / 17 / 2010 | Amount of Each Disbursement this Period 309.37 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1149.11 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 146

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|---|--|--|-------------------|--|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Mariann White | | | Transaction ID: D366363 | |
| | Mailing Address 5 Council Tree Lane | | | Date of Disbursement 11 / 02 / 2010 | |
| City Wolfeboro | | State NH | Zip Code 03894 | | Amount of Each Disbursement this Period 309.38 |
| Purpose of Disbursement Payroll Expenses | | | Category/ Type | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: District: | | | | | |

| | | |
|--|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 309.38 |
| TOTAL This Period (last page this line number only) | ▶ | 374457.96 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 146

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) A NEW APPROACH COMMITTEE</p> <p>Mailing Address 2 1/2 BEACON ST</p> <p>City CONCORD State NH Zip Code 03301</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D372990</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9375.00"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) Abar Hutton Media LLC</p> <p>Mailing Address 6190 Grovedale Ct STE 200</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D372989</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="130000.00"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Abar Hutton Media LLC</p> <p>Mailing Address 6190 Grovedale Ct STE 200</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: D372986</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75000.00"/></p> |

| | |
|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="214375.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Ambrosino, Muir & Hansen <hr/> Mailing Address 500 Sansome Street Suite 201 <hr/> City San Francisco State CA Zip Code 94111 <hr/> Purpose of Disbursement Direct Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372991 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 141124.47 |
| B. | Full Name (Last, First, Middle Initial) Ambrosino, Muir & Hansen <hr/> Mailing Address 500 Sansome Street Suite 201 <hr/> City San Francisco State CA Zip Code 94111 <hr/> Purpose of Disbursement Direct Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372908 Date of Disbursement 10 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 47560.00 |
| C. | Full Name (Last, First, Middle Initial) Ambrosino, Muir & Hansen <hr/> Mailing Address 500 Sansome Street Suite 201 <hr/> City San Francisco State CA Zip Code 94111 <hr/> Purpose of Disbursement Direct Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372909 Date of Disbursement 10 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 47560.00 |

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| SUBTOTAL of Disbursements This Page (optional) | 236244.47 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 / 146

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|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) AMS Communications, Inc. Mailing Address 500 Sansome St. City San Francisco State CA Zip Code 94137 Purpose of Disbursement Mail Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D364317 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 51040.00 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Anzalone Liszt Research, Inc. Mailing Address 260 Commerce Street 4th Floor City Montgomery State AL Zip Code 36104 Purpose of Disbursement Polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372988 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 8500.00 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Mack Crouse Group, LLC Mailing Address 2001 N. Beauregard St. Suite 420 City Alexandria State VA Zip Code 22311 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372987 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 26564.96 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

86104.96

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 146

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|-----------|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Mack Crouse Group, LLC <hr/> Mailing Address 2001 N. Beauregard St. Suite 420 <hr/> City Alexandria State VA Zip Code 22311 <hr/> Purpose of Disbursement Direct Mail <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372993 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0 | Amount of Each Disbursement this Period 39537.92 |
| B. | Full Name (Last, First, Middle Initial) Mission Control <hr/> Mailing Address 201 Adams St <hr/> City Manchester State CT Zip Code 06042-1985 <hr/> Purpose of Disbursement Direct Mail <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D372992 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0 | Amount of Each Disbursement this Period 15275.00 |
| C. | Full Name (Last, First, Middle Initial) Morgan Stanley & Co., Inc. <hr/> Mailing Address 460 West 33rd St. <hr/> City New York State NY Zip Code 10043 <hr/> Purpose of Disbursement Media Expenses <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D364315 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0 | Amount of Each Disbursement this Period 70000.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

124812.92

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

661537.35

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 113 / 146

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. John Barriere <hr/> Mailing Address 343 Manchester St <hr/> City Manchester State NH Zip Code 03103-4735 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363283 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1242.10 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Mr. John Barriere <hr/> Mailing Address 343 Manchester St <hr/> City Manchester State NH Zip Code 03103-4735 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366332 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1242.09 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Mr. John Barriere <hr/> Mailing Address 343 Manchester St <hr/> City Manchester State NH Zip Code 03103-4735 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367882 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1242.10 |
| | Category/ Type |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3726.29 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 146

