



ANHP

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

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76 SARAH CIRCLE

LACONIA NH 03246

T: 603.455.1145

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December 29, 2014

Re: ID# C0515973

(1) Report 10/1/14 through 11/24/14


(2) Amended Report Quarter 3 2014

To Whom It May Concern:

Please find enclosed our 10/1/14-11/24/14 report; it was my oversight that in an election year we had that additional obligation. My sincere apology for missing the deadline.

Please find enclosed an amended Quarter 3 report. In preparing the 10/1/14-11/24/14 report I realized I made a Schedule A math error on page 6 of 12 by interpreting a \$100 receipt as \$1000. On page 1 I also made a scribner error of \$5; the incorrect value of \$30,382.37 was carried onto page 2 as \$30,387.37 (correct on page 4).

Thank you for your consideration and help in completing these filings. Happy New Year and best regards.


Henry D. Lipman, Treasurer

LACONIA NH 03246

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

ADDRESS (number and street)

76 SARAH CIRCLE

Check if different than previously reported. (ACC)

LACONIA

NH

03246

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000515973

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on

11 / 09 / 2014

in the State of

NH

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

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

Election on

11 / 09 / 2014

in the State of

NH

5. Covering Period

10 / 01 / 2014

through

11 / 29 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Henry D. Lipman

Signature of Treasurer

[Handwritten Signature]

Date

11 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

10 / 01 / 2014

To:

11 / 29 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		27369.98
(b) Cash on Hand at Beginning of Reporting Period.....	14437.61	
(c) Total Receipts (from Line 19).....	1700.00	19150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16137.61	46519.98
7. Total Disbursements (from Line 31).....	1000.00	31382.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15137.61	15137.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

A D VOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

10 / 01 / 2014

To:

11 / 24 / 2014

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).....

1700.00

19150.00

(ii) Unitemized.....

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

1700.00

19150.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1700.00

19150.00

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

1700.00

19150.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000,000	3,000,000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	0.00	382,37
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	3,382,37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

1-800-438-3030

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 1 OF 2			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Fusorie Glenn

Mailing Address
16 Leighton Ave

City
Laconia

State
NH

Zip Code
03246

FEC ID number of contributing federal political committee.
C

Name of Employer
LRBHealthcare

Occupation
Physician

Receipt For:
 Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10'03'2014

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Leahy Joseph

Mailing Address
4 Stonewall Crossing

City
Amherst

State
NH

Zip Code
03031

FEC ID number of contributing federal political committee.
C

Name of Employer

Occupation

Receipt For:
 Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
10'03'2014

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
AKey Thomas

Mailing Address
42 Dwinell Drive

City
Concord

State
NH

Zip Code
03301

FEC ID number of contributing federal political committee.
C

Name of Employer
Retired

Occupation
Physician

Receipt For:
 Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
10'11'2014

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **550.00**

TOTAL This Period (last page this line number only)..... **1700.00**

14000000 - 14000000

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) MORRISON, Deanna
 Mailing Address One Flag Pole Rd.
 City Concord State NH Zip Code 03301
 Date of Receipt 10/16/2014
 Amount of Each Receipt this Period 1,000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Concord Hospital Occupation Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1,000.00

B. Full Name (Last, First, Middle Initial) Wilhelmson, Thomas E
 Mailing Address 21 Mendelsson Dr
 City Hollis State NH Zip Code 03049-6040
 Date of Receipt 10/16/2014
 Amount of Each Receipt this Period 1,000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Southern NH Medical Center Occupation Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1,000.00

C. Full Name (Last, First, Middle Initial) Gallagher, Susan
 Mailing Address 2 Dosley Place
 City Newburyport State MA Zip Code 01950
 Date of Receipt 10/30/2014
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Wentworth Douglas Hospital Occupation Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional)..... 1,500.00
TOTAL This Period (last page this line number only)..... 1,700.00

1430011-11/10/10-1000-10

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF		
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A. Full Name (Last, First, Middle Initial) Maggie Hassan for Governor		Date of Disbursement 10 06 2014
Mailing Address PO Box 1464		Amount of Each Disbursement this Period 1,000.00
City Manchester	State NH	
Zip Code 03894		
Purpose of Disbursement Campaign Donation		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: GW	

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

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

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

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12/30/14
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