

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

ADDRESS (number and street) 10 Water Street
Concord NH 03301
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00136457
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer Robert Scott

Signature of Treasurer Electronically Filed by Robert Scott Date 05 26 2009

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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		36101.71
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	161963.39									
(c) Total Receipts (from Line 19)	54502.86	1905623.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216466.25	1941724.75								
7. Total Disbursements (from Line 31)	186474.75	1911733.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29991.50	29991.50								
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)	6552.00									

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**

Write or Type Committee Name
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	40.00	163836.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	270.00	91049.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	310.00	254885.74
(b) Political Party Committees	0.00	775.00
(c) Other Political Committees (such as PACs)	5000.00	205028.06
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5310.00	460688.80
12. Transfers From Affiliated/Other Party Committees	48000.00	1439699.67
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)	1192.86	1710.86
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	3523.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	54502.86	1905623.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54502.86	1905623.04

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
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	57184.85	442848.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	57184.85	442848.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	164000.00
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	460.95	460.95
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	460.95	460.95
29. Other Disbursements.....	0.00	32550.00
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	128828.95	1271873.47
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	128828.95	1271873.47
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	186474.75	1911733.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	186474.75	1911733.25

DETAILED SUMMARY PAGE
of Disbursements

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)	5310.00	460688.80
34. Total Contribution Refunds (from Line 28(d))	460.95	460.95
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4849.05	460227.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	57184.85	442848.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	1192.86	1710.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55991.99	441137.97

Form/Schedule : **F3XA**

Transaction ID :

This amended report contains additional adjustments to accurately reflect the proper categorization and itemization of receipts and disbursements during this period. Total receipts and disbursements for the period have not changed, however Column B Year-to-Date totals have been verified and corrected where necessary.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(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

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 REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial) Duncan Chaplin, III		Date of Receipt MM / DD / YYYY 12 / 24 / 2008
Mailing Address 16 Theopold Lane		Transaction ID: SA11AI.10813
City Strafford	State NH	Zip Code 03884-6392
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer retired	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Carol Holden		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 23 Manchester Road		Transaction ID: SA11AI.12326
City Amherst	State NH	Zip Code 03031-2544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Hillsborough County	Occupation County Commissioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

C.

Full Name (Last, First, Middle Initial) Carol Holden		Date of Receipt MM / DD / YYYY 12 / 15 / 2008
Mailing Address 23 Manchester Road		Transaction ID: SA11AI.12327
City Amherst	State NH	Zip Code 03031-2544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Hillsborough County	Occupation County Commissioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

SUBTOTAL of Receipts This Page (optional)	30.00
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 / 31	
	(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"/> 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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maureen Mooney		Date of Receipt																					
	Mailing Address 7 Castleton Court		<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	3		2	0	0	8														
	City	State	Zip Code	Transaction ID: SA11AI.10814																				
	Merrimack	NH	03054-4750	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	10.00																					
Name of Employer		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		460.00																						

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BATTLE BORN POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 370667
Suite 300

City State Zip Code
Las Vegas NV 89137

FEC ID number of contributing federal political committee. **C** C00364596

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11C.10816

Amount of Each Receipt this Period
5000.00

Special Teams JFC- 3/26/2-008

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<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 REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial) OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE		Date of Receipt
Mailing Address 211 S. Fifth Street		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.		Transaction ID: SA12.10818
<input type="text" value="C"/> <input type="text" value="C00162339"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="48000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="48000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="48000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="48000.00"/>

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 / 31
	<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 REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FairPoint Communications

Mailing Address 350 Granite Street

City Braintree State MA Zip Code 02184-3958

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
392.86

Date of Receipt

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

Transaction ID: SA15.13888

Amount of Each Receipt this Period
392.86

Refund: Overpayment of bill

B.

