

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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OCT 20 12 23 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|                                                                                                                                |                               |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 1. NAME OF COMMITTEE (in full)<br><b>Sununu for Congress</b>                                                                   |                               |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported.<br><b>44 Buttonwood Road</b> |                               |
| CITY, STATE and ZIP CODE<br><b>Bedford, NH 03110</b>                                                                           | STATE/DISTRICT<br><b>NH 1</b> |

|                                                                                                        |
|--------------------------------------------------------------------------------------------------------|
| 2. FEC IDENTIFICATION NