

RECEIVED FEC MAIL CENTER

2015 AUG -3 AM 11: 44

76 SARAH CIRCLE LACONIA NH 03246 T: 603.455.1145

July 29, 2015

Mid Year Report 2015

Re. ID# C 0515973

Advocates for New Horpshiro Patrients

To Whom It May Concern:

Please Find the M.d year report for 2015 enclosed. Thank you,

1 timy D. Lipnan Treasurer Advocates for NH Retruits (603) 455-1145

# 2015 · 00 · 0M · 0M · 00016006

FE6AN026

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 AUG -3 AM 11: 44

Office Use Only

|  |                     |                                 |                   |                              |                      |  | Office Ose Offiy  |   |
|--|---------------------|---------------------------------|-------------------|------------------------------|----------------------|--|-------------------|---|
| NAME OF<br>COMMITTEE (in fu  |                     | PRINT ¥                         |                   | mple: If typ<br>r the lines. | ing, type            | 12FE4M5  |                   |   |
| ADVOCATE   | SFOR                | NEW H                           | AMPS              | SHIR                         | F PAT                | IENT   | 5                 |   |
|  |                     |                                 |                   | 1 1 1                        |                      |  |                   |   |
| ADDRESS (number and  | street) 176         | SARAI                           | LCI               | BCLE                         | <u> </u>             | <del>                                     </del> |                   |   |
| Check if differ than previousl reported. (ACC  | v .                 | LONIA                           |                   |                              |                      | WIH  | 032461            |   |
| 2. FEC IDENTIFICA  |                     |                                 | CITY 🛦            |                              | S                    | STATE A  | ZIP C             | ODE 🛦                                       |
| C10.0.5.1  | 5.9.7.3             | 3.                              | IS THIS<br>REPORT | X                            | NEW<br>(N) <b>OR</b> | C (A   | MENDED<br>)       |   |
| 4. TYPE OF REPO  | - (5) N             | eport 🖳                         | eb 20 (M2)        |                              | May 20 (M5)          | Aug  | 20 (M8)           | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
| (a) Quarterly Repo   |                     | L.J.                            | Иаг 20 (M3)       |                              | Jun 20 (M6)          |  | 20 (M9)           | Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15<br>Quarterly  | Report (Q1) (c)     | <u> </u>                        | Apr 20 (M4)       | Drimory (10                  | Jul 20 (M7)          | Oct<br>General                                   | 20 (M10)          | Jan 31 (YE)                                 |
| July 15<br>Quarterly   | Report (Q2)         | PRE-Election Report for the     |                   | Primary (12<br>Convention    | }                    | Special  | L                 | Runoff (12R)                                |
| form lancour O   | Report (Q3)         |                                 | Sand              | M B                          | , 6 6 ,              | ,<br>, , , , , , , , , , , , , , , , , , ,       | in the            | استدا                                       |
| Year-End July 31 M   | Report (YE)         | ,                               | ction on          |                              | <u> </u>             |  | State             | of  |
| Year Only  | on-election<br>(MY) | POST-Election<br>Report for the | L.,               | General (30                  | og)                  | Runoff (   | 30R)              | Special (30S)                               |
| Terminatio (TER)   | on Heport           | Ele                             | ction on          |                              | ( 6 0 )              | 7 4 7 4 7 4 7                                    | in the<br>State   |   |
| 5. Covering Period   | O. C                | 1 20                            | 13                | through                      | 0.6                  | ß.S  | 2013              |   |
| I certify that I have exa<br>Type or Print Name of   |                     | and to the best                 | of my kno         | wledge and                   | belief it is true    | e, correct an                                    | d complete.       |   |
| Signature of Treasurer   |                     | Han st                          | )                 |                              | D                    | ate 🙋  | 7 29              | 20/5  |
| 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<br>Use<br>Only  |                     |                                 |                   |                              |                      |  | FEC FO<br>Rev. 12 |   |

# 

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW HAMPSHIRE PATTENTS

| Report | Covering | the | Period: |
|--------|----------|-----|---------|
|--------|----------|-----|---------|

From:





1,0,00,00

**COLUMN A** This Period

**COLUMN B** Calendar Year-to-Date

(a) Cash on Hand January 1,

(b) Cash on Hand at

- (c) Total Receipts (from Line 19) .....

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines

Beginning of Reporting Period.....

6(a) and 6(c) for Column B).....

- Total Disbursements (from Line 31).....

- Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....

- Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....
- 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....

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

# 2015 - 00 - 03 - 05 - 00016000

## **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| HUVDCATES FOR 1   | VEW HAMPSHIKE                 | PATIENIS                                     |
|---|-------------------------------|--|
| Report Covering the Period: From:   | 1 / 21 / 2013 TO              | E V.C / B.O / ZOLS                           |
| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date            |
| 11. Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees  (i) Itemized (use Schedule A) | 00.6.00                       | 120200                                       |
| (ii) Unitemized<br>(iii) TOTAL (add<br>Lines 11(a)(i) and (ii)▶   | 1,0,00,00                     | 1, 2, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, |
| (b) Political Party Committees  |                               |  |
| 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  12. Transfers From Affiliated/Other Party Committees                   |                               |  |
| 13. All Loans Received  |                               |  |
| <ul> <li>14. Loan Repayments Received</li></ul>   |                               |  |
| to Federal Candidates and Other Political Committees  |                               |  |
| (Dividends, Interest, etc.)   |                               |  |
| (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))▶  | 100000                        | 100000                                       |
| 20. Total Federal Receipts  |                               |  |

1,00000

(subtract Line 18(c) from Line 19) .......▶

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

|     | II. Disbursements   | COLUMN A<br>Total This Period  | COLUMN B                                    |  |  |
|-----|---|--|---|--|--|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | Total This Period  | Calendar Year-to-Date                       |  |  |
|     | (i) Federal Share   |  |   |  |  |
|     | (ii) Non-Federal Share  |  |   |  |  |
|     | (b) Other Federal Operating   |  |   |  |  |
|     | Expenditures  | Land Combined to the Combined  |   |  |  |
|     | (c) Total Operating Expenditures  |  |   |  |  |
| 22  | (add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party                |  |   |  |  |
| ۵۵. | Committees  |  |   |  |  |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees         | 9 × 00 00  | 9000  |  |  |
| 24. | Independent Expenditures  |  | 1,000                                       |  |  |
|     | (use Schedule E)  | and the second s |   |  |  |
|     | (use Schedule F)  |  |   |  |  |
| 26. | Loan Repayments Made  |  |   |  |  |
| 27  | Loans Made  |  |   |  |  |
| 28. | Refunds of Contributions To: (a) Individuals/Persons Other                            | and and and built and and in a fact in the   |   |  |  |
|     | Than Political Committees   |  | me and a second and a second and a second   |  |  |
|     | (b) Political Party Committees  |  |   |  |  |
|     | (c) Other Political Committees  |  |   |  |  |
|     | (such as PACs)  |  |   |  |  |
|     | (d) Total Contribution Refunds  | physical language with the following property and the second party of the second party |   |  |  |
|     | (add Lines 28(a), (b), and (c))▶  |  |   |  |  |
| 29. | Other Disbursements 990 PREP State PAC Reg  | 33.0.00  | 3.3.0.00                                    |  |  |
|     | Federal Election Activity (2 U.S.C. §431(20))   |  |   |  |  |
|     | (a) Allocated Federal Election Activity   |  |   |  |  |
|     | (from Schedule H6)  | والمعاورة المراجعين المعاور ال | handanites at makes to show the showing and |  |  |
|     | (i) Federal Share   |  |   |  |  |
|     | (ii) "Levin" Share  |  | 45 45 45                                    |  |  |
|     | (b) Federal Election Activity Paid Entirely   |  |   |  |  |
|     | With Federal Funds  |  |   |  |  |
|     | (c) Total Federal Election Activity (add  |  | <del></del>                                 |  |  |
|     | 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))  | 9,3,3,0,00   | 9,3,30,00                                   |  |  |
| 32. | Total Federal Disbursements   |  |   |  |  |
|     | (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶                            | 9,330,00   | 9,330,00                                    |  |  |
|     |   |  | •   |  |  |

(subtract Line 37 from Line 36) ......

