

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 DEMOCRATIC STATE COMMITTEE

ADDRESS (number and street) 2 1/2 Beacon St
Concord
Concord NH 03301
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00178038
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 11 07 2006 in the State of NH

5. Covering Period 10 19 2006 through 11 27 2006

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 Rick Trombly
Signature of Treasurer Electronically Filed by Rick Trombly Date 04 04 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		9400.40
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	234483.53									
(c) Total Receipts (from Line 19)	194596.78	1095400.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	429080.31	1104800.43								
7. Total Disbursements (from Line 31)	398534.27	1074385.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30546.04	30415.26								
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)	29657.85									

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 DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	43475.00	235691.90
(i) Itemized (use Schedule A)	18293.00	170078.75
(ii) Unitemized	61768.00	405700.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	33300.00	63697.50
(c) Other Political Committees (such as PACs)	95068.00	469398.15
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	73057.41	237426.92
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)	5355.00	8008.32
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16116.37	223271.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	5000.00	119295.32
(b) Levin Funds (from Schedule H5)	0.00	38000.00
(c) Total Transfer (add 18(a) and 18(b)).	5000.00	157295.32
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	194596.78	1095400.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	189596.78	938104.71

DETAILED SUMMARY PAGE

of Disbursements

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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.....	944.62	22960.88
(ii) Non-Federal Share.....	5353.23	130114.94
(b) Other Federal Operating Expenditures.....	46990.80	317480.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	53288.65	470556.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	5672.93	5672.93
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	66518.35	66518.35
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	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	76549.62	93500.32
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	6874.95
(ii) "Levin" Share	0.00	38958.05
(b) Federal Election Activity Paid Entirely With Federal Funds	196504.72	391504.54
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	196504.72	437337.54
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	398534.27	1074385.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	393181.04	905312.18

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)	95068.00	469398.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95068.00	469398.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47935.42	340441.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	5355.00	8008.32
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42580.42	332432.77

**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 6 / 84
	<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	

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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms. Lois Alger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 354 French Hill Rd		Transaction ID: C82529	
City Milan	State NH	Zip Code 03588-3441	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Horse Stable Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. James C Beck, MD, PhD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 34 Bates Street		Transaction ID: C82591	
City Cambridge	State MA	Zip Code 02140	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mass. General Hospital	Occupation Psychiatrist		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Timothy Broas		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 28 Grafton Street		Transaction ID: C82606	
City Chevy Chase	State MD	Zip Code 20815	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Winston & Strawn	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1325.00
TOTAL This Period (last page this line number only)	

**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 7 / 84
	<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

Full Name (Last, First, Middle Initial) A. Antonio Osato Elmaleh		Date of Receipt MM / DD / YYYY 10 / 20 / 2006
Mailing Address 325 Rileyville Road		Transaction ID: C82371
City Ringoos	State NJ	Zip Code 08551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer World-Wide Holdings Company	Occupation Real Estate	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mr. Harley G. Featherston		Date of Receipt MM / DD / YYYY 11 / 21 / 2006
Mailing Address 16 Pleasant St		Transaction ID: C82624
City Salem	State NH	Zip Code 03079-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer retired	Occupation retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1265.36	

Full Name (Last, First, Middle Initial) C. Mr. John Fitzpatrick		Date of Receipt MM / DD / YYYY 10 / 30 / 2006
Mailing Address 141 E 44th St		Transaction ID: C82544
City New York	State NY	Zip Code 10170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Fitzpatrick Hotels	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10200.00
TOTAL This Period (last page this line number only)	▶	

**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 8 / 84
	<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

Full Name (Last, First, Middle Initial) A. William C Fontaine		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 10 Longwood Ln		Transaction ID: C82791
City State Zip Code West Lebanon NH 03784-3015	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas Herman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 4581 South Elizabeth Ln		Transaction ID: C82560
City State Zip Code Atlanta GA 30339	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested Sutherland Asbill & Brennan Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Attorney Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Florence Hodes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 145 Central Park West		Transaction ID: C82370
City State Zip Code New York NY 10023	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Information Requested Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Retired Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6150.00
TOTAL This Period (last page this line number only)	▶	

**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 9 / 84
	<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

Full Name (Last, First, Middle Initial) A. Mr. Robert Hodes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 787 7th Ave		Transaction ID: C82372	
City State Zip Code New York NY 10019-6018		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wilkie, Farr & Gallagher LLP		Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Ms. Pauline A. Ikawa		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 169 Pinebrook Pl		Transaction ID: C82574	
City State Zip Code Manchester NH 03109-4836		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Banknorth Group		Occupation Bank Community Development Officer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. Mr. Daryl Kulok		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 65 Clapboard Ridge Rd		Transaction ID: C82586	
City State Zip Code Greenwich CT 06830		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A		Occupation student	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8050.00
TOTAL This Period (last page this line number only) ▶	

**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 10 / 84
	<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

Full Name (Last, First, Middle Initial) A. Mr. Daryl Kulok		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 65 Clapboard Ridge Rd		Transaction ID: C82585
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Occupation student		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mr. James P Lyons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 96 Woodland Rd PO Box 713		Transaction ID: C82403
City State Zip Code Sunapee NH 03782-3129	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1245.00	

Full Name (Last, First, Middle Initial) C. Mr. James P Lyons		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 96 Woodland Rd PO Box 713		Transaction ID: C82559
City State Zip Code Sunapee NH 03782-3129	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1245.00	

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	

**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 11 / 84
	<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

A. Full Name (Last, First, Middle Initial)
Ms. Sigrid Maldonado

Mailing Address 66 Old Fort Ln

City State Zip Code
Dunbarton NH 03046-4722

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
447.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C82504

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms. Kathryn A Mead

Mailing Address 292 Swanzey Lake Rd

City State Zip Code
Swanzey NH 03446-2555

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: C82989

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Daniel L Murphy

Mailing Address 10 Farm Pond Ln

City State Zip Code
Hollis NH 03049

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

Name of Employer Certeon, Inc. Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: C82563

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

**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 12 / 84
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Henry O'Connor		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 3752 Cumberland S. NW		Transaction ID: C82541	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Orix Venture Finance	Occupation Banker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. Kirk A. Radke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 210 W 90th St		Transaction ID: C82603	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kirkland & Ellis	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) C. Mr. Kirk A. Radke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 210 W 90th St		Transaction ID: C82602	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kirkland & Ellis	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

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 13 / 84
	<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Brian L Rater		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 31 Mason Rd		Transaction ID: C82988	
City State Zip Code Brookline NH 03033-2207		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation BAE Systems Engineer			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Jack Rudin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 241 Central Park West		Transaction ID: C82604	
City State Zip Code New York NY 10024		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Rudin Management Company Real Estate/Building			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Ben I Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 71 Locks Village		Transaction ID: C82409	
City State Zip Code Wendell MA 01379		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Fido Fisheries, INC Executive			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	

**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 14 / 84
	<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	

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

Full Name (Last, First, Middle Initial) A. Alan Slomowitz		Date of Receipt MM / DD / YYYY 11 / 15 / 2006
Mailing Address 1325 13th Street, NW Apt# 501		Transaction ID: C82615
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenberg Traurig, LLP	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Cristina E. Taylor		Date of Receipt MM / DD / YYYY 11 / 02 / 2006
Mailing Address 25 Linden St		Transaction ID: C82566
City Manchester	State NH	Zip Code 03104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pathways Professional Association	Occupation physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Barbara Wilson		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 33 Christian Ave # H11		Transaction ID: C82990
City Concord	State NH	Zip Code 03301-6128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	43475.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 84
	(check only one)	
	<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Association of Trial Lawyers of America PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1050 31st Street NW		Transaction ID: C82605
City Washington State DC Zip Code 20007	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00024521		
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Bricklayers and Allied Craftworkers PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address Qualified Account 1776 Eye Street, NW		Transaction ID: C82607
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00003632		
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. CHRIS PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 607 14th Street, NW Suite 800		Transaction ID: C82373
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00391961		
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55000.00	