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Ms. Emily Brown</p> <hr/> <p>Mailing Address 1200 Elm St Unit 420</p> <hr/> <p>City Manchester State NH Zip Code 03101-2521</p> <hr/> <p>Purpose of Disbursement Payroll Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: D367886</p> <p>Date of Disbursement 11 / 17 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 2125.31</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Emily Brown</p> <hr/> <p>Mailing Address 1200 Elm St Unit 420</p> <hr/> <p>City Manchester State NH Zip Code 03101-2521</p> <hr/> <p>Purpose of Disbursement Payroll Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: D363287</p> <p>Date of Disbursement 10 / 17 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 2125.31</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms. Emily Brown</p> <hr/> <p>Mailing Address 1200 Elm St Unit 420</p> <hr/> <p>City Manchester State NH Zip Code 03101-2521</p> <hr/> <p>Purpose of Disbursement Payroll Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: D366336</p> <p>Date of Disbursement 11 / 02 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 2125.30</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6375.92

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Michael D Brunelle | Transaction ID: D366337 Date of Disbursement 11 / 02 / 2010 | |
| | Mailing Address 1015 Elm St Apt 303 | | |
| | City Manchester State NH Zip Code 03101-1827 | Amount of Each Disbursement this Period 1620.18 | |
| | Purpose of Disbursement Payroll Expenses Candidate Name | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) Mr. Michael D Brunelle | Transaction ID: D363288 Date of Disbursement 10 / 17 / 2010 | |
| | Mailing Address 1015 Elm St Apt 303 | | |
| | City Manchester State NH Zip Code 03101-1827 | Amount of Each Disbursement this Period 1620.18 | |
| | Purpose of Disbursement Payroll Expenses Candidate Name | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) Mr. Michael D Brunelle | Transaction ID: D367887 Date of Disbursement 11 / 17 / 2010 | |
| | Mailing Address 1015 Elm St Apt 303 | | |
| | City Manchester State NH Zip Code 03101-1827 | Amount of Each Disbursement this Period 1620.18 | |
| | Purpose of Disbursement Payroll Expenses Candidate Name | Category/ Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4860.54 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 146

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Adam S Entrekin</p> <hr/> <p>Mailing Address 19 Cinnamon Ridge Rd</p> <hr/> <p>City Somersworth State NH Zip Code 03878-1623</p> <hr/> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D367894</p> <p>Date of Disbursement 11 / 17 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 553.18</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Adam S Entrekin</p> <hr/> <p>Mailing Address 19 Cinnamon Ridge Rd</p> <hr/> <p>City Somersworth State NH Zip Code 03878-1623</p> <hr/> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D363466</p> <p>Date of Disbursement 10 / 17 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 1036.61</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Adam S Entrekin</p> <hr/> <p>Mailing Address 19 Cinnamon Ridge Rd</p> <hr/> <p>City Somersworth State NH Zip Code 03878-1623</p> <hr/> <p>Purpose of Disbursement Payroll Expenses</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D366344</p> <p>Date of Disbursement 11 / 02 / 2010</p> <hr/> <p>Amount of Each Disbursement this Period 1036.62</p> |

SUBTOTAL of Disbursements This Page (optional) ►

2626.41

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Harrell Kirstein Mailing Address 71 Brooks Bnd City Princeton State NJ Zip Code 08540-7554 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366183 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 28.11 |
| B. | Full Name (Last, First, Middle Initial) Mr. Harrell Kirstein Mailing Address 71 Brooks Bnd City Princeton State NJ Zip Code 08540-7554 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D363475 Date of Disbursement 10 / 17 / 2010 Amount of Each Disbursement this Period 997.94 |
| C. | Full Name (Last, First, Middle Initial) Mr. Harrell Kirstein Mailing Address 71 Brooks Bnd City Princeton State NJ Zip Code 08540-7554 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366352 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 997.94 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2023.99 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Harrell Kirstein <hr/> Mailing Address 71 Brooks Bnd <hr/> City Princeton State NJ Zip Code 08540-7554 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D367905 Date of Disbursement 11 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 997.94 |
| | B. Full Name (Last, First, Middle Initial) Mr. Joshua J. Phoebus <hr/> Mailing Address 16 Hazel St Apt 2 <hr/> City Manchester State NH Zip Code 03104-3614 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Mr. Joshua J. Phoebus <hr/> Mailing Address 16 Hazel St Apt 2 <hr/> City Manchester State NH Zip Code 03104-3614 <hr/> Purpose of Disbursement Payroll Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D366357 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 1446.18 |

SUBTOTAL of Disbursements This Page (optional) ▶

3890.29

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 146

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Joshua J. Phoebus | Transaction ID: D363485 Date of Disbursement |
| | Mailing Address 16 Hazel St Apt 2 | <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2010"/> |
| | City Manchester State NH Zip Code 03104-3614 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Payroll Expenses | <input type="text" value="1446.17"/> |
| | Candidate Name | <input type="text"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Category/ Type |
| | State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1446.17"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="24949.61"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1848 Associates | | | Nature of Debt (Purpose): WMUR debate |
| Mailing Address 340 Commercial St | | | |
| City Manchester | State NH | ZIP Code 03101-1121 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="100.00"/> | | Transaction ID: D1547 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="100.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ariel Press | | | Nature of Debt (Purpose): sample ballot printing |
| Mailing Address 26 Roxbury St | | | |
| City Keene | State NH | ZIP Code 03431-3265 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1276.41"/> | | Transaction ID: D1548 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1276.41"/> | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ariel Press | | | Nature of Debt (Purpose): sample ballot printing |
| Mailing Address 26 Roxbury St | | | |
| City Keene | State NH | ZIP Code 03431-3265 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1276.41"/> | | Transaction ID: D749 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1276.41"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="2652.82"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|------------------------|--------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bannon Research | | | Nature of Debt (Purpose): polling |
| Mailing Address 545 Boylston St | | | |
| City Boston | State MA | ZIP Code 02116-3621 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="2000.00"/> | | Transaction ID: D1550 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2000.00"/> | |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Below Tobe | | | Nature of Debt (Purpose): voter list |
| Mailing Address 801 Fairfax St | | | |
| City Alexandria | State VA | ZIP Code 22314 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="3500.00"/> | | Transaction ID: D751 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3500.00"/> | |

| | | | |
|---|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Below Tobe | | | Nature of Debt (Purpose): voter list |
| Mailing Address 801 Fairfax St | | | |
| City Alexandria | State VA | ZIP Code 22314 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="3500.00"/> | | Transaction ID: D1551 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3500.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="9000.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 122 / 146 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|--|-----------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bronco Realty | Nature of Debt (Purpose): rent |
| Mailing Address 922 Elm St | |
| City State ZIP Code Manchester NH 03101-2017 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 990.00 | Transaction ID: D752 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 990.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bronco Realty | Nature of Debt (Purpose): admin/rent |
| Mailing Address 922 Elm St | |
| City State ZIP Code Manchester NH 03101-2017 | |

| | | |
|---|------------------------------|---|
| Outstanding Balance Beginning This Period 990.00 | Transaction ID: D1552 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 990.00 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express | Nature of Debt (Purpose): admin/mail |
| Mailing Address PO Box 1140 | |
| City State ZIP Code Memphis TN 38101-1140 | |

| | | |
|---|------------------------------|---|
| Outstanding Balance Beginning This Period 148.75 | Transaction ID: D1554 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 148.75 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 2128.75 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Durkin | | | Nature of Debt (Purpose): admin/equipment |
| Mailing Address 40 Longwood Dr | | | |
| City Keene | State NH | ZIP Code 03431-4505 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1000.00"/> | | Transaction ID: D1553 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1000.00"/> | |

