

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 DEC 30 AM 11:54
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12 FEB 4 M5 FEDERAL MAIL CENTER

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 ▲

1000515973

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:

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

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 07 01 2014 through 09 30 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 *Henry D. Lipman* Date 12 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.

**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: ^{M M D D Y Y Y Y} 07 01 2014 To: ^{M M D D Y Y Y Y} 09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y Y Y} 2014		27,369.98
(b) Cash on Hand at Beginning of Reporting Period.....	12,777.59	
(c) Total Receipts (from Line 19)	18,450.00 17,450.00	18,450.00 17,450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	31,227.59	45,819.98
7. Total Disbursements (from Line 31).....	15,789.98	30,387.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15,437.61 14,437.61	15,437.61 14,437.61
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

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

Report Covering the Period: From:

07/01/2014

To:

09/30/2014

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).....

18,450.00

18,450.00

(ii) Unitemized.....

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

18,450.00

18,450.00

(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)).....▶

18,450.00

18,450.00

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

18,450.00

18,450.00

FROM: FINCO: 2014

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	15,500.00	30,000.00
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 <i>Stipend for Advisors</i>	2,899.98	3,823.71
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))..	157,899.98	303,823.71
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)		

10-CON | 01-11-11 | 11-01-11

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

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

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

A. Full Name (Last, First, Middle Initial) Joseph Pope		Date of Receipt 08/27/2014
Mailing Address 55 River Birches		Amount of Each Receipt this Period 1,000.00
City Manchester	State Zip Code NH 03102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Catholic Medical Center	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial) Barbara Richards		Date of Receipt 08/29/2014
Mailing Address PO Box 10012		Amount of Each Receipt this Period 150.00
City Bedford	State Zip Code NH 03110	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer So. NH Medical Center foundation	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

C. Full Name (Last, First, Middle Initial) Rachel Rowe		Date of Receipt 08/11/2014
Mailing Address 815 Jewett Road		Amount of Each Receipt this Period 1,000.00
City Hopkinton	State Zip Code NH 03229	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Granite Health Network	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

SUBTOTAL of Receipts This Page (optional).....	2,150.00
TOTAL This Period (last page this line number only).....	1,845.00

**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 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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) Robert Steigmeyer		Date of Receipt 08 26 2014
Mailing Address 4 Audley Drive		Amount of Each Receipt this Period 1,000.00
City Bow	State NH Zip Code 03304	
FEC ID number of contributing federal political committee. C		
Name of Employer Concord Hospital	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial) Kristin Terrio		Date of Receipt 08 20 2014
Mailing Address 300 Bedford Street Suite 506		Amount of Each Receipt this Period 300.00
City Manchester	State NH Zip Code 03101	
FEC ID number of contributing federal political committee. C		
Name of Employer Concord Hospital	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Michael Rose		Date of Receipt 08 17 2014
Mailing Address 42 Anthony Drive		Amount of Each Receipt this Period 300.00
City Londonderry	State NH Zip Code 03053	
FEC ID number of contributing federal political committee. C		
Name of Employer SONH Medical Center	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,600.00
TOTAL This Period (last page this line number only).....▶	18,450.00

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SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 12
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ADVOCATES FOR NEW HAMPSHIRE PATIENTS

A. Full Name (Last, First, Middle Initial) Peter Walczuk
 Mailing Address 16 Grady's Lane
 City Dover State NH Zip Code 03820
 Date of Receipt 08/18/2014
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. IC
 Name of Employer Wintworth Douglas Hospital Occupation Management
 Receipt For: Primary General Aggregate Year-to-Date 250.00
 Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Stephanie Wolf-Rosenblum
 Mailing Address 47 Berkeley Street
 City Nashua State NH Zip Code 03064
 Date of Receipt 08/18/2014
 Amount of Each Receipt this Period 1,000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer So. NH Medical Center Endowed Occupation Physician
 Receipt For: Primary General Aggregate Year-to-Date 1,000.00
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Wayne Domin
 Mailing Address 109 Livingston Dr
 City Meredith State NH Zip Code 03253
 Date of Receipt 08/18/2014
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Lethalcare Occupation Physician
 Receipt For: Primary General Aggregate Year-to-Date 100.00
 Other (specify) ▼

SUBTOTAL of Receipts This Page (optional) 1350.00
 TOTAL This Period (last page this line number only) 17450.00

