

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

11 FEB -3 AM 10:16

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Q u i d e F o r S e n a t e 2 0 1 0

ADDRESS (number and street)

1 7 2 Y o u n g S t r e e t

(Check if address is changed)

M a n c h e s t e r N H 0 3 1 0 3

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

X (Check if address is changed)

j m e r r i l l @ d e v i n e s t r a t e g i e s . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

w w w . o v i d e 2 0 1 0 . c o m

2. DATE 0 1 / 3 1 / 2 0 1 1

3. FEC IDENTIFICATION NUMBER C 0 0 4 7 0 0 0 6

4. IS THIS STATEMENT NEW (N) OR [X] AMENDED (A)

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

Assistant

Type or Print Name of Treasurer James F. Merrill, Assistant Treasurer

Assistant

Signature of Treasurer

[Handwritten Signature]

Date

0 1 / 3 1 / 2 0 1 1

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate O v i d e , M a r c , L a m o n t , a g n e

Candidate Party Affiliation REP Office Sought: House Senate President State NH District 1

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

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Write or Type Committee Name

Ovide For Senate 2010

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

J a m e s F M e r r i l l

Mailing Address

4 3 N o r t h M a i n S t r e e t
C o n c o r d N H 0 3 3 0 1

Title or Position

CITY

STATE

ZIP CODE

A s s i s t a n t T r e a s u r e r

Telephone number

6 0 3 - 2 2 6 - 1 0 0 0

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

S U S A N V D U P R E Y

Mailing Address

3 1 W E S T P A R I S H R O A D
C O N C O R D N H 0 3 3 0 3

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

6 0 3 - 7 3 1 - 3 7 8 7

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OVIDE FOR SENATE 2010

Full Name of Designated Agent

J a m e s F . M e r r i l l

Mailing Address

4 3 N o r t h M a i n S t r e e t

C o n c o r d N H 0 3 3 0 1 -

CITY

STATE

ZIP CODE

Title or Position

A s s i s t a n t T r e a s u r e r

Telephone number

6 0 3 - 2 2 6 - 1 0 0 0

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

S T . M A R Y ' S B A N K

Mailing Address

P . O . B O X 9 9 0

M A N C H E S T E R N H 0 3 1 0 5 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11020050090



OPENED



OPENED



FedEx

Express

U S SENATE
TRACKING NUMBER
06-079185



Contents should be compatible with

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Page 1 of 1

Extren

From: (603) 226-1000
James Merrill
Devine Millmet & Branch
43 North Main Street
Concord, NH 03301

Origin ID: HIEA

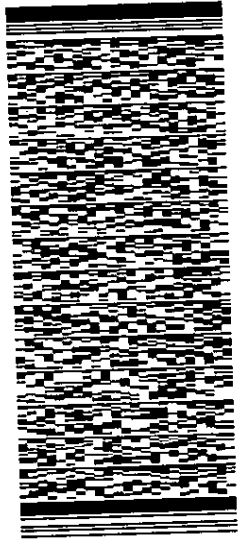


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SHIP TO: (202) 224-0322

BILL SENDER

Front Desk
Senate Office of Public Records
232 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510



Ship Date: 31 JAN 11
AcWgt: 1.0 LB
CAD: 5505436/N/E/3130

Delivery Address Bar Code



Ref # 020755-090149
Invoice #
PO #
Dept #

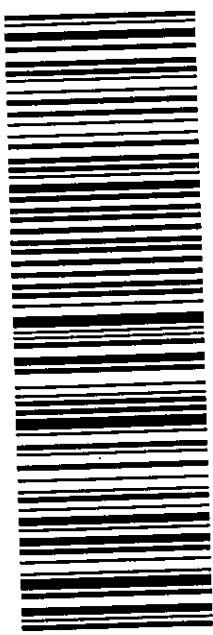
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>01-31-11</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

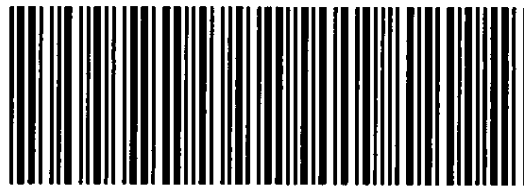
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 02-03-11

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