Full Name (Last, First, Middle Initial)
Rivermill Commercial Center

Mailing Address 1818 Gilbreth Road Suite 105

City Burlingame State CA Zip Code 94010-1217

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	8

Transaction ID: SA15.13890

Amount of Each Receipt this Period
800.00

Refund of Security Deposit

SUBTOTAL of Receipts This Page (optional)	▶	1192.86
TOTAL This Period (last page this line number only)	▶	1192.86

**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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) 603 Technology Services, LLC Mailing Address PO Box 537 City State Zip Code Pembroke NH 03275-0537 Purpose of Disbursement FEA 100% Federal: computer services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13892 Date of Disbursement 12 / 22 / 2008 Amount of Each Disbursement this Period 247.50 001 Category/ Type	
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement travel, postage & office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 11174.56 001 Category/ Type	
C.	Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road Suite 329 City State Zip Code Waltham MA 02451 Purpose of Disbursement online email services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.0 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 405.00 001 Category/ Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶

11422.06

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)

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 68 Fort Eddy Road City Concord State NH Zip Code 03301-7404 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.1 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 116.33 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 428 South Willow Street City Manchester State NH Zip Code 03103 Purpose of Disbursement car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.2 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 1887.50 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Clarion Hotel - Manchester Mailing Address 298 Queen City Avenue City Manchester State NH Zip Code 03103 Purpose of Disbursement hotel / lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.3 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 4467.40 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 REPUBLICAN STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) La Quinta Inn - Salem <hr/> Mailing Address 8 Keewaydin Dr <hr/> City Salem State NH Zip Code 03079 <hr/> Purpose of Disbursement hotel / lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.4 Date of Disbursement 12 / 12 / 2008
	Amount of Each Disbursement this Period 1627.32
	[MEMO ITEM]
	Category/Type 002

B. Full Name (Last, First, Middle Initial) Comfort Inn - Portsmouth <hr/> Mailing Address 1190 Lafayette Road <hr/> City Portsmouth State NH Zip Code 03801 <hr/> Purpose of Disbursement hotel / lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.5 Date of Disbursement 12 / 12 / 2008
	Amount of Each Disbursement this Period 1538.35
	[MEMO ITEM]
	Category/Type 002

C. Full Name (Last, First, Middle Initial) Extended Stay America Hotel <hr/> Mailing Address 2000 Southwood Drive <hr/> City Nashua State NH Zip Code 03063 <hr/> Purpose of Disbursement hotel / lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.6 Date of Disbursement 12 / 12 / 2008
	Amount of Each Disbursement this Period 982.66
	[MEMO ITEM]
	Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 REPUBLICAN STATE COMMITTEE

A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 3635 Ruffin Road Floor 3 City San Diego State CA Zip Code 92123-1880 Purpose of Disbursement reporting software fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13894.7 Date of Disbursement 12 / 12 / 2008
	Amount of Each Disbursement this Period 150.00 [MEMO ITEM]

B. Atherton Building, LLC Full Name (Last, First, Middle Initial) Mailing Address 10 Water Street City Concord State NH Zip Code 03301 Purpose of Disbursement FEA 100% Federal: rent - Nov. & Dec. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13896 Date of Disbursement 12 / 22 / 2008
	Amount of Each Disbursement this Period 2600.00

C. Conway Office Products Full Name (Last, First, Middle Initial) Mailing Address PO Box 6060 City Nashua State NH Zip Code 03063-6060 Purpose of Disbursement FEA 100% Federal: office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13898 Date of Disbursement 12 / 04 / 2008
	Amount of Each Disbursement this Period 579.52

SUBTOTAL of Disbursements This Page (optional) ▶	3179.52
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)

PAGE 16 / 31

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Andrew Demers	Transaction ID: SB21B.13900 Date of Disbursement																			
	Mailing Address 195 Walnut Street	<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>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	2		2	0	0	8												
	City Manchester State NH Zip Code 03104-3653	Amount of Each Disbursement this Period																			
	Purpose of Disbursement travel expenses / mileage Candidate Name	<table border="1"><tr><td>90.39</td></tr></table>	90.39																		
90.39																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Andrew Demers	Transaction ID: SB21B.13902 Date of Disbursement																			
	Mailing Address 195 Walnut Street	<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>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	2		2	0	0	8												
	City Manchester State NH Zip Code 03104-3653	Amount of Each Disbursement this Period																			
	Purpose of Disbursement travel expenses / mileage Candidate Name	<table border="1"><tr><td>343.90</td></tr></table>	343.90																		
343.90																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Andrew Demers	Transaction ID: SB21B.13904 Date of Disbursement																			
	Mailing Address 195 Walnut Street	<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>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	2		2	0	0	8												
	City Manchester State NH Zip Code 03104-3653	Amount of Each Disbursement this Period																			
	Purpose of Disbursement travel expenses / mileage Candidate Name	<table border="1"><tr><td>852.66</td></tr></table>	852.66																		
852.66																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1286.95</td></tr></table>	1286.95
1286.95		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 17 / 31

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Devine, Millimet & Branch, PA	Transaction ID: SB21B.13906 Date of Disbursement 12 / 17 / 2008
	Mailing Address 111 Amherst Street	Amount of Each Disbursement this Period 25000.00
	City Manchester State NH Zip Code 03101-1809	
	Purpose of Disbursement FEA 100% Federal: Lawsuit settlement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dolphin Capital Corp.	Transaction ID: SB21B.13908 Date of Disbursement 12 / 22 / 2008
	Mailing Address PO Box 605	Amount of Each Disbursement this Period 36.17
	City Moberly State MO Zip Code 65270-0605	
	Purpose of Disbursement FEA 100% Federal: fax lease	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) ElectionMall Technologies, Inc.	Transaction ID: SB21B.13910 Date of Disbursement 12 / 12 / 2008
	Mailing Address 1101 Pennsylvania Avenue NW	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20004-2514	
	Purpose of Disbursement On-line donation service	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

25436.17

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 18 / 31

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) FairPoint Communications Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184-3958 Purpose of Disbursement FEA 100% Federal: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13913 Date of Disbursement 11 / 25 / 2008 Amount of Each Disbursement this Period 49.32 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) FairPoint Communications Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184-3958 Purpose of Disbursement FEA 100% Federal: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13917 Date of Disbursement 11 / 25 / 2008 Amount of Each Disbursement this Period 123.02 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) FairPoint Communications Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184-3958 Purpose of Disbursement FEA 100% Federal: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13921 Date of Disbursement 12 / 03 / 2008 Amount of Each Disbursement this Period 126.54 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

298.88

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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) FairPoint Communications Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184-3958 Purpose of Disbursement FEA 100% Federal: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13915 Date of Disbursement 12 / 04 / 2008 Amount of Each Disbursement this Period 68.08 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) FairPoint Communications Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184-3958 Purpose of Disbursement FEA 100% Federal: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13923 Date of Disbursement 12 / 04 / 2008 Amount of Each Disbursement this Period 556.82 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) FairPoint Communications Mailing Address 350 Granite Street City Braintree State MA Zip Code 02184-3958 Purpose of Disbursement FEA 100% Federal: telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13919 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 280.17 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

905.07

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.13925 Date of Disbursement
	Mailing Address 2401 W Behrend Drive Suite 7	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85027-4143	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: fundraising Candidate Name	<input type="text" value="3421.89"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Jonathan Gaby	Transaction ID: SB21B.13927 Date of Disbursement
	Mailing Address 1029 Silver Creek Drive	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Frankfort State KY Zip Code 40601-8908	Amount of Each Disbursement this Period
	Purpose of Disbursement travel expenses / mileage Candidate Name	<input type="text" value="274.13"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) GE Capital	Transaction ID: SB21B.13929 Date of Disbursement
	Mailing Address PO Box 642333	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Pittsburgh State PA Zip Code 15264-2333	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: copier lease Candidate Name	<input type="text" value="241.39"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3937.41"/>
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)

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Halftime Pizza	Transaction ID: SB21B.13931 Date of Disbursement
	Mailing Address 115 Causeway Street	<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Boston State MA Zip Code 02114-1304	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: catering	<input type="text" value="1225.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Michael Hamilton	Transaction ID: SB21B.13933 Date of Disbursement
	Mailing Address 79 Prospect Street # 2	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Manchester State NH Zip Code 03104-3617	Amount of Each Disbursement this Period
	Purpose of Disbursement travel expenses / mileage	<input type="text" value="197.97"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) James A. Forrest Revocable Trust	Transaction ID: SB21B.13937 Date of Disbursement
	Mailing Address 139 Daniel Webster Highway	<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Nashua State NH Zip Code 03060-5249	Amount of Each Disbursement this Period
	Purpose of Disbursement utilities for rented space	<input type="text" value="423.62"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" 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)

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 REPUBLICAN STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) James A. Forrest Revocable Trust</p> <p>Mailing Address 139 Daniel Webster Highway</p> <p>City Nashua State NH Zip Code 03060-5249</p> <p>Purpose of Disbursement FEA 100% Federal: utilities</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13935</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 92.57</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Rick McPartlin</p> <p>Mailing Address 4 Charles Street</p> <p>City Concord State NH Zip Code 03301-4148</p> <p>Purpose of Disbursement FEA 100% Federal: bookkeeping</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13940</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Rick McPartlin</p> <p>Mailing Address 4 Charles Street</p> <p>City Concord State NH Zip Code 03301-4148</p> <p>Purpose of Disbursement FEA 100% Federal: bookkeeping</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13942</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

492.57

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 23 / 31

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Nathan Wechsler & Company, P.A.	Transaction ID: SB21B.13944 Date of Disbursement 12 / 03 / 2008
	Mailing Address 70 Commercial Street Suite 401	Amount of Each Disbursement this Period 1575.99
	City Concord State NH Zip Code 03301-5094	
	Purpose of Disbursement FEA 100% Federal: Acctng fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Oce Imagistics of ME & NH	Transaction ID: SB21B.13946 Date of Disbursement 12 / 22 / 2008
	Mailing Address 1055 Riverside Street	Amount of Each Disbursement this Period 275.00
	City Portland State ME Zip Code 04103-1065	
	Purpose of Disbursement FEA 100% Federal: fax service contract	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) One Communications	Transaction ID: SB21B.13948 Date of Disbursement 12 / 12 / 2008
	Mailing Address PO Box 9614	Amount of Each Disbursement this Period 367.90
	City Manchester State NH Zip Code 03108-9614	
	Purpose of Disbursement FEA 100% Federal: telephone	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2218.89
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 REPUBLICAN STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Orbitz for Business</p> <p>Mailing Address 50 W Madison Street</p> <p>City Chicago State IL Zip Code 60602-4204</p> <p>Purpose of Disbursement FEA 100% Federal: travel</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13950</p> <p>Date of Disbursement 11 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1003.09</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Phenix Mutual Fire Insurance Co.</p> <p>Mailing Address 42 Pleasant Street # 900</p> <p>City Concord State NH Zip Code 03301-4006</p> <p>Purpose of Disbursement FEA 100% Federal: liability insurance</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13952</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1086.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Spectrum Marketing Companies</p> <p>Mailing Address 97 Eddy Road Suite 101</p> <p>City Manchester State NH Zip Code 03102</p> <p>Purpose of Disbursement FEA 100% Federal: envelopes</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.13962</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 124.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2213.09

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)

PAGE 25 / 31

<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 REPUBLICAN STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Sprint Communications</p> <p>Mailing Address PO Box 219554</p> <p>City Kansas City State MO Zip Code 64121-9554</p> <p>Purpose of Disbursement FEA 100% Federal: telephone</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13964</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1915.98</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Anna Wagner</p> <p>Mailing Address 115 E. Lincoln St</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement travel expenses / mileage</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13966</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1863.42</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

3779.40

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

57016.60

**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 26 / 31

<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 checked="" 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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	Transaction ID: SB28B.13958 Date of Disbursement 11 / 25 / 2008
	Mailing Address 3351 Post Road Unit 101	Amount of Each Disbursement this Period 221.29
	City Warwick State RI Zip Code 02886	
	Purpose of Disbursement expense reimbursement for phone banking	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RHODE ISLAND REPUBLICAN STATE CENTRAL COMMITTEE	Transaction ID: SB28B.13960 Date of Disbursement 12 / 04 / 2008
	Mailing Address 3351 Post Road Unit 101	Amount of Each Disbursement this Period 239.66
	City Warwick State RI Zip Code 02886	
	Purpose of Disbursement phone bank reimbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

