

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Laura Ross		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 4	
Mailing Address 770 Park Ave		<b>Transaction ID:</b> C57290	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Attorney			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Stanley Shuman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 4	
Mailing Address 17 E 73rd St		<b>Transaction ID:</b> C56933	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Allen and Company Occupation Executive Vice President			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. William C Siroty		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 4	
Mailing Address 8 Sprague Rd		<b>Transaction ID:</b> C56920	
City State Zip Code Amherst NH 03031-3237		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Harvard Pilgrim Health Care Occupation Physician			
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	