110000100110001

**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 <u>9</u> OF <u>12</u>
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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) Frederic Fernholz		Date of Receipt 08/18/2014
Mailing Address 114 Pincrest Drive		Amount of Each Receipt this Period 100.00
City Gilford NH	State Zip Code 03249-2245	
FEC ID number of contributing federal political committee. C.		
Name of Employer Lacoma Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B. Full Name (Last, First, Middle Initial) Mara Friedman		Date of Receipt 08/27/2014
Mailing Address 73 Loughill Road		Amount of Each Receipt this Period 200.00
City Hollis	State Zip Code NH 03049	
FEC ID number of contributing federal political committee. C.		
Name of Employer Southern NH Medical Center	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Adrienne Greenlaw		Date of Receipt 08/20/2014
Mailing Address 251 Sagamore Road		Amount of Each Receipt this Period 500.00
City Gilford	State Zip Code NH 03249	
FEC ID number of contributing federal political committee. C.		
Name of Employer Lake City Radiology	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	17450.00

FROM: FINANCIAL RECORDS

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

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

A. Full Name (Last, First, Middle Initial) Matthew Lovine		Date of Receipt 08 18 2014
Mailing Address 16 Blood Road		Amount of Each Receipt this Period 200.00
City Hollis	State NH	
Zip Code 03049		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer So NH Radiology	Occupation Physician	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Henry D. Lipman		Date of Receipt 08 31 2014
Mailing Address PO Box 1607		Amount of Each Receipt this Period 1,000.00
City Laconia	State NH	
Zip Code 03247		Amount of Each Receipt this Period 1,000.00
FEC ID number of contributing federal political committee. C		
Name of Employer WRHealthcare	Occupation Management	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

C. Full Name (Last, First, Middle Initial) Margaret J. Mochan		Date of Receipt 08 22 2014
Mailing Address 18 Priscilla Road		Amount of Each Receipt this Period 200.00
City Reading	State MA	
Zip Code 01867-2031		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wentworth Douglas Hospital	Occupation Management	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,400.00
TOTAL This Period (last page this line number only).....▶	1,845.00

**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 <u>6</u> OF <u>12</u>			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Erica Bodell		Date of Receipt 08 26 2014
Mailing Address 6 Hampton Street		Amount of Each Receipt this Period 150.00
City Concord	State Zip Code NH 03301	
FEC ID number of contributing federal political committee. C		
Name of Employer So. NH Medical Center	Occupation Attorney/Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. Robert J. Carbonneau		Date of Receipt 08 22 2014
Mailing Address 74 Spindlerwick Drive		Amount of Each Receipt this Period 100.00
City Nashua	State Zip Code NH 03062-4532	
FEC ID number of contributing federal political committee. C		
Name of Employer So. NH Medical Center	Occupation Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Thomas A. Clarnett		Date of Receipt 08 26 2014
Mailing Address 581 South Road		Amount of Each Receipt this Period 1,000.00
City Belmont	State Zip Code NH 03220-4611	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,250.00 ✓
TOTAL This Period (last page this line number only).....▶	18,450.00

**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 <u>7</u> OF <u>12</u>	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) Corin Duchirico		Date of Receipt 08 25 2014
Mailing Address 19 Storybrook Lane		Amount of Each Receipt this Period 500.00
City Ancheist	State NH	
Zip Code 03031		
FEC ID number of contributing federal political committee. C		
Name of Employer So. NH Medical Center Foundation	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Peter Dureau		Date of Receipt 08 26 2014
Mailing Address 30 Oakmont Drive		Amount of Each Receipt this Period 250.00
City Concord	State NH	
Zip Code 03301		
FEC ID number of contributing federal political committee. C		
Name of Employer PMD Associates	Occupation Consultant	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Edward Dudley III		Date of Receipt 08 22 2014
Mailing Address 63 Boxwood Circle 3 Wiggan St		Amount of Each Receipt this Period 500.00
City Dartmouth Cheshire	State NH MA	
Zip Code 01824		
FEC ID number of contributing federal political committee. C		
Name of Employer Catholic Medical Center	Occupation Management	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	18450.00

FORM 1001 2003

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

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

A. Full Name (Last, First, Middle Initial) Richard Duguay		Date of Receipt 08 15 2014
Mailing Address 63 Box Wood Circle		Amount of Each Receipt this Period 250.00
City Milford	State NH	
Zip Code 03055-3001		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer So. NH Medical Center	Occupation Management	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Alexander J. Walker		Date of Receipt 09 04 2014
Mailing Address 857 Chestnut Street		Amount of Each Receipt this Period 1,000.00
City Manchester	State NH	
Zip Code 03104-2522		Amount of Each Receipt this Period 1,000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Catholic Medical Center	Occupation Attorney/Management	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