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

**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 16 / 84
	<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Financial Group, INC Political Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1 Citizens Plz FI 12		Transaction ID: C82532	
City Providence	State RI	Amount of Each Receipt this Period 2000.00	
Zip Code 02903-1344			
FEC ID number of contributing federal political committee. C C00307249			
Name of Employer		Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Clemons for Congress		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 4373		Transaction ID: C82583	
City Windham	State NH	Amount of Each Receipt this Period 1000.00	
Zip Code 03087			
FEC ID number of contributing federal political committee. C C00416248			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Democracy for America		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address PO Box 8313		Transaction ID: C82610	
City Burlington	State VT	Amount of Each Receipt this Period 1000.00	
Zip Code 05402-8313			
FEC ID number of contributing federal political committee. C C00370007			
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 17 / 84
	<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Hopfund, INC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 607 14th Street, NW Suite 800		Transaction ID: C82608	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00409052			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Keeping America's Promise, INC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 511 C Street NE		Transaction ID: C82524	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00409508			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. United Food & Commercial Workers Int'l		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address Active Ballot Club 1775 K St NW		Transaction ID: C82509	
City State Zip Code Washington DC 20006-1521	Amount of Each Receipt this Period 4300.00		
FEC ID number of contributing federal political committee. C C00002766			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	14300.00
TOTAL This Period (last page this line number only) ▶	33300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
ASDC Partnership Program

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1464.44

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID: C82508

Amount of Each Receipt this Period
337.05

Transfer for 3rd Qrter 20-06

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation
Political Committee

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
109589.99

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID: C83116

Amount of Each Receipt this Period
20000.00

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
FI 2

City State Zip Code
Washington DC 20003-4024

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

Name of Employer Occupation
Political Committee

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
109589.99

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2006

Transaction ID: C83117

Amount of Each Receipt this Period
22000.00

SUBTOTAL of Receipts This Page (optional)	42337.05
TOTAL This Period (last page this line number only)	

**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 19 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 430 S Capitol St SE		Transaction ID: C82378
City State Zip Code Washington DC 20003-4024	Amount of Each Receipt this Period 5720.36	
FEC ID number of contributing federal political committee. C		Victory Fund Transfer 3rd Qrter 06
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Committee Aggregate Year-to-Date ▼ 101372.49	

Full Name (Last, First, Middle Initial) B. Democratic National Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 430 S Capitol St SE		Transaction ID: C82519
City State Zip Code Washington DC 20003-4024	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Committee Aggregate Year-to-Date ▼ 101372.49	

Full Name (Last, First, Middle Initial) C. Democratic National Committee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 430 S Capitol St SE		Transaction ID: C82570
City State Zip Code Washington DC 20003-4024	Amount of Each Receipt this Period 20000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Political Committee Aggregate Year-to-Date ▼ 101372.49	

SUBTOTAL of Receipts This Page (optional) ▶	30720.36
TOTAL This Period (last page this line number only) ▶	73057.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" 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

A. Full Name (Last, First, Middle Initial)
The Dewey Hub

Mailing Address 1001 G Street NW
Suite 300E

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5355.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	6

Transaction ID: C83115

Amount of Each Receipt this Period
5355.00

Refund for GOTV Call Not Completed

SUBTOTAL of Receipts This Page (optional)	▶	5355.00
TOTAL This Period (last page this line number only)	▶	5355.00

**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 21 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Citizens Bank		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1 Capital Plz		Transaction ID: C83411	
City State Zip Code Concord NH 03301-4900		Amount of Each Receipt this Period 116.37	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 528.33	

Full Name (Last, First, Middle Initial) B. Forward Together PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address Multi-Candidate Committee 201 North Union Street		Transaction ID: C83727	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 15000.00	
FEC ID number of contributing federal political committee. C C00412791			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) C. New Hampshire for John Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address PO Box 117		Transaction ID: C83725	
City State Zip Code Manchester NH 03105-0117		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	16116.37
TOTAL This Period (last page this line number only) ▶	16116.37

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Anthem Blue Cross And Blue Shield		Transaction ID: D9561 Date of Disbursement
Mailing Address 3000 Goffs Falls Rd		<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2006"/>
City Manchester	State NH	Zip Code 03101
Purpose of Disbursement Health Insurance	<input type="text" value="540.02"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BCN Telecom, Inc		Transaction ID: D9548 Date of Disbursement
Mailing Address PO Box 52245		<input type="text" value="11"/> <input type="text" value="09"/> / <input type="text" value="2006"/>
City Newark	State NJ	Zip Code 07101-0220
Purpose of Disbursement Telephone	<input type="text" value="2756.72"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Center Of New Hampshire Radisson		Transaction ID: D9471 Date of Disbursement
Mailing Address 700 Elm St		<input type="text" value="11"/> <input type="text" value="09"/> / <input type="text" value="2006"/>
City Manchester	State NH	Zip Code 03101-2523
Purpose of Disbursement Catering for Annual Dinner	<input type="text" value="1583.84"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Not on behalf of any Federal Candidate	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4880.58"/>
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: D9511 Date of Disbursement 10 / 25 / 2006	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 12.00	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: D9436 Date of Disbursement 10 / 27 / 2006	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 70.16	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Payroll Taxes-FUTA	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: D9435 Date of Disbursement 10 / 27 / 2006	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 5331.78	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Payroll Taxes	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	5413.94
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: D9552 Date of Disbursement 11 / 01 / 2006
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 20.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: D9461 Date of Disbursement 11 / 02 / 2006
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 20.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: D9462 Date of Disbursement 11 / 03 / 2006
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 5.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

45.00

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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: D9554 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 20.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: D9463 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 35.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: D9553 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 12.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	67.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: D9464 Date of Disbursement 11 / 07 / 2006	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 25.00	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: D9476 Date of Disbursement 11 / 10 / 2006	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 5438.32	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: D9555 Date of Disbursement 11 / 13 / 2006	
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 6.10	
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5469.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: D9492 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 427.38
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: D9559 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 78.93
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: D9526 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 12.00
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	518.31
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: D9493 Date of Disbursement 11 / 16 / 2006
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 194.89
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Bank Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: D9499 Date of Disbursement 11 / 20 / 2006
Mailing Address 1 Capital Plz		Amount of Each Disbursement this Period 2974.58
City Concord State NH Zip Code 03301-4900	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: D9453 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 196		Amount of Each Disbursement this Period 64.20
City Newark State NJ Zip Code 07101-0196	Purpose of Disbursement Internet Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3233.67
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: D9454 Date of Disbursement 10 / 31 / 2006	
Mailing Address PO Box 196		Amount of Each Disbursement this Period 128.40	
City Newark State NJ Zip Code 07101-0196	Purpose of Disbursement Internet	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) B. Connelly Reporting & Video Services, INC		Transaction ID: D9426 Date of Disbursement 10 / 26 / 2006	
Mailing Address 32 Gault Road		Amount of Each Disbursement this Period 294.71	
City Bedford State NH Zip Code 03110	Purpose of Disbursement Legal Expense	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) C. Dana Howitt		Transaction ID: D9460 Date of Disbursement 11 / 01 / 2006	
Mailing Address 6511 10th St C-1		Amount of Each Disbursement this Period 100.00	
City Alexandria State VA Zip Code 22307-6507	Purpose of Disbursement Consulting: Compliance	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) ▶	523.11
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 DEMOCRATIC STATE COMMITTEE