| | | | |
|--|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Morrill & Everett | | | Nature of Debt (Purpose): insurance |
| Mailing Address 2 Capital Plz | | | |
| City Concord | State NH | ZIP Code 03301-4911 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1000.00"/> | | Transaction ID: D756 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1000.00"/> | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Morrill & Everett | | | Nature of Debt (Purpose): admin/insurance |
| Mailing Address 2 Capital Plz | | | |
| City Concord | State NH | ZIP Code 03301-4911 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1000.00"/> | | Transaction ID: D1557 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1000.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3000.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Health Policy Institute | Nature of Debt (Purpose): health care forum reimbursement |
| Mailing Address 1601 Nw 114th St Ste 130 | |
| City State ZIP Code Des Moines IA 50325-7035 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 1700.00 | Transaction ID: D755 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1700.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Health Policy Institute | Nature of Debt (Purpose): Health Care Form Reimburse |
| Mailing Address 1601 Nw 114th St Ste 130 | |
| City State ZIP Code Des Moines IA 50325-7035 | |

| | | |
|--|------------------------------|--|
| Outstanding Balance Beginning This Period 1700.00 | Transaction ID: D1556 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1700.00 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nh Mailing Services | Nature of Debt (Purpose): 100 Club Mailing |
| Mailing Address 30 Terrill Park Drive | |
| City State ZIP Code Concord NH 03301 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 156.58 | Transaction ID: D754 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 156.58 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3556.58 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nh Mailing Services | | | Nature of Debt (Purpose): 100C Mailing |
| Mailing Address 30 Terrill Park Drive | | | |
| City Concord | State NH | ZIP Code 03301 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: D1555 | |
| 156.58 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 156.58 | |

| | | | |
|---|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Russell Verney | | | Nature of Debt (Purpose): admin/reimbursement |
| Mailing Address 4 Nutt St | | | |
| City Nashua | State NH | ZIP Code 03060-5110 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: D1560 | |
| 2029.51 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2029.51 | |

| | | | |
|---|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Russell Verney | | | Nature of Debt (Purpose): reimbursement |
| Mailing Address 4 Nutt St | | | |
| City Nashua | State NH | ZIP Code 03060-5110 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: D759 | |
| 2029.51 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2029.51 | |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 4215.60 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Christos Spirou | | | Nature of Debt (Purpose): admin/travel |
| Mailing Address 259 Whitford St | | | |
| City Manchester | State NH | ZIP Code 03104-2166 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="676.55"/> | | Transaction ID: D1558 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="676.55"/> | |

| | | | |
|--|-------------|------------------------|-------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Christos Spirou | | | Nature of Debt (Purpose): travel |
| Mailing Address 259 Whitford St | | | |
| City Manchester | State NH | ZIP Code 03104-2166 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="676.55"/> | | Transaction ID: D757 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="676.55"/> | |

| | | | |
|--|-------------|------------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Star Graphics | | | Nature of Debt (Purpose): Health Care Forum Invite Design |
| Mailing Address PO Box 1475 | | | |
| City Concord | State NH | ZIP Code 03302-1475 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="119.00"/> | | Transaction ID: D1559 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="119.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="1472.10"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Star Graphics | | | Nature of Debt (Purpose): health care forum invite design |
| Mailing Address PO Box 1475 | | | |
| City Concord | State NH | ZIP Code 03302-1475 | |

| | | | |
|--|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="119.00"/> | | Transaction ID: D758 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="119.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WNNE-TV | | | Nature of Debt (Purpose): debate media hook-up |
| Mailing Address PO Box 1310 | | | |
| City White Riv Jct | State VT | ZIP Code 05001-1310 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1665.00"/> | | Transaction ID: D760 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1665.00"/> | |

| | | | |
|--|-------------|------------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WNNE-TV | | | Nature of Debt (Purpose): debate media hook-up |
| Mailing Address PO Box 1310 | | | |
| City White Riv Jct | State VT | ZIP Code 05001-1310 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1665.00"/> | | Transaction ID: D1561 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1665.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3449.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | |
|--|-------------|-------------------|------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xerox Corporation | | | Nature of Debt (Purpose): admin |
| Mailing Address PO Box 627598 | | | |
| City Philadelphia | State PA | ZIP Code 19182 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="91.50"/> | | Transaction ID: D761 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="91.50"/> | |

| | | | |
|--|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xerox Corporation | | | Nature of Debt (Purpose): admin - copier service |
| Mailing Address PO Box 627598 | | | |
| City Philadelphia | State PA | ZIP Code 19182 | |