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 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

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | 1 11 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1   | FOR LINE NUMBER: PAGE 7 OF (check only one)         |
|--|--|---|
| Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)   | ame and address of any political committee to                                    | on for the purpose of soliciting contributions      |
| Mailing Address  PO BOX 797  City  PEC ID number of contributing federal political committee.  Name of Employer  | State Zip Code  NH 83253  C  Occupation  Aggregate Year-to-Date   (2, 0, 90, 00) | Date of Receipt  Amount of Each Receipt this Period |
| Possiat For  | State Zip Code  C Occupation  Aggregate Year-to-Date ▼                           | Date of Receipt  Amount of Each Receipt this Period |
| Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  Other (specify) ▼ | State Zip Code  C  Occupation  Aggregate Year-to-Date ▼                          | Date of Receipt  Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number on  |  | 1,000,00  |

|   |                                   | -                                       |   |  |  |
|---|-----------------------------------|---|---|--|--|
| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)          | FOR LINE I                              |   |  |  |
| ITEMIZED DISBURSEMENTS  | for each category of the          | (check only<br>21b                      | one)                                    |  |  |
|   | Detailed Summary Page             | 27                                      | 28a 28b 28c 29 30                       |  |  |
| Any information copied from such Reports and Staten or for commercial purposes, other than using the name |                                   |   |   |  |  |
| NAME OF COMMITTEE (In Full)   |                                   |   |   |  |  |
|   | 2 NEW HA                          | MPSHI                                   | RE PATIENTS                             |  |  |
| Full Name (Last, First, Middle Initial)  A.   |                                   |   | Date of Disbursement                    |  |  |
| Belonger Norma  | N                                 |   | MAN / GED / VALANA                      |  |  |
| Mailing Address   | NH 0325                           | 17                                      | 01/09/2015                              |  |  |
| City  | State Zip Code                    |   |   |  |  |
| Purpose of Disbursement   |                                   |   |   |  |  |
| Candidate Name  | counting                          |   | Amount of Each Disbursement this Period |  |  |
| Cardidate Name  | J                                 | Category/<br>Type                       | 28.0.00                                 |  |  |
|   | ment For:                         |   |   |  |  |
|   | Other (specify)                   |   |   |  |  |
| State: District:  |                                   |   |   |  |  |
| Full Name (Last, First, Middle Initial)   |                                   |   |   |  |  |
| B. State of Almel Ho  | ampshire                          |   | Date of Disbursement                    |  |  |
| Mailing Address   |                                   | ,                                       | US 24 2015                              |  |  |
| City  | State Zip Code                    | )                                       |   |  |  |
| ,   |                                   |   |   |  |  |
| Purpose of Disbursement State 2016 PAC Rigistation  |                                   |   | Amount of Each Disbursement this Period |  |  |
| Candidate Name  |                                   | Category/                               | TO 120                                  |  |  |
| Office Sought: House Disburser  |                                   |   | <u> </u>                                |  |  |
| Senate  |                                   |   |   |  |  |
| President   | Other (specify) ▼                 |   |   |  |  |
| State: District: Full Name (Last, First, Middle Initial)  |                                   |   |   |  |  |
| C. ( )  | 13 1                              |   | Date of Disbursement                    |  |  |
| Mailing Address   | ge Hassan                         |   | 05/27/2015                              |  |  |
| POBON 1964  |                                   |   |   |  |  |
| City Danie Lung for   | State Zip Code                    | 1                                       |   |  |  |
| Purpose of Disbursement   | (                                 |   |   |  |  |
| Candidate Name  | البسب                             | Amount of Each Disbursement this Period |   |  |  |
|   |                                   | Category/<br>Type                       | 1,00000                                 |  |  |
| Office Sought: House Disburse Senate  | ment For: Primary General         |   |   |  |  |
| President   | Primary General Other (specify) ▼ | _                                       |   |  |  |
| State: NH District:   | Gorgo                             | <u></u>                                 |   |  |  |
| SURTOTAL of Dishursements This Page (entional)  |                                   | _                                       | 133000                                  |  |  |