<p>A. Davis Towle Morrill & Everett</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 115 Airport Rd PO Box 1260</p> <p>City Concord State NH Zip Code 03301-7300</p> <p>Purpose of Disbursement Liability Insurance</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>Transaction ID: D9467</p> <p>Date of Disbursement</p> <p>11 / 06 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1142.40</p> <p>Category/Type</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Delta Dental</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 9566</p> <p>City Manchester State NH Zip Code 03108-9566</p> <p>Purpose of Disbursement Dental Insurance</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>Transaction ID: D9562</p> <p>Date of Disbursement</p> <p>10 / 26 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>58.66</p> <p>Category/Type</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Mr. Brian Dumez</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 720 State St # 4</p> <p>City Portsmouth State NH Zip Code 03801-4329</p> <p>Purpose of Disbursement Payroll Expense</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>Transaction ID: D9440</p> <p>Date of Disbursement</p> <p>10 / 27 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>762.47</p> <p>Category/Type</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1963.53</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. Brian Dumez		Transaction ID: D9480 Date of Disbursement 11 / 10 / 2006
Mailing Address 720 State St # 4		Amount of Each Disbursement this Period 762.46
City Portsmouth State NH Zip Code 03801-4329	Purpose of Disbursement Payroll Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Brian Dumez		Transaction ID: D9494 Date of Disbursement 11 / 16 / 2006
Mailing Address 720 State St # 4		Amount of Each Disbursement this Period 200.00
City Portsmouth State NH Zip Code 03801-4329	Purpose of Disbursement Consulting: Technology Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Factotum Productions		Transaction ID: D9466 Date of Disbursement 11 / 06 / 2006
Mailing Address 95 N Main St		Amount of Each Disbursement this Period 1000.00
City Westford State MA Zip Code 01886-1211	Purpose of Disbursement Consulting: Database Maintenance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1962.46
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Gordon & Schwenkmeyer		Transaction ID: D9546 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 300 N Sepulveda Blvd Ste 2050		Amount of Each Disbursement this Period 12534.98
City El Segundo State CA Zip Code 90245-4477	Purpose of Disbursement Telemarketing Fees Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Harbor Homes, INC		Transaction ID: D9470 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 45 High Street		Amount of Each Disbursement this Period 450.00
City Nashua State NH Zip Code 03060	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Janvier Holding Co.		Transaction ID: D9457 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 2 1/2 Beacon Street Concord Suite 143		Amount of Each Disbursement this Period 2515.00
City Concord State NH Zip Code 03301	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15499.98
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. David P. Lee		Transaction ID: D9458 Date of Disbursement 11 / 01 / 2006	
Mailing Address 22 Paul Ave		Amount of Each Disbursement this Period 500.00	
City Derry	State NH	Zip Code 03038-3803	Category/ Type
Purpose of Disbursement Consulting: Accounting			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. LexisNexis		Transaction ID: D9496 Date of Disbursement 11 / 16 / 2006	
Mailing Address PO Box 72477090		Amount of Each Disbursement this Period 173.00	
City Philadelphia	State PA	Zip Code 19170-0001	Category/ Type
Purpose of Disbursement Research Services			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Molloy Sound and Video		Transaction ID: D9472 Date of Disbursement 11 / 09 / 2006	
Mailing Address 1200 S Mammoth Rd		Amount of Each Disbursement this Period 915.00	
City Manchester	State NH	Zip Code 03109-5102	Category/ Type
Purpose of Disbursement Sound Equipment Rental			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Not on behalf of any Federal Candidate		

SUBTOTAL of Disbursements This Page (optional) ▶	1588.00
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. PSNH		Transaction ID: D9468 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 360		Amount of Each Disbursement this Period 65.07
City Manchester State NH Zip Code 03105-0360	Category/ Type	
Purpose of Disbursement Electricity		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PSNH		Transaction ID: D9469 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 360		Amount of Each Disbursement this Period 83.05
City Manchester State NH Zip Code 03105-0360	Category/ Type	
Purpose of Disbursement Electricity		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PSNH		Transaction ID: D9495 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address PO Box 360		Amount of Each Disbursement this Period 547.51
City Manchester State NH Zip Code 03105-0360	Category/ Type	
Purpose of Disbursement Electricity		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	695.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Red Oak Property Management, Inc		Transaction ID: D9456 Date of Disbursement 11 / 01 / 2006
Mailing Address 289 Pine St		Amount of Each Disbursement this Period 2212.50
City Manchester	State NH Zip Code 03103-5229	
Purpose of Disbursement Rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sandler & Reiff, P.C.		Transaction ID: D9459 Date of Disbursement 11 / 01 / 2006
Mailing Address 50 E St Se Ste 300		Amount of Each Disbursement this Period 400.00
City Washington	State DC Zip Code 20003-2620	
Purpose of Disbursement Legal Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Shaheen & Gordon, PA		Transaction ID: D9475 Date of Disbursement 11 / 09 / 2006
Mailing Address 140 Washington St PO Box 977		Amount of Each Disbursement this Period 138.54
City Dover	State NH Zip Code 03820-3721	
Purpose of Disbursement Legal Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

2751.04

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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. State Of NH- UC		Transaction ID: D9452 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 32 S Main St		Amount of Each Disbursement this Period 921.00
City Concord State NH Zip Code 03301-4817	Purpose of Disbursement Payroll Liabilities Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Telephone Network Technologies		Transaction ID: D9474 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 117 Londonderry Tpke		Amount of Each Disbursement this Period 252.50
City Hooksett State NH Zip Code 03106-2015	Purpose of Disbursement Telephone Wiring & Networking Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. The Dumpster Depot		Transaction ID: D9535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 8051 S. Willow Street		Amount of Each Disbursement this Period 395.00
City Manchester State NH Zip Code 03103	Purpose of Disbursement Trash Removal Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1568.50
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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms. Abbe Ross		Transaction ID: D9423 Date of Disbursement 10 / 26 / 2006
Mailing Address 10 Dearborn Rd Apt 6		Amount of Each Disbursement this Period 54.95
City Northfield	State NH Zip Code 03276-1558	
Purpose of Disbursement Reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Brian Dumez		Transaction ID: D9427 Date of Disbursement 10 / 26 / 2006
Mailing Address 720 State St # 4		Amount of Each Disbursement this Period 46.99
City Portsmouth	State NH Zip Code 03801-4329	
Purpose of Disbursement Reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Network Solutions		Transaction ID: D9574 Date of Disbursement 10 / 26 / 2006
Mailing Address 13200 Woodland Park Rd		Amount of Each Disbursement this Period 46.99
City Herndon	State VA Zip Code 20171-3025	
Purpose of Disbursement Domain Registration Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	101.94
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)

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<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 DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. Paul J Twomey		Transaction ID: D9473 Date of Disbursement MM / DD / YYYY 11 / 09 / 2006
Mailing Address 44 Ring Rd		Amount of Each Disbursement this Period 492.86
City Chichester State NH Zip Code 03258-6328	Purpose of Disbursement Reimbursement: Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Amtrak		Transaction ID: D9578 Date of Disbursement MM / DD / YYYY 11 / 09 / 2006
Mailing Address 60 Massachusetts Ave Ne		Amount of Each Disbursement this Period 151.00
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Train Ticket Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Capitol Hill Suites		Transaction ID: D9579 Date of Disbursement MM / DD / YYYY 11 / 09 / 2006
Mailing Address 200 C Street SE		Amount of Each Disbursement this Period 202.06
City Washington State DC Zip Code 20003	Purpose of Disbursement Hotel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	492.86
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: D9577 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 139.80
City Dallas State TX Zip Code 75235-1647	[MEMO ITEM]	
Purpose of Disbursement Airfare Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ms. Abbe Ross		Transaction ID: D9497 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 10 Dearborn Rd Apt 6		Amount of Each Disbursement this Period 146.83
City Northfield State NH Zip Code 03276-1558	[MEMO ITEM]	
Purpose of Disbursement Reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Budget Rental		Transaction ID: D9575 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address Steeplegate Self Storage 714 Riverwood Drive		Amount of Each Disbursement this Period 146.83
City Pembroke State NH Zip Code 03275	[MEMO ITEM]	
Purpose of Disbursement Moving Truck Rental Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	146.83
TOTAL This Period (last page this line number only) ▶	46921.80

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)

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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. National Telecommunications Services, INC		Transaction ID: D9551 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 6
Mailing Address 122 C Street, NW Suite 460		Amount of Each Disbursement this Period 2816.00
City Washington State DC Zip Code 20001	Calling was for non-fed candidates	
Purpose of Disbursement Calling		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. New Hampshire Democratic Party Non-federal Account		Transaction ID: D9543 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2 1/2 Beacon St		Amount of Each Disbursement this Period 12000.00
City Concord State NH Zip Code 03301-4437	Category/ Type	
Purpose of Disbursement Transfer to Non Fed for Cash Flow		Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. New Hampshire Democratic Party Non-federal Account		Transaction ID: D9533 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 2 1/2 Beacon St		Amount of Each Disbursement this Period 22500.00
City Concord State NH Zip Code 03301-4437	Category/ Type	
Purpose of Disbursement Transfer to Non Fed for Cash Flow		Candidate Name
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	37316.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. New Hampshire Democratic Party Non-federal Account		Transaction ID: D9532 Date of Disbursement
Mailing Address 2 1/2 Beacon St		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Concord	State NH	Zip Code 03301-4437
Purpose of Disbursement Transfer to Non Fed for Cash Flow		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="9000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Storefront Polticial Media		Transaction ID: D9515 Date of Disbursement
Mailing Address 250 Sutter Street Suite 650		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City San Francisco	State CA	Zip Code 94108
Purpose of Disbursement Non-Fed Mail Piece		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="17772.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	
Not Mention Fed Candidate-s/Not FEA		

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: D9510 Date of Disbursement
Mailing Address 955 Goffs Falls Rd		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Manchester	State NH	Zip Code 03103-6199
Purpose of Disbursement Postage for Non-Federal Mail Piece		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="12461.62"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	
Not on behalf of Fed Cand- idates/Not FEA		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="39233.62"/>
TOTAL This Period (last page this line number only)	<input type="text" value="76549.62"/>

**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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Anthem Blue Cross And Blue Shield		Transaction ID: D9455 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3000 Goffs Falls Rd		Amount of Each Disbursement this Period 3029.23
City Manchester State NH Zip Code 03101	Purpose of Disbursement Health Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. BCN Telecom, Inc		Transaction ID: D9547 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 52245		Amount of Each Disbursement this Period 1509.43
City Newark State NJ Zip Code 07101-0220	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Mr. Nick M Clemons		Transaction ID: D9437 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 290 Pleasant St APT 5		Amount of Each Disbursement this Period 2278.96
City Portsmouth State NH Zip Code 03801-4553	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6817.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. Nick M Clemons		Transaction ID: D9477 Date of Disbursement 11 / 10 / 2006
Mailing Address 290 Pleasant St APT 5		Amount of Each Disbursement this Period 2278.94
City Portsmouth State NH Zip Code 03801-4553		
Purpose of Disbursement Payroll Taxes Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Nick M Clemons		Transaction ID: D9500 Date of Disbursement 11 / 24 / 2006
Mailing Address 290 Pleasant St APT 5		Amount of Each Disbursement this Period 2278.95
City Portsmouth State NH Zip Code 03801-4553		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Miranda Crowley		Transaction ID: D9438 Date of Disbursement 10 / 27 / 2006
Mailing Address 17 Appledore Avenue		Amount of Each Disbursement this Period 781.47
City North Hampton State NH Zip Code 03862		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

5339.36

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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Miranda Crowley		Transaction ID: D9478 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 17 Appledore Avenue		Amount of Each Disbursement this Period 781.47	
City North Hampton State NH Zip Code 03862	Purpose of Disbursement Payroll Expense Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tiffany Deinzer		Transaction ID: D9439 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1737 Sawdust Road		Amount of Each Disbursement this Period 940.57	
City Spring State TX Zip Code 77380	Purpose of Disbursement Payroll Expense Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tiffany Deinzer		Transaction ID: D9479 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1737 Sawdust Road		Amount of Each Disbursement this Period 940.58	
City Spring State TX Zip Code 77380	Purpose of Disbursement Payroll Expense Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2662.62
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Delta Dental		Transaction ID: D9430 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 9566		Amount of Each Disbursement this Period 376.70
City Manchester State NH Zip Code 03108-9566	Purpose of Disbursement Dental Insurance	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pablo Duran		Transaction ID: D9441 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 4445 Alpine Court		Amount of Each Disbursement this Period 1739.14
City Rio Rancho State NM Zip Code 87124	Purpose of Disbursement Payroll Expense	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pablo Duran		Transaction ID: D9481 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 4445 Alpine Court		Amount of Each Disbursement this Period 1739.16
City Rio Rancho State NM Zip Code 87124	Purpose of Disbursement Payroll Expense	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3855.00
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Carly Hawkins		Transaction ID: D9442 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 704 Woodland Avenue		Amount of Each Disbursement this Period 729.21	
City Springfield State IL Zip Code 62704	Purpose of Disbursement Payroll Expense Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carly Hawkins		Transaction ID: D9482 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 704 Woodland Avenue		Amount of Each Disbursement this Period 729.21	
City Springfield State IL Zip Code 62704	Purpose of Disbursement Payroll Expense Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Jennifer L. Kuzma		Transaction ID: D9443 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 126 N State St Apt B		Amount of Each Disbursement this Period 1681.03	
City Concord State NH Zip Code 03301-5058	Purpose of Disbursement Payroll Expense Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3139.45
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms. Jennifer L. Kuzma		Transaction ID: D9483 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 126 N State St Apt B		Amount of Each Disbursement this Period 1681.04
City Concord State NH Zip Code 03301-5058		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Jennifer L. Kuzma		Transaction ID: D9501 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 126 N State St Apt B		Amount of Each Disbursement this Period 1681.03
City Concord State NH Zip Code 03301-5058		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Laborers Local 976		Transaction ID: D9542 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 155 West Road		Amount of Each Disbursement this Period 25.00
City Portsmouth State NH Zip Code 03801		
Purpose of Disbursement Payment for Facilities Use Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3387.07
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Mailways		Transaction ID: D9540 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 10 Bartlett St		Amount of Each Disbursement this Period 1540.00
City Allenstown State NH Zip Code 03275-1803	Category/ Type	
Purpose of Disbursement Mailing Expenses 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) ▼	Did not benefit a federal candidate.

Full Name (Last, First, Middle Initial) B. Daniel Mckenna		Transaction ID: D9444 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 1 Pioneer Valley St		Amount of Each Disbursement this Period 762.47
City Derry State NH Zip Code 03038-5536	Category/ Type	
Purpose of Disbursement Payroll Expense Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Daniel Mckenna		Transaction ID: D9484 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1 Pioneer Valley St		Amount of Each Disbursement this Period 762.46
City Derry State NH Zip Code 03038-5536	Category/ Type	
Purpose of Disbursement Payroll Expenses Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3064.93
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Nicole Miller		Transaction ID: D9490 Date of Disbursement 10 / 27 / 2006
Mailing Address 341 W. Wind Drive		Amount of Each Disbursement this Period 421.86
City Dover State DE Zip Code 19901	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Nicole Miller		Transaction ID: D9491 Date of Disbursement 11 / 10 / 2006
Mailing Address 341 W. Wind Drive		Amount of Each Disbursement this Period 421.85
City Dover State DE Zip Code 19901	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Mission Control		Transaction ID: D9530 Date of Disbursement 11 / 02 / 2006
Mailing Address 201 Adams St		Amount of Each Disbursement this Period 30800.00
City Manchester State CT Zip Code 06042-1985	Purpose of Disbursement Volunteer Exempt Mail Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	For Paul Hodes, District 2, House, NH

SUBTOTAL of Disbursements This Page (optional) ▶

31643.71

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 DEMOCRATIC STATE COMMITTEE

A. Mission Control Full Name (Last, First, Middle Initial) Mailing Address 201 Adams St City Manchester State CT Zip Code 06042-1985 Purpose of Disbursement Volunteer Exempt-Doorhanger Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D9531 Date of Disbursement 11 / 03 / 2006 Amount of Each Disbursement this Period 5975.00 For Paul Hodes, District 2, House, NH
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B. Sean Munroe Full Name (Last, First, Middle Initial) Mailing Address 15 Shelton Street City Nashua State NH Zip Code 03062 Purpose of Disbursement Payroll Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D9447 Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 603.35
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C. Sean Munroe Full Name (Last, First, Middle Initial) Mailing Address 15 Shelton Street City Nashua State NH Zip Code 03062 Purpose of Disbursement Payroll Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D9485 Date of Disbursement 11 / 10 / 2006 Amount of Each Disbursement this Period 603.35
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SUBTOTAL of Disbursements This Page (optional) ▶	7181.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. National Telecommunications Services, INC		Transaction ID: D9538 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 122 C Street, NW Suite 460		Amount of Each Disbursement this Period 528.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Voter ID Call Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Telecommunications Services, INC		Transaction ID: D9514 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 122 C Street, NW Suite 460		Amount of Each Disbursement this Period 33920.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Voter ID Call Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Telecommunications Services, INC		Transaction ID: D9522 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 122 C Street, NW Suite 460		Amount of Each Disbursement this Period 19929.14
City Washington State DC Zip Code 20001	Purpose of Disbursement GOTV Calls Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	54377.14
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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. National Telecommunications Services, INC		Transaction ID: D9587 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 122 C Street, NW Suite 460		Amount of Each Disbursement this Period 5245.00
City Washington State DC Zip Code 20001	Purpose of Disbursement GOTV Calls Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ms. Abbe Ross		Transaction ID: D9448 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 10 Dearborn Rd Apt 6		Amount of Each Disbursement this Period 1179.56
City Northfield State NH Zip Code 03276-1558	Purpose of Disbursement Payroll Expense Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ms. Abbe Ross		Transaction ID: D9486 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 10 Dearborn Rd Apt 6		Amount of Each Disbursement this Period 1179.57
City Northfield State NH Zip Code 03276-1558	Purpose of Disbursement Payroll Expense Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7604.13
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms. Abbe Ross		Transaction ID: D9504 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 10 Dearborn Rd Apt 6		Amount of Each Disbursement this Period 1179.56
City Northfield State NH Zip Code 03276-1558		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Danielle Serratore		Transaction ID: D9449 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 354 Summit Ave		Amount of Each Disbursement this Period 421.86
City Conshohocken State PA Zip Code 19428		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Danielle Serratore		Transaction ID: D9487 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 354 Summit Ave		Amount of Each Disbursement this Period 421.85
City Conshohocken State PA Zip Code 19428		
Purpose of Disbursement Payroll Expense Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2023.27
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Storefront Polticial Media		Transaction ID: D9545 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 250 Sutter Street Suite 650		Amount of Each Disbursement this Period 14586.00
City San Francisco State CA Zip Code 94108		
Purpose of Disbursement Mail Piece		Did not mention Federal Candidate
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Storefront Polticial Media		Transaction ID: D9529 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 250 Sutter Street Suite 650		Amount of Each Disbursement this Period 14586.00
City San Francisco State CA Zip Code 94108		
Purpose of Disbursement Mail Piece		Did not mention a Federal Candidate
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ms. Kathleen Strand		Transaction ID: D9450 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 411 Middle Street		Amount of Each Disbursement this Period 1926.26
City Portsmouth State NH Zip Code 03801		
Purpose of Disbursement Payroll Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	31098.26
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms. Kathleen Strand		Transaction ID: D9498 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 411 Middle Street		Amount of Each Disbursement this Period 1926.28
City Portsmouth State NH Zip Code 03801	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ms. Kathleen Strand		Transaction ID: D9502 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 411 Middle Street		Amount of Each Disbursement this Period 1926.26
City Portsmouth State NH Zip Code 03801	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: D9539 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 955 Goffs Falls Rd		Amount of Each Disbursement this Period 4450.00
City Manchester State NH Zip Code 03103-6199	Purpose of Disbursement Postage 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) ▼	Did not benefit a federal candidate

SUBTOTAL of Disbursements This Page (optional) ▶	8302.54
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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: D9544 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 955 Goffs Falls Rd		Amount of Each Disbursement this Period 18921.00
City Manchester State NH Zip Code 03103-6199	Did not benefit a federal candidate	
Purpose of Disbursement Postage Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) B. Union Leader		Transaction ID: D9541 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 100 William Loeb Dr PO Box 9555		Amount of Each Disbursement this Period 2475.00
City Manchester State NH Zip Code 03109-5309	Did not reference a federal candidate.	
Purpose of Disbursement Printing Candidate Name		Category/Type
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) ▼

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D9549 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address PO Box 15123		Amount of Each Disbursement this Period 731.06
City Albany State NY Zip Code 12212-5123	Did not reference a federal candidate.	
Purpose of Disbursement Telephone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	22127.06
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms. Johanna Voss		Transaction ID: D9451 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 806 Springbrook Cir		Amount of Each Disbursement this Period 1257.87
City Portsmouth State NH Zip Code 03801-5632	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ms. Johanna Voss		Transaction ID: D9488 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 806 Springbrook Cir		Amount of Each Disbursement this Period 1257.87
City Portsmouth State NH Zip Code 03801-5632	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Ms. Johanna Voss		Transaction ID: D9503 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 806 Springbrook Cir		Amount of Each Disbursement this Period 1257.87
City Portsmouth State NH Zip Code 03801-5632	Purpose of Disbursement Payroll Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3773.61
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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 DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) Ian Graves		Transaction ID: D9429 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 553 Merrimack St		Amount of Each Disbursement this Period 17.25
City Manchester State NH Zip Code 03103-3427	Purpose of Disbursement Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) City of Manchester		Transaction ID: D9582 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address One City Hall Plaza		Amount of Each Disbursement this Period 17.25
City Manchester State NH Zip Code 03101	Purpose of Disbursement Voter Lists Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Pablo Duran		Transaction ID: D9434 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 4445 Alpine Court		Amount of Each Disbursement this Period 55.00
City Rio Rancho State NM Zip Code 87124	Purpose of Disbursement Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	72.25
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)

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<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 DEMOCRATIC STATE COMMITTEE

Full Name (Last, First, Middle Initial) A. City of Manchester		Transaction ID: D9581 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address One City Hall Plaza		Amount of Each Disbursement this Period 55.00	
City Manchester State NH Zip Code 03101	Purpose of Disbursement Voter Lists Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Beth Swickard		Transaction ID: D9534 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 12026 White Cord Way		Amount of Each Disbursement this Period 35.00	
City Columbia State MD Zip Code 21044	Purpose of Disbursement Reimbursement Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. City Of Nashua		Transaction ID: D9583 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address Main St		Amount of Each Disbursement this Period 35.00	
City Nashua State NH Zip Code 03060-9220	Purpose of Disbursement Voter List Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	35.00
TOTAL This Period (last page this line number only) ▶	196504.72