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="91.50"/> | | Transaction ID: D1562 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="91.50"/> | |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="183.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text" value="29657.85"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text" value="29657.85"/> |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 New Hampshire Democratic Party

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|---------------------|--|--------------------------|
| Non-Federal Account | M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0 | 42390.41 |

BREAKDOWN OF TRANSFER RECEIVED

| | | |
|---|----------|-----------------------|
| i) Total Administrative | 42390.41 | Transaction ID: T1542 |
| ii) Generic Voter Drive | | Transaction ID: |
| iii) Exempt Activities | | Transaction ID: |
| iv) Direct Fundraising (List Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred for Direct Fundraising | | |
| v) Direct Candidate Support (List of Activity or Event Identifier) | | |
| a) _____ | | Transaction ID: |
| b) _____ | | Transaction ID: |
| c) Total Amount Transferred For Direct Candidate Support | | |
| vi) Public Communications Referring Only to Party (Made by PAC) | | |
| | | Transaction ID: |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------|
| TOTAL This Period (Administrative) | 42390.41 |
| TOTAL This Period (Generic Voter Drive) | 0.00 |
| TOTAL This Period (Exempt Activities) | 0.00 |
| TOTAL This Period (Direct Fundraising) | 0.00 |
| TOTAL This Period (Direct Candidate Support) | 0.00 |
| TOTAL This Period (Public Communications Referring Only to Party) | 0.00 |
| TOTAL This Period (Total Amount Transferred) | 42390.41 |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|----------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) 105 Partners | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address 152 Middle St. | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | | | M | M | 1 | 1 | D | D | 0 | 9 | Y | Y | Y | Y | 2 | 0 | 1 | 0 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 0 | 9 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | |
| Portsmouth | NH | 03801 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Rent | | | Transaction ID: D367797 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1050.00 | | 3950.00 | | 5000.00 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) BCN Telecom, Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 52245 | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>9</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | | | M | M | 1 | 1 | D | D | 0 | 9 | Y | Y | Y | Y | 2 | 0 | 1 | 0 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 0 | 9 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | |
| Newark | NJ | 07101-0220 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Phones and Internet | | | Transaction ID: D367800 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 455.45 | | 1713.36 | | 2168.81 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|------------|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) BCN Telecom, Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 52245 | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date <table border="1"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>0</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr><tr><td>1</td><td>5</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | | | M | M | 1 | 0 | D | D | 1 | 5 | Y | Y | Y | Y | 2 | 0 | 1 | 0 |
| M | M | | | | | | | | | | | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | |
| 1 | 5 | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | | | |
| Newark | NJ | 07101-0220 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Phone Service | | | Transaction ID: D363020 | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 570.79 | | 2147.25 | | 2718.04 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2076.24 | | 7810.61 | | 9886.85 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) BCN Telecom, Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 52245 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Newark | State NJ | Zip Code 07101-0220 | Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0 | | |
| Purpose of Disbursement: Phones and Internet | | | Transaction ID: D365987 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 418.85 | | 1575.69 | | 1994.54 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Bestway Disposal | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 460 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Epping | State NH | Zip Code 03042 | Date M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0 | | |
| Purpose of Disbursement: Trash Disposal | | | Transaction ID: D367801 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 15.36 | | 57.79 | | 73.15 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Bestway Disposal | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 460 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Epping | State NH | Zip Code 03042 | Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 | | |
| Purpose of Disbursement: Trash Disposal | | | Transaction ID: D365835 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.78 | | 115.79 | | 146.57 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 464.99 | | 1749.27 | | 2214.26 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------|------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) City Of Concord | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 41 Green St | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Concord | NH | 03301-4255 | | | |
| Purpose of Disbursement: Water Bill | | | Date | | |
| Activity or Event Identifier: Administrative | | | M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 Transaction ID: D365836 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 7.85 | | 29.54 | | 37.39 |