C. Full Name (Last, First, Middle Initial) Gregory Walker		Date of Receipt 09 07 2014
Mailing Address 139 Woods Run		Amount of Each Receipt this Period 1200.00
City Rollingford	State NH	
Zip Code 03869-5815		Amount of Each Receipt this Period 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wentworth Douglas Hospital	Occupation Management	Amount of Each Receipt this Period 1200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	17950.00

140001-11010-1-200000

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 9 OF 12

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Advocates for New Hampshire Patients

A. Full Name (Last, First, Middle Initial) <i>Gregory Winder</i>		Date of Receipt <i>09/07/2014</i>
Mailing Address <i>5 Century Pines Drive</i>		Amount of Each Receipt this Period <i>150.00</i>
City <i>Barrington</i>	State <i>NH</i>	
Zip Code <i>03825</i>		FEC ID number of contributing federal political committee. <i>C</i>
Name of Employer <i>Wentworth Douglas Hospital</i>		
Occupation <i>Management</i>		Aggregate Year-to-Date <i>150.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <i>Norbert A. Bichl</i>		Date of Receipt <i>09/07/2014</i>
Mailing Address <i>183 Spur Road</i>		Amount of Each Receipt this Period <i>100.00</i>
City <i>Dover, NH</i>	State <i>NH</i>	
Zip Code <i>03820-4686</i>		FEC ID number of contributing federal political committee. <i>C</i>
Name of Employer <i>Retired</i>		
Occupation <i>Retired</i>		Aggregate Year-to-Date <i>100.00</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <i>Ellen Corille</i>		Date of Receipt <i>09/09/2014</i>
Mailing Address <i>200 Farm Road</i>		Amount of Each Receipt this Period <i>250.00</i>
City <i>North Andover</i>	State <i>MA</i>	
Zip Code <i>01845-1135</i>		FEC ID number of contributing federal political committee. <i>C</i>
Name of Employer <i>Wentworth Douglas Hospital</i>		
Occupation <i>Management</i>		Aggregate Year-to-Date <i>250.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<i>500.00</i>
TOTAL This Period (last page this line number only).....	<i>1,845.00</i>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<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

Full Name (Last, First, Middle Initial)

A. Sylvio L. Dupuis
 Mailing Address 451 Coolidge Street
 City Manchester State NH Zip Code 03102
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 100.00

Date of Receipt

09/07/2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Edward J. Farnlyft
 Mailing Address 31 Roundbay Road
 City Lacona State NH Zip Code 03246
 FEC ID number of contributing federal political committee. C
 Name of Employer Lake City Radiologist Occupation Radiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 100.00

Date of Receipt

09/09/2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dung Mong
 Mailing Address 9 Fieldstone Circle
 City Hampton, NH State NH Zip Code 03842-1172
 FEC ID number of contributing federal political committee. C
 Name of Employer Wentworth Douglas Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 800.00

Date of Receipt

09/07/2014

Amount of Each Receipt this Period

800.00

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

1000.00

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

17450.00

**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 11 OF 12
	<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. Marie Dongen

Full Name (Last, First, Middle Initial)

Mailing Address: **415 N. Bond Drive**

City: **Manchester** State: **NH** Zip Code: **03104-1855**

Date of Receipt: **09/23/2014**

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

Amount of Each Receipt this Period: **100.00**

Name of Employer: **Retired** Occupation: **Retired**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date: **100.00**

B. Thomas Raffio

Full Name (Last, First, Middle Initial)

Mailing Address: **57 Bow Bog Road**

City: **Bow** State: **NH** Zip Code: **03304-4301**

Date of Receipt: **09/07/2014**

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

Amount of Each Receipt this Period: **100.00**

Name of Employer: **Delta Dental** Occupation: **Management**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date: **100.00**

C. Praveen K. Sreediv

Full Name (Last, First, Middle Initial)

Mailing Address: **21 Plain Road**

City: **Rollis** State: **NH** Zip Code: **03049**

Date of Receipt: **09/04/2014**

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

Amount of Each Receipt this Period: **1,000.00**

Name of Employer: **Pain Solutions** Occupation: **Phys.c.n**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date:

SUBTOTAL of Receipts This Page (optional).....▶ **1,200.00**

TOTAL This Period (last page this line number only).....▶ **1,450.00**

140001-140001-140001

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

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

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NAME OF COMMITTEE (In Full)

Advocates for New Hampshire Patients

Full Name (Last, First, Middle Initial)

A. Andrew Patterson

Mailing Address

31 Skyline Drive

City

Samborton

State

NH

Zip Code

03269

FEC ID number of contributing federal political committee.