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

| SCHEDULE B    | (FEC  | Form  | 3X) |
|---------------|-------|-------|-----|
| ITEMIZED DISI | BURSE | EMENT | rs  |

| SCHEDULE B (FEC Form 3X)                              | Has separate schodule(s) FOR LINE                             |  |
|---|---|--|
| ITEMIZED DISBURSEMENTS                                | Use separate schedule(s) (check only for each category of the | one) 22  |
|   | Detailed Summary Page 27                                      | 28a 28b 28c 29 30b   |
| Any information copied from such Reports and Staten   | nents may not be sold or used by any pers                     | on for the purpose of soliciting contributions   |
| or for commercial purposes, other than using the name | e and address of any political committee to                   | solicit contributions from such committee.   |
| NAME OF COMMITTEE (In Full)                           | A.C. IA-DOU-  | The Manager  |
| Full Name (Last, First, Middle Initial)               | L NEW HAMPSHI   | RE PATIENTS  |
| A   |   | Date of Disbursement   |
| •   | Es Stato Sinestr  | 03 19 2015   |
| Mailing Address Brown 14 New                          | Dix   | 10.51 1/91 120/41  |
| City  | State Zip Code  A) 4 03 07 1                                  |  |
| Purpose of Disbursement                               | NH USUTI  |  |
| Chuck Morso   | Contration  | Amount of Each Disbursement this Period  |
| Candidate Name  | Category/<br>Type   | 2,000,00   |
| Office Sought: House Disburse                         | ment For:   | Resource and another than the second and the second |
| Senate<br>President                                   | Primary General   |  |
| State: NH District:                                   | Other (specify) ▼   |  |
| Full Name (Last, First, Middle Initial)               |   |  |
| B. Fords of Th  | 301120  | Date of Disbursement   |
| Mailing Address                                       | Mas 159   | 02/2015  |
|   |   |  |
| City  | State Zip Code  |  |
| Purpose of Disbursement                               |   | 1  |
| Candidate Name  |   | Amount of Each Disbursement this Period  |
| Job Bradky  | Category/<br>Type   | 200000   |
| <u> </u>  | ment For:   | ]  |
| Senate President                                      | Primary General Other (specify) ▼                             |  |
| State: N ) District:                                  |   |  |
| Full Name (Last, First, Middle Initial)               |   | Data of Disharman  |
| C. NH HOURE RECOL                                     | Sical Leadyship PAC   | Date of Disbursement   |
| Mailing Address                                       |   | 04 09 2015   |
| City  | State Zip Code  |  |
| Concord   | NI+ 0330)   |  |
| Purpose of Disbursement                               |   | Amount of Each Dictions at this D. C.  |
| Candidate Name  | Category/   | Amount of Each Disbursement this Period  |
| 06-6-14   | Туре  | 100000   |
| Office Sought: House Disburse Senate                  | ement For:    Primary   |  |
| President   | Other (specify)   |  |
| State: District:                                      |   |  |
| SUBTOTAL of Disbursements This Page (optional)        |   | 5,000,00   |
| TOTAL This Poried (lest see this live                 |   |  |
| TOTAL This Period (last page this line number onl     | y)  | Land the state of  |

| 90 | CHEDULE B (FEC Form 3X)  | <del></del>  | , <u>-</u>                                |                    | 7                           | 7-6          |
|----|--|--|---|--------------------|-----------------------------|--------------|
|    | EMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE N<br>(check only of<br>21b<br>27 |                    | PAGE 3 0<br>24 25<br>28c 29 | DF 26<br>30b |
|    | by information copied from such Reports and Stater for commercial purposes, other than using the name              |  |   |                    |                             |              |
|    | NAME OF COMMITTEE (In Full)  | OR NEW 14  | anps#                                     | IRE PA             | TIEN                        | 7            |
| Α. | Full Name (Last, First, Middle Initial)  Mailing Address  Say Factory  K   | of Woodburn  | J   | Date of Disburseme | nt<br>' <u>Zð</u> ).        | <u> </u>     |
|    | Purpose of Disbursement  Candidate Name  Office Sought: House Disburser  Senate President  State: NH District:     |  | Category/<br>Type                         | Amount of Each Dis | Sbursement this t           | Period       |
| В. | Full Name (Last, First, Middle Initial)  Address  Y  Taey  U   | For States   | conate                                    | Date of Disburseme | nt<br>ZO/                   | 3            |
|    | Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Disburser  Office Sought: House Disburser | ster !   | Category/<br>Type                         | Amount of Each Dis | obursement this l           | Period       |
| C. | Full Name (Last, First, Middle Initial)  Address Of Askardy  | et Dena So   | lca .                                     | Date of Disburseme | nt 28./                     | Š            |
|    | Purpose of Disbursement  Candidate Name  Dishora  Office Sought: House Disburser                                   | State Zip Code  NH 3109  State Zip Code  Office General  Other (specify) | Category/<br>Type                         | Amount of Each Dis | sbursement this I           | Period<br>O  |
| s  | SUBTOTAL of Disbursements This Page (optional)   |  |   |                    | 3.0.0d                      | 66.          |

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

RECEIVED FEC MAIL CENTER

2015 AUG -3 AM 11: 44

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# **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2015)