| | | | | | |
|--|-------|------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) City Of Concord | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 41 Green St | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Concord | NH | 03301-4255 | | | |
| Purpose of Disbursement: Property Taxes | | | Date | | |
| Activity or Event Identifier: Administrative | | | M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 Transaction ID: D365847 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 760.76 | | 2861.92 | | 3622.68 |

| | | | | | |
|--|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) City Of Concord | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 41 Green St | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Concord | NH | 03301-4255 | | | |
| Purpose of Disbursement: Deposit | | | Date | | |
| Activity or Event Identifier: Administrative | | | M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0 Transaction ID: D364981 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.00 | | 395.00 | | 500.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 873.61 | | 3286.46 | | 4160.07 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Comcast | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1577 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Newark | State NJ | Zip Code 07101-0196 | Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Cable and Internet | | | Transaction ID: D367718 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 48.03 | | 180.68 | | 228.71 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Comcast | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1577 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Newark | State NJ | Zip Code 07101-0196 | Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Cable and Internet | | | Transaction ID: D367806 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 39.16 | | 147.31 | | 186.47 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Comcast | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1577 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Newark | State NJ | Zip Code 07101-0196 | Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Cable and Internet | | | Transaction ID: D367807 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 140.59 | | 528.87 | | 669.46 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 227.78 | | 856.86 | | 1084.64 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Comcast | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1577 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">235477.79</div> | | |
| City Newark | State NJ | Zip Code 07101-0196 | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10 / 25 / 2010</div> | | |
| Purpose of Disbursement: Cable and Internet | | | Transaction ID: D365997 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 76.01 | | 285.93 | | 361.94 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Comcast | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1577 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">235477.79</div> | | |
| City Newark | State NJ | Zip Code 07101-0196 | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10 / 25 / 2010</div> | | |
| Purpose of Disbursement: Cable and Internet | | | Transaction ID: D365998 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 93.56 | | 351.98 | | 445.54 |

| | | | | | |
|--|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Comcast | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 1577 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">235477.79</div> | | |
| City Newark | State NJ | Zip Code 07101-0196 | Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">10 / 25 / 2010</div> | | |
| Purpose of Disbursement: Cable and Internet | | | Transaction ID: D365999 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 127.99 | | 481.51 | | 609.50 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 297.56 | | 1119.42 | | 1416.98 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) De Lage Landen | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 41601 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Philadelphia | State PA | Zip Code 19101-1601 | Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Copier Lease | | | Transaction ID: D367790 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 114.27 | | 429.86 | | 544.13 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Home Depot | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 42 Damante Dr | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Concord | State NH | Zip Code 03301-5759 | Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Supplies | | | Transaction ID: D366091 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 70.21 | | 264.14 | | 334.35 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Liberty Concepts, LLC | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 119 Braintree Street Suite 211 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Boston | State MA | Zip Code 02134 | Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Website | | | Transaction ID: D366084 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 252.00 | | 948.00 | | 1200.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 436.48 | | 1642.00 | | 2078.48 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Londonderry Crossroads Realty | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 182 Rockingham Rd | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Londonderry | NH | 03053-2165 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Utility Bill | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D365838 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 46.02 | | 173.10 | | 219.12 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Merchant Automotive | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1278 Hooksett Road | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Hooksett | NH | 03106 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Van Rental | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 6 | / | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 6 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D366082 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1945.08 | | 7317.20 | | 9262.28 |

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|--|-------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. G. Albert Bourgeois | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 480 | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| Exeter | NH | 03833-0480 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Rent | | | Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 5 | / | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D363025 | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 357.00 | | 1343.00 | | 1700.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2348.10 | | 8833.30 | | 11181.40 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) National Grid | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 4300 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Woburn | State MA | Zip Code 01888 | Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Utilities | | | Transaction ID: D367795 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 30.64 | | 115.26 | | 145.90 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) National Telecommunications Services, Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 122 C St Nw #640 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Washington | State DC | Zip Code 20001 | Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Paid Calls | | | Transaction ID: D366083 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 420.00 | | 1580.00 | | 2000.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) NGP Software, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1225 I St NW Ste 1225 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Washington | State DC | Zip Code 20005-5918 | Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Database Fee | | | Transaction ID: D365833 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 252.00 | | 948.00 | | 1200.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 702.64 | | 2643.26 | | 3345.90 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) NH Electric Co-op | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 9612 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Manchester | State NH | Zip Code 03108 | Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Power Bill | | | Transaction ID: D365983 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 24.57 | | 92.44 | | 117.01 |