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 60 / 84
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1848 Associates	Nature of Debt (Purpose): WMUR debate
Mailing Address 340 Commercial St	
City State ZIP Code Manchester NH 03101-1121	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>	Transaction ID: D1547	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ariel Press	Nature of Debt (Purpose): sample ballot printing
Mailing Address 26 Roxbury St	
City State ZIP Code Keene NH 03431-3265	

Outstanding Balance Beginning This Period <input type="text" value="1276.41"/>	Transaction ID: D1548	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1276.41"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ariel Press	Nature of Debt (Purpose): sample ballot printing
Mailing Address 26 Roxbury St	
City State ZIP Code Keene NH 03431-3265	

Outstanding Balance Beginning This Period <input type="text" value="1276.41"/>	Transaction ID: D749	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1276.41"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2652.82"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bannon Research	Nature of Debt (Purpose): polling
Mailing Address 545 Boylston St	
City State ZIP Code Boston MA 02116-3621	

Outstanding Balance Beginning This Period 2000.00	Transaction ID: D1550	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Below Tobe	Nature of Debt (Purpose): voter list
Mailing Address 801 Fairfax St	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: D1551	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Below Tobe	Nature of Debt (Purpose): voter list
Mailing Address 801 Fairfax St	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: D751	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional).....	9000.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bronco Realty	Nature of Debt (Purpose): rent
Mailing Address 922 Elm St	
City State ZIP Code Manchester NH 03101-2017	

Outstanding Balance Beginning This Period 990.00	Transaction ID: D752	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 990.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bronco Realty	Nature of Debt (Purpose): admin/rent
Mailing Address 922 Elm St	
City State ZIP Code Manchester NH 03101-2017	

Outstanding Balance Beginning This Period 990.00	Transaction ID: D1552	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 990.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christos Spirou	Nature of Debt (Purpose): travel
Mailing Address 259 Whitford St	
City State ZIP Code Manchester NH 03104-2166	

Outstanding Balance Beginning This Period 676.55	Transaction ID: D757	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 676.55

1) SUBTOTALS This Period This Page (optional).....	2656.55
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christos Spirou	Nature of Debt (Purpose): admin/travel
Mailing Address 259 Whitford St	
City State ZIP Code Manchester NH 03104-2166	

Outstanding Balance Beginning This Period <input type="text" value="676.55"/>	Transaction ID: D1558	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="676.55"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express	Nature of Debt (Purpose): admin/mail
Mailing Address PO Box 1140	
City State ZIP Code Memphis TN 38101-1140	

Outstanding Balance Beginning This Period <input type="text" value="148.75"/>	Transaction ID: D1554	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="148.75"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Durkin	Nature of Debt (Purpose): admin/equipment
Mailing Address 40 Longwood Dr	
City State ZIP Code Keene NH 03431-4505	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID: D1553	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1825.30"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Morrill & Everett	Nature of Debt (Purpose): admin/insurance
Mailing Address 2 Capital Plz	
City State ZIP Code Concord NH 03301-4911	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: D1557	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Morrill & Everett	Nature of Debt (Purpose): insurance
Mailing Address 2 Capital Plz	
City State ZIP Code Concord NH 03301-4911	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: D756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Health Policy Institute	Nature of Debt (Purpose): Health Care Form Reimburse
Mailing Address 1601 Nw 114th St Ste 130	
City State ZIP Code Des Moines IA 50325-7035	

Outstanding Balance Beginning This Period 1700.00	Transaction ID: D1556	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1700.00

1) SUBTOTALS This Period This Page (optional).....	▶	3700.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Health Policy Institute	Nature of Debt (Purpose): health care forum reimbursement
Mailing Address 1601 Nw 114th St Ste 130	
City State ZIP Code Des Moines IA 50325-7035	

Outstanding Balance Beginning This Period 1700.00	Transaction ID: D755	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nh Mailing Services	Nature of Debt (Purpose): 100C Mailing
Mailing Address 7 Perimeter Rd	
City State ZIP Code Manchester NH 03103-3343	

Outstanding Balance Beginning This Period 156.58	Transaction ID: D1555	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 156.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nh Mailing Services	Nature of Debt (Purpose): 100 Club Mailing
Mailing Address 7 Perimeter Rd	
City State ZIP Code Manchester NH 03103-3343	

Outstanding Balance Beginning This Period 156.58	Transaction ID: D754	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 156.58

1) SUBTOTALS This Period This Page (optional).....	▶	2013.16
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Russell Verney	Nature of Debt (Purpose): reimbursement
Mailing Address 4 Nutt St	
City State ZIP Code Nashua NH 03060-5110	

Outstanding Balance Beginning This Period <input type="text" value="2029.51"/>	Transaction ID: D759	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2029.51"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Russell Verney	Nature of Debt (Purpose): admin/reimbursement
Mailing Address 4 Nutt St	
City State ZIP Code Nashua NH 03060-5110	

Outstanding Balance Beginning This Period <input type="text" value="2029.51"/>	Transaction ID: D1560	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2029.51"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Star Graphics	Nature of Debt (Purpose): Health Care Forum Invite Design
Mailing Address PO Box 1475	
City State ZIP Code Concord NH 03302-1475	

Outstanding Balance Beginning This Period <input type="text" value="119.00"/>	Transaction ID: D1559	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="119.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4178.02"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Star Graphics	Nature of Debt (Purpose): health care forum invite design
Mailing Address PO Box 1475	
City State ZIP Code Concord NH 03302-1475	

Outstanding Balance Beginning This Period <input type="text" value="119.00"/>	Transaction ID: D758	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="119.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WNNE-TV	Nature of Debt (Purpose): debate media hook-up
Mailing Address PO Box 1310	
City State ZIP Code White Riv Jct VT 05001-1310	

Outstanding Balance Beginning This Period <input type="text" value="1665.00"/>	Transaction ID: D760	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1665.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WNNE-TV	Nature of Debt (Purpose): debate media hook-up
Mailing Address PO Box 1310	
City State ZIP Code White Riv Jct VT 05001-1310	

Outstanding Balance Beginning This Period <input type="text" value="1665.00"/>	Transaction ID: D1561	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1665.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3449.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xerox Corporation	Nature of Debt (Purpose): admin
Mailing Address 191 Spring St	
City State ZIP Code Lexington MA 02421-8045	

Outstanding Balance Beginning This Period 91.50	Transaction ID: D761	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xerox Corporation	Nature of Debt (Purpose): admin - copier service
Mailing Address 191 Spring St	
City State ZIP Code Lexington MA 02421-8045	

Outstanding Balance Beginning This Period 91.50	Transaction ID: D1562	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 91.50

1) SUBTOTALS This Period This Page (optional).....	183.00
2) TOTALS This Period (last page this line number only).....	29657.85
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00178038
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
National Telecommunications Services,

Mailing Address
122 C Street, NW
Suite 460

City Washington	State DC	Zip Code 20001
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Purpose of Expenditure GOTV Calls	Category/ Type
--------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Jeb Bradley

Calendar Year-To-Date Per Election for Office Sought	5672.93
---	---------

Date

M M	/	D D	/	Y Y Y Y
1 1		0 7		2 0 0 6

Amount

765.00

Transaction ID: D9525

Office Sought: House State: NH
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
National Telecommunications Services,

Mailing Address
122 C Street, NW
Suite 460

City Washington	State DC	Zip Code 20001
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Purpose of Expenditure GOTV Calls	Category/ Type
--------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Carol Shea-Porter