460.95

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

460.95

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

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NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Thomas DeRosa <hr/> Mailing Address 455 Union Street Apt. 307 <hr/> City Manchester State NH Zip Code 03103-5250 <hr/> Purpose of Disbursement FEA 100% Federal: Salary Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB30B.10858 Date of Disbursement 11 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 1167.41
B.	Full Name (Last, First, Middle Initial) Direct Response Group <hr/> Mailing Address 2340 E Beardsley Road Suite 100 <hr/> City Phoenix State AZ Zip Code 85024-1286 <hr/> Purpose of Disbursement Live GOTV Calls Candidate Name 006 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB30B.10824 Date of Disbursement 11 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 38004.40
C.	Full Name (Last, First, Middle Initial) Peter Flynn <hr/> Mailing Address 22 N Spring Street Apt. 2 <hr/> City Concord State NH Zip Code 03301-3919 <hr/> Purpose of Disbursement FEA 100% Federal: Salary Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB30B.10859 Date of Disbursement 11 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 1143.14

SUBTOTAL of Disbursements This Page (optional) ▶

40314.95

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)

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Peter Flynn	Transaction ID: SB30B.10860 Date of Disbursement 12 / 12 / 2008
	Mailing Address 22 N Spring Street Apt. 2	Amount of Each Disbursement this Period 372.03
	City Concord State NH Zip Code 03301-3919	
	Purpose of Disbursement FEA 100% Federal: salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Hamilton	Transaction ID: SB30B.10862 Date of Disbursement 11 / 26 / 2008
	Mailing Address 79 Prospect Street # 2	Amount of Each Disbursement this Period 1347.98
	City Manchester State NH Zip Code 03104-3617	
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Hamilton	Transaction ID: SB30B.10864 Date of Disbursement 12 / 12 / 2008
	Mailing Address 79 Prospect Street # 2	Amount of Each Disbursement this Period 1347.98
	City Manchester State NH Zip Code 03104-3617	
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3067.99
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 29 / 31

<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 REPUBLICAN STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) Michael Hamilton	Transaction ID: SB30B.10865 Date of Disbursement 12 / 30 / 2008
	Mailing Address 79 Prospect Street # 2	Amount of Each Disbursement this Period 1347.98
	City Manchester State NH Zip Code 03104-3617	
	Purpose of Disbursement FEA 100% Federal: Salary	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) King Strategies Communications	Transaction ID: SB30B.10840 Date of Disbursement 12 / 12 / 2008
	Mailing Address 4605 Morse Rd Suite 101	Amount of Each Disbursement this Period 81799.33
	City Columbus State OH Zip Code 43230-7300	
	Purpose of Disbursement non-allocable direct mail	006 Category/ Type
	Candidate Name MCCAIN-PALIN 2008 INC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District: 00	

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.10845 Date of Disbursement 11 / 28 / 2008
	Mailing Address 43 Constitution Drive	Amount of Each Disbursement this Period 1257.77
	City Bedford State NH Zip Code 03110-6083	
	Purpose of Disbursement FEA 100% Federal: tax withholding	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	84405.08
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 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 REPUBLICAN STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 43 Constitution Drive

City Bedford State NH Zip Code 03110-6083

Purpose of Disbursement
payroll tax withholding

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.10846

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

570.73

B.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 43 Constitution Drive

City Bedford State NH Zip Code 03110-6083

Purpose of Disbursement
FEA 100% Federal: tax withholding

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.10847

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

470.20

SUBTOTAL of Disbursements This Page (optional) ►

1040.93

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

128828.95

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 / 31	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NH Republican State Committee Non-Federal Account			Nature of Debt (Purpose): Allocable Federal share of rent owed
Mailing Address 10 Water Street			
City Concord	State NH	ZIP Code 03301	

Outstanding Balance Beginning This Period		Transaction ID: SD10.5879	
6552.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	6552.00	

1) SUBTOTALS This Period This Page (optional).....	▶	6552.00
2) TOTALS This Period (last page this line number only).....	▶	6552.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	6552.00