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|--|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) One Hundred Eleven Partners | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 11 Fieldstone Rd | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Cape Elizabeth | State ME | Zip Code 04107-2308 | Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Rent | | | Transaction ID: D362380 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 735.00 | | 2765.00 | | 3500.00 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Premium Assignment Corporation | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 3066 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Tallahassee | State FL | Zip Code 32315-3066 | Date <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Property Liability Insurance Premium | | | Transaction ID: D368070 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 75.98 | | 285.81 | | 361.79 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 835.55 | | 3143.25 | | 3978.80 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | |
|---|-------|------------|---|--|
| A. Full Name (Last, First, Middle Initial) PSNH | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 638 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px;">235477.79</div> | |
| City | State | Zip Code | Category/ Type | |
| Manchester | NH | 03105-0360 | | |
| Purpose of Disbursement: Utilities | | | Date M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0 | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D367804 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.90 | | 67.35 | | 85.25 |

| | | | | |
|---|-------|------------|---|--|
| B. Full Name (Last, First, Middle Initial) PSNH | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 638 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px;">235477.79</div> | |
| City | State | Zip Code | Category/ Type | |
| Manchester | NH | 03105-0360 | | |
| Purpose of Disbursement: Utilities | | | Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D365993 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 17.90 | | 67.35 | | 85.25 |

| | | | | |
|---|-------|------------|---|--|
| C. Full Name (Last, First, Middle Initial) PSNH | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address PO Box 638 | | | Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px;">235477.79</div> | |
| City | State | Zip Code | Category/ Type | |
| Manchester | NH | 03105-0360 | | |
| Purpose of Disbursement: Utilities | | | Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 | |
| Activity or Event Identifier: Administrative | | | Transaction ID: D365995 | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 58.25 | | 219.13 | | 277.38 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 94.05 | | 353.83 | | 447.88 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|---|-------------|------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) PSNH | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 638 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Manchester | State NH | Zip Code 03105-0360 | Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Utilities | | | Transaction ID: D365996 | | |
| Activity or Event Identifier: Administrative | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 29.29 | | 110.21 | | 139.50 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Red Oak Property Management, Inc | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 289 Pine St | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Manchester | State NH | Zip Code 03103-5229 | Date <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Rent | | | Transaction ID: D366224 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 105.00 | | 395.00 | | 500.00 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Farmington | State MA | Zip Code 01702 | Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Office Supplies | | | Transaction ID: D362709 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 22.96 | | 86.37 | | 109.33 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 157.25 | | 591.58 | | 748.83 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Farmington | MA | 01702 | | | |
| Purpose of Disbursement: Office Supplies | | | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> Transaction ID: D362710 | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 82.88 | | 311.81 | | 394.69 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Farmington | MA | 01702 | | | |
| Purpose of Disbursement: Office Supplies | | | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> Transaction ID: D362712 | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 21.85 | | 82.18 | | 104.03 |

| | | | | | |
|--|-------|----------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Farmington | MA | 01702 | | | |
| Purpose of Disbursement: Office Supplies | | | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> Transaction ID: D362713 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 78.77 | | 296.32 | | 375.09 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 183.50 | | 690.31 | | 873.81 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Farmington | State MA | Zip Code 01702 | Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Office Supplies | | | Transaction ID: D362714 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 61.83 | | 232.60 | | 294.43 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Farmington | State MA | Zip Code 01702 | Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Office Supplies | | | Transaction ID: D362715 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 36.80 | | 138.43 | | 175.23 |