C

Name of Employer

Life Healthcare

Occupation

Management

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09/24/2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laconia Clinic Properties

Mailing Address

PO Box 637

City

Laconia

State

NH

Zip Code

03247

FEC ID number of contributing federal political committee.

C

Name of Employer

Laconia Clinic Properties

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

09/24/2014

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

2500.00

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

17450.00

**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 1 OF 6				
	<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

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

Full Name (Last, First, Middle Initial) A. Jeff Woodburn for NH Senate		Date of Disbursement 07 22 2014
Mailing Address 524 Faraway Road		Amount of Each Disbursement this Period 500.00
City Dalton, NH	State Zip Code NH 03598	
Purpose of Disbursement Campaign Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

Full Name (Last, First, Middle Initial) B. Peggy Gilmour for NH Senate		Date of Disbursement 07 22 2014
Mailing Address 126 Depot Road		Amount of Each Disbursement this Period 1,000.00
City Hollis	State Zip Code NH 03049	
Purpose of Disbursement Campaign Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

Full Name (Last, First, Middle Initial) C. Friends of Nancy Stiles		Date of Disbursement 07 22 2014
Mailing Address 1 Mill Road		Amount of Each Disbursement this Period 1,000.00
City North Hampton	State Zip Code NH 03862	
Purpose of Disbursement Campaign Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

SUBTOTAL of Disbursements This Page (optional).....	2,500.00
TOTAL This Period (last page this line number only).....	15,789.98

11/01/2014 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>2</u> 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) Bostin for State Senate Date of Disbursement 07/22/2014

Mailing Address 1465 Hockett Road #80

City Hooksett State NH Zip Code 03106

Purpose of Disbursement Campaign Donation Amount of Each Disbursement this Period 1,000.00

Candidate Name _____ Category/Type _____

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

State: NH District: _____

B. Full Name (Last, First, Middle Initial) Jeanie Forrester for State Senate Date of Disbursement 07/22/2014

Mailing Address 78 Tracy Way

City Mercedith State NH Zip Code 03253

Purpose of Disbursement Campaign Donation Amount of Each Disbursement this Period 1,000.00

Candidate Name _____ Category/Type _____

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

State: NH District: _____

C. Full Name (Last, First, Middle Initial) Comm. How to Elect NH House Democrats Date of Disbursement 07/22/2014

Mailing Address ~~6 Hampton Street~~ Po Box 1292

City Concord State NH Zip Code 03301

Purpose of Disbursement _____ Amount of Each Disbursement this Period 1,000.00

Candidate Name Campaign Donation Category/Type _____

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....	<u>3,000.00</u>
TOTAL This Period (last page this line number only).....	<u>15,789.98</u>

UNICON - INFO - ACCOUNT

**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 <u>3</u> 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) **Erica Bodwell** Date of Disbursement **07/22/2014**

Mailing Address **6 Hampton Street**

City **Concord** State **NH** Zip Code **03301**

Purpose of Disbursement **Reimbursement Expense for Stationary** Amount of Each Disbursement this Period **289.98**

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) **Maggie Hasson for Governor** Date of Disbursement **08/26/2014**

Mailing Address **PO Box 1464**

City **Manchester** State **NH** Zip Code **03894**

Purpose of Disbursement **Campaign Donation** Amount of Each Disbursement this Period **1,000.00**

Candidate Name _____ Category/Type _____

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

State: **NH** District: **Gov**

C. Full Name (Last, First, Middle Initial) **Job Bradley for State Senate** Date of Disbursement **08/26/2014**

Mailing Address **645 South Main Street**

City **Wolfeboro** State **NH** Zip Code **03894**

Purpose of Disbursement **Campaign Donation** Amount of Each Disbursement this Period **1,000.00**

Candidate Name _____ Category/Type _____

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

State: **NH** District: **State**

SUBTOTAL of Disbursements This Page (optional).....	2,289.98
TOTAL This Period (last page this line number only).....	15,789.98

1-800-4-A-FED-CA

**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 <u>4</u> 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. Bette Lasky for NH State Senate
 Full Name (Last, First, Middle Initial)

15 Massfield Road
 Mailing Address

Nashua, NH 03062
 City State Zip Code

Campaign Donation
 Purpose of Disbursement

Candidate Name
 Candidate Name

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

State: NH District:

Date of Disbursement: 09/23/2014

Amount of Each Disbursement this Period: 1,000.00

B. Dan Feltes for NH State Senate
 Full Name (Last, First, Middle Initial)

44 Hope Avenue
 Mailing Address

Concord NH 03301
 City State Zip Code

Campaign Donation
 Purpose of Disbursement

Candidate Name
 Candidate Name

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

State: NH District:

Date of Disbursement: 09/23/2014

Amount of Each Disbursement this Period: 500.00

C. David Waters for NH State Senate
 Full Name (Last, First, Middle Initial)

19 Maple Street
 Mailing Address

Dover NH 03820
 City State Zip Code

Campaign Donation
 Purpose of Disbursement

Candidate Name
 Candidate Name

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

State: NH District:

Date of Disbursement: 09/23/2014

Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional)..... 2,500.00

TOTAL This Period (last page this line number only)..... 15,789.98

**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 <u>5</u> 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

Full Name (Last, First, Middle Initial) Luc Nyquist for NH State Senate		Date of Disbursement 09/23/2014
Mailing Address PO Box 3		Amount of Each Disbursement this Period 1,000.00
City New Boston	State NH	
Zip Code 03070		Category/ Type
Purpose of Disbursement Campa.gn Donation		
Candidate Name Luc Nyquist		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate state <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH District:		

Full Name (Last, First, Middle Initial) Donna Soucy for NH State Senate		Date of Disbursement 09/23/2014
Mailing Address 91 Alexander Drive		Amount of Each Disbursement this Period 1,000.00
City Manchester	State NH	
Zip Code 03109		Category/ Type
Purpose of Disbursement Campaign Donation		
Candidate Name Donna Soucy		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate state <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH District:		

Full Name (Last, First, Middle Initial) Chuck Morse for NH State Senate		Date of Disbursement 09/23/2014
Mailing Address 1 Brookhollow Drive		Amount of Each Disbursement this Period 1,000.00
City Salmon	State NH	
Zip Code 03071		Category/ Type
Purpose of Disbursement Campa.gn Donation		
Candidate Name Chuck Morse		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate state <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH District:		

SUBTOTAL of Disbursements This Page (optional).....	3,000.00
TOTAL This Period (last page this line number only).....	15,789.98

**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 6 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): **Connecticut Elveth Lou D'Allesandro**

Date of Disbursement: **09/23/2014**

Mailing Address: **332 St. James Avenue**

City: **Manchester** State: **NH** Zip Code: **03102**

Purpose of Disbursement: **Campaign Donation**

Candidate Name: _____

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **NH** District: _____

B.

Full Name (Last, First, Middle Initial): **Hosmer for NH State Senate**

Date of Disbursement: **09/23/2014**

Mailing Address: **8 Sunnit Avenue**

City: **Laconia** State: **NH** Zip Code: **03246**

Purpose of Disbursement: **Campaign Donation**

Candidate Name: _____

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **NH** District: _____

C.

Full Name (Last, First, Middle Initial): **Jeff Woodburn for NH State Senate**

Date of Disbursement: _____

Mailing Address: **524 Faraway Road**

City: **Dalton** State: **NH** Zip Code: **03598**

Purpose of Disbursement: **Campaign Donation**

Candidate Name: _____

Amount of Each Disbursement this Period: **500.00**

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **NH** District: _____

SUBTOTAL of Disbursements This Page (optional)..... **2,500.00**

TOTAL This Period (last page this line number only)..... **15,789.98**

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Advocates for NH Patients
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Laconia, NH 03246

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Federal Agency Acct. No. or Postal Service™ Acct. No. _____

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Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
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Federal Election Commission
999 E Street NW
Washington, DC
20463

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Postage \$ 19.99	Insurance Fee \$	Time Accepted 9:52	10:30 AM Delivery Fee \$
COD Fee \$	Return Receipt Fee \$	Weight lbs. ozs.	Sunday/Holiday Premium Fee \$
Live Animal Transportation Fee \$	Total Postage & Fees \$ 19.99	Acceptance Employee Initials KR	Flat Rate \$
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 1-ORIGIN POST OFFICE COPY

USED INTERNATIONALLY,
CUSTOMS DECLARATION
FORM MAY BE REQUIRED.



July 2013 : OD: 12.5 x 9.5



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Federal Election Commission
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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked <i>12/29/14</i>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

12/30/14
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FORM 11010-1000