Calendar Year-To-Date Per Election for Office Sought	5672.93
---	---------

Date

M M	/	D D	/	Y Y Y Y
1 1		0 7		2 0 0 6

Amount

4907.93

Transaction ID: D9521

Office Sought: House State: NH
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	5672.93
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	5672.93

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M	/	D D	/	Y Y Y Y

Signature _____

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Full Name of Subordinate Committee NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE	
If YES, name the designating committee:		Mailing Address 2 1/2 Beacon St	
		City Concord	State NH
		ZIP Code 03301	

Full Name (Last, First, Middle Initial) of Each Payee Mission Control		Purpose of Expenditure GOTV Mail		<input type="checkbox"/>
Mailing Address 201 Adams Street Manchester, CT 06042		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6		Category/Type
City Manchester	State CT	ZIP Code 06042		
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House	State: <u>NH</u>		
	<input type="checkbox"/> Senate	District: <u>02</u>		
	<input type="checkbox"/> Presidential			
Aggregate General Election Expenditure for this Candidate ▶		Amount 38117.52		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: D9573				

Full Name (Last, First, Middle Initial) of Each Payee Kristen Paiva		Purpose of Expenditure Field Stipend		<input type="checkbox"/>
Mailing Address 28 A Dearborn Street Portsmouth, NH 03801		Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6		Category/Type
City Portsmouth	State NH	ZIP Code 03801		
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House	State: <u>NH</u>		
	<input type="checkbox"/> Senate	District: <u>02</u>		
	<input type="checkbox"/> Presidential			
Aggregate General Election Expenditure for this Candidate ▶		Amount 300.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: D9537				

Full Name (Last, First, Middle Initial) of Each Payee Starr Waryas		Purpose of Expenditure Field Stipend		<input type="checkbox"/>
Mailing Address 10 School Street Lebanon, NH 03766		Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6		Category/Type
City Lebanon	State NH	ZIP Code 03766		
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House	State: <u>NH</u>		
	<input type="checkbox"/> Senate	District: <u>02</u>		
	<input type="checkbox"/> Presidential			
Aggregate General Election Expenditure for this Candidate ▶		Amount 300.00		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)
Transaction ID: D9536				

SUBTOTAL of Expenditures This Page (optional)	▶	38717.52
TOTAL This Period (last page this line number only)	▶	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE	
If YES, name the designating committee: Democratic Congressional Campaign Committee	Mailing Address 2 1/2 Beacon St	
	City Concord	State NH ZIP Code 03301

Full Name (Last, First, Middle Initial) of Each Payee Emily Curcuru		Purpose of Expenditure Field Stipend	<input type="checkbox"/>
Mailing Address 31 Royal Crest Drive Apt #1		Category/Type	
City Nashua	State NH	ZIP Code 03060	Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>02</u>	Amount 1100.00
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="66518.35"/>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: D9528			

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Judge		Purpose of Expenditure Field Stipend	<input type="checkbox"/>
Mailing Address 200 Sunderland Road Amherst, MA 01002		Category/Type	
City Amherst	State MA	ZIP Code 01002	Date M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>02</u>	Amount 700.00
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="66518.35"/>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: D9527			

Full Name (Last, First, Middle Initial) of Each Payee Luke Watson		Purpose of Expenditure Reimbursement: Cell Phones	<input type="checkbox"/>
Mailing Address 26 S. Main Street #253		Category/Type	
City Concord	State NH	ZIP Code 03301	Date M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>02</u>	Amount 270.00
Aggregate General Election Expenditure for this Candidate ▶ <input type="text" value="66518.35"/>		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	
Transaction ID: D9586			

SUBTOTAL of Expenditures This Page (optional)	2070.00
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE	
If YES, name the designating committee: Democratic Congressional Campaign Committee		Mailing Address 2 1/2 Beacon St	
		City Concord	State NH
		ZIP Code 03301	

Full Name (Last, First, Middle Initial) of Each Payee The Dewey Hub		Purpose of Expenditure GOTV Call		<input type="checkbox"/>
Mailing Address 1001 G Street NW Suite 300E				Category/Type
City Washington DC		State DC		ZIP Code 20001
Name of Federal Candidate Supported Paul Hodes		Office Sought: <input checked="" type="checkbox"/> House	State: <u>NH</u>	
		<input type="checkbox"/> Senate	District: <u>02</u>	
		<input type="checkbox"/> Presidential		
Aggregate General Election Expenditure for this Candidate ▶		66518.35		
		Transaction ID: D9518		
		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6		
		Amount		5355.00
		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee The Dewey Hub		Purpose of Expenditure GOTV Call		<input type="checkbox"/>
Mailing Address 1001 G Street NW Suite 300E				Category/Type
City Washington DC		State DC		ZIP Code 20001
Name of Federal Candidate Supported Paul Hodes		Office Sought: <input checked="" type="checkbox"/> House	State: <u>NH</u>	
		<input type="checkbox"/> Senate	District: <u>02</u>	
		<input type="checkbox"/> Presidential		
Aggregate General Election Expenditure for this Candidate ▶		66518.35		
		Transaction ID: D9513		
		Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6		
		Amount		3335.00
		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee National Telecommunications Services,		Purpose of Expenditure GOTV Calls		<input type="checkbox"/>
Mailing Address 122 C Street, NW Suite 460				Category/Type
City Washington DC		State DC		ZIP Code 20001
Name of Federal Candidate Supported Paul Hodes		Office Sought: <input checked="" type="checkbox"/> House	State: <u>NH</u>	
		<input type="checkbox"/> Senate	District: <u>02</u>	
		<input type="checkbox"/> Presidential		
Aggregate General Election Expenditure for this Candidate ▶		66518.35		
		Transaction ID: D9520		
		Date M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6		
		Amount		4907.93
		<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)	13597.93
TOTAL This Period (last page this line number only)	

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE	
If YES, name the designating committee: Democratic Congressional Campaign Committee		Mailing Address 2 1/2 Beacon St	
		City Concord	State NH
		ZIP Code 03301	

Full Name (Last, First, Middle Initial) of Each Payee National Telecommunications Services,		Purpose of Expenditure GOTV Calls		
Mailing Address 122 C Street, NW Suite 460				Category/Type
City Washington DC		State DC		ZIP Code 20001
Name of Federal Candidate Supported Paul Hodes		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>02</u>	
Aggregate General Election Expenditure for this Candidate ▶		66518.35		
		Transaction ID: D9523		
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Verizon		Purpose of Expenditure Telephone		
Mailing Address PO Box 15123 Albany, NY 12212-5123				Category/Type
City Albany NY		State NY		ZIP Code 12212-5123
Name of Federal Candidate Supported Paul Hodes		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>02</u>	
Aggregate General Election Expenditure for this Candidate ▶		66518.35		
		Transaction ID: D9557		
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee Verizon		Purpose of Expenditure Deposit for Telephone Line		
Mailing Address PO Box 15123 Albany, NY 12212-5123				Category/Type
City Albany NY		State NY		ZIP Code 12212-5123
Name of Federal Candidate Supported Paul Hodes		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: <u>NH</u> District: <u>02</u>	
Aggregate General Election Expenditure for this Candidate ▶		66518.35		
		Transaction ID: D9558		
				<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)		5521.26
TOTAL This Period (last page this line number only)		

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

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 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: Democratic Congressional Campaign Committee	Full Name of Subordinate Committee NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE	
	Mailing Address 2 1/2 Beacon St City: Concord State: NH ZIP Code: 03301	
Full Name (Last, First, Middle Initial) of Each Payee Mission Control		Purpose of Expenditure GOTV Mail <input type="text"/> Category/Type
Mailing Address 201 Adams St Manchester, CT 06042-1985 City: Manchester State: CT ZIP Code: 06042-1985		Date MM / DD / YYYY 10 / 27 / 2006
Name of Federal Candidate Supported Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NH District: 02	Amount 6611.64
Aggregate General Election Expenditure for this Candidate ▶	66518.35 Transaction ID: D9571	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)	6611.64
TOTAL This Period (last page this line number only)	66518.35