| | | | | | |
|--|-------------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Farmington | State MA | Zip Code 01702 | Date <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Office Supplies | | | Transaction ID: D362716 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 33.72 | | 126.86 | | 160.58 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 132.35 | | 497.89 | | 630.24 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|--|-------|----------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Farmington | MA | 01702 | | | |
| Purpose of Disbursement: Office Supplies | | | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> Transaction ID: D362717 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 14.28 | | 53.70 | | 67.98 |

| | | | | | |
|--|-------|----------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Staples, Inc. | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 Staples Dr. | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Farmington | MA | 01702 | | | |
| Purpose of Disbursement: Office Supplies | | | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> Transaction ID: D362718 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 26.71 | | 100.48 | | 127.19 |

| | | | | | |
|--|-------|------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Staples | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 76 Fort Eddy Rd | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City | State | Zip Code | Category/Type | | |
| Concord | NH | 03301-7404 | | | |
| Purpose of Disbursement: Office Supplies | | | | | |
| Activity or Event Identifier: Administrative | | | Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> Transaction ID: D366869 | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 101.50 | | 381.82 | | 483.32 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 142.49 | | 536.00 | | 678.49 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|--|--|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Staples | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 76 Fort Eddy Rd | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | | | | | |
| City Concord | State NH | Zip Code 03301-7404 | Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td>1</td><td></td><td></td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | | 1 | | | 5 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| | 1 | | | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Office Supplies | | | Transaction ID: D362102 | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 95.75 | | 360.19 | | 455.94 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|--|--|---|--|---|---|---|---|
| B. Full Name (Last, First, Middle Initial) Union Leader Corporation | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 100 William Loeb Dr PO Box 9555 | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | | | | | |
| City Manchester | State NH | Zip Code 03109-5309 | Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td>1</td><td></td><td></td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | | 1 | | | 9 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| | 1 | | | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Printing | | | Transaction ID: D365429 | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 512.61 | | 1928.39 | | 2441.00 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|--|--|---|--|---|---|---|---|
| C. Full Name (Last, First, Middle Initial) United States Post Office | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 955 Goffs Falls Rd | | | Allocated Activity or Event Year-To-Date 235477.79 | | | | | | | | | | | | | | | | | | | | | | |
| City Manchester | State NH | Zip Code 03103-6199 | Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td>1</td><td></td><td></td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | | M | M | / | D | D | / | Y | Y | Y | Y | | 1 | | | 9 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | |
| | 1 | | | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | | |
| Purpose of Disbursement: Mailing | | | Transaction ID: D365430 | | | | | | | | | | | | | | | | | | | | | | |
| Activity or Event Identifier: Administrative | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 945.00 | | 3555.00 | | 4500.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1553.36 | | 5843.58 | | 7396.94 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

| | | | | | |
|---|-------------|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) Unitil | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 2014 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Concord | State NH | Zip Code 03302 | Date <input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Electric Bill | | | Transaction ID: D367803 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 58.26 | | 219.17 | | 277.43 |

| | | | | | |
|---|-------------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) Unitil | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 2014 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Concord | State NH | Zip Code 03302 | Date <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Electric Bill | | | Transaction ID: D365991 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 265.48 | | 998.69 | | 1264.17 |

| | | | | | |
|---|-------------|------------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) Verizon Wireless | | | Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO Box 15041 | | | Allocated Activity or Event Year-To-Date 235477.79 | | |
| City Worcester | State MA | Zip Code 01615-0041 | Date <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/> | | |
| Purpose of Disbursement: Cell Phones | | | Transaction ID: D365558 | | |
| Activity or Event Identifier: Administrative | | | | | |

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 52.50 | | 197.50 | | 250.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 376.24 | | 1415.36 | | 1791.60 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Hampshire Democratic Party

A. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address
PO Box 15041

City State Zip Code
Worcester MA 01615-0041

Purpose of Disbursement:
Cell Phones

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

235477.79

Date MM / DD / YYYY
10 / 25 / 2010

Transaction ID: D365990

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 249.31 | | 937.89 | | 1187.20 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 249.31 | | 937.89 | | 1187.20 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 11151.50 | 41950.87 | 53102.37 |