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT NEW HAMPSHIRE DEMO- CRATIC STATE	DATE OF RECEIPT M M / D D / Y Y Y Y 10 / 27 / 2006	TOTAL AMOUNT TRANSFERRED 5000.00
--	--	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	5000.00	Transaction ID: T149
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	5000.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	5000.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Comcast			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 196			Allocated Activity or Event Year-To-Date 153075.82		
City Newark	State NJ	Zip Code 07101-0196	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Cable TV/Internet			Transaction ID: D9421H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.48		150.07		176.55

B. Full Name (Last, First, Middle Initial) De Lage Landen			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 41601			Allocated Activity or Event Year-To-Date 153075.82		
City Philadelphia	State PA	Zip Code 19101-1601	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Photocopier Rental Fees			Transaction ID: D9415H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.57		428.29		503.86

C. Full Name (Last, First, Middle Initial) Electro Rent Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Dept CH 10997			Allocated Activity or Event Year-To-Date 153075.82		
City Palatine	State IL	Zip Code 60055	Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>		
Purpose of Disbursement: Computer Rental			Transaction ID: D9431H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.75		565.25		665.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
201.80		1143.61		1345.41

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Electro Rent Corporation			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Dept CH 10997			Allocated Activity or Event Year-To-Date 153075.82	
City	State	Zip Code	Category/ Type	
Palatine	IL	60055		
Purpose of Disbursement: Computer Rental			Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: D9414H4	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.80		452.20		532.00

B. Full Name (Last, First, Middle Initial) Keyspan			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4300			Allocated Activity or Event Year-To-Date 153075.82	
City	State	Zip Code	Category/ Type	
Woburn	MA	01888		
Purpose of Disbursement: Utilities			Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: D9420H4	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.83		84.08		98.91

C. Full Name (Last, First, Middle Initial) Nicole Miller			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 341 W. Wind Drive			Allocated Activity or Event Year-To-Date 153075.82	
City	State	Zip Code	Category/ Type	
Dover	DE	19901		
Purpose of Disbursement: Travel Per Diem			Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Activity or Event Identifier: Administrative			Transaction ID: D9432H4	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		425.00		500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
169.63		961.28		1130.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Northern Utilities			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 830015			Allocated Activity or Event Year-To-Date 153075.82		
City Baltimore	State MD	Zip Code 21283-0015	Date MM / DD / YYYY 10 / 26 / 2006		
Purpose of Disbursement: Gas Delivery			Transaction ID: D9424H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.89		16.44		19.33

B. Full Name (Last, First, Middle Initial) Northern Utilities			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 830015			Allocated Activity or Event Year-To-Date 153075.82		
City Baltimore	State MD	Zip Code 21283-0015	Date MM / DD / YYYY 10 / 26 / 2006		
Purpose of Disbursement: Gas Delivery			Transaction ID: D9433H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.96		22.50		26.46

C. Full Name (Last, First, Middle Initial) PSNH			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 360			Allocated Activity or Event Year-To-Date 153075.82		
City Manchester	State NH	Zip Code 03105-0360	Date MM / DD / YYYY 10 / 26 / 2006		
Purpose of Disbursement: Electricity			Transaction ID: D9418H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
78.91		447.17		526.08

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.76		486.11		571.87

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) PSNH			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 360			Allocated Activity or Event Year-To-Date 153075.82		
City Manchester	State NH	Zip Code 03105-0360	Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Electricity			Transaction ID: D9417H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.31		942.46		1108.77

B. Full Name (Last, First, Middle Initial) Danielle Serratore			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 354 Summit Ave			Allocated Activity or Event Year-To-Date 153075.82		
City Conshohocken	State PA	Zip Code 19428	Date <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Travel Per Diem			Transaction ID: D9425H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
75.00		425.00		500.00

C. Full Name (Last, First, Middle Initial) Shaheen & Gordon, PA			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 140 Washington St PO Box 977			Allocated Activity or Event Year-To-Date 153075.82		
City Dover	State NH	Zip Code 03820-3721	Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Legal Fees			Transaction ID: D9413H4		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.95		67.76		79.71

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.26		1435.22		1688.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 76 Fort Eddy Rd			Allocated Activity or Event Year-To-Date 153075.82																						
City	State	Zip Code	Date <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>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: D9419H4			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
1	0	/	2	0	/	2	0	0	6																
Concord	NH	03301-7404																							
Purpose of Disbursement: Office Supplies			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
161.85		917.16		1079.01

B. Full Name (Last, First, Middle Initial) Telephone Network Technologies			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 117 Londonderry Tpke			Allocated Activity or Event Year-To-Date 153075.82																						
City	State	Zip Code	Date <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>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: D9412H4			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
1	0	/	2	0	/	2	0	0	6																
Hooksett	NH	03106-2015																							
Purpose of Disbursement: Telephone Wiring & Networking			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.00		51.00		60.00

C. Full Name (Last, First, Middle Initial) Union Leader			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 100 William Loeb Dr PO Box 9555			Allocated Activity or Event Year-To-Date 153075.82																						
City	State	Zip Code	Date <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>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: D9422H4			M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
1	0	/	2	6	/	2	0	0	6																
Manchester	NH	03109-5309																							
Purpose of Disbursement: Newspaper Subscription			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.87		169.29		199.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.72		1137.45		1338.17

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Unitil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 2014			Allocated Activity or Event Year-To-Date 153075.82		
City Concord	State NH	Zip Code 03302	Category/ Type		
Purpose of Disbursement: Electricity			Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6		
Activity or Event Identifier: Administrative			Transaction ID: D9416H4		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.45		189.56		223.01

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.45		189.56		223.01

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
944.62	5353.23	6297.85

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SchedL22

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

NAME OF ACCOUNT
Levin Eligible Funds

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	38000.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	38000.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	38000.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	26500.00
c. GOTV.....	0.00	11500.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	38000.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	38000.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS..... (from Line 3)	0.00	38000.00
9. SUBTOTAL..... (Add Lines 7 and 8)	0.00	38000.00
10. DISBURSEMENTS..... (From Line 6)	0.00	38000.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		0.00

Form/Schedule: **SA17**
Transaction ID: **C83725**

The payment on Schedule A supporting Line 17 from New Hampshire for John Lynch was made for access to the voter file maintained by the New Hampshire Democratic State Committee. The fee charged for access to the voter file did not exceed the usual and normal charge or the ordinary market price at the time of the contribution. The fee that New Hampshire for John Lynch was charged for the voter file was pro-rated based on the costs incurred by the State Committee in creating and maintaining the file and was also based on the amount of information that New Hampshire for John Lynch was allowed to access on the file.

Form/Schedule: **SB21B**
Transaction ID: **D9546**

The payment to Gordon & Schwenkmeyer on Schedule B supporting Line 21 (b) totaling \$12,534.98 for Telemarketing Fees was for the Committee's internal fundraising expenses and did not reference any federal candidate.

Form/Schedule: **SA17**
Transaction ID: **C83727**

The payment on Schedule A supporting Line 17 from the Forward Together PAC was made for access to the voter file maintained by the New Hampshire Democratic State Committee. The fee charged for access to the voter file did not exceed the usual and normal charge or the ordinary market price at the time of the contribution. The fee that the Forward Together PAC was charged for the voter file was pro-rated based on the costs incurred by the State Committee in creating and maintaining the file and was also based on the amount of information that the Forward Together PAC was allowed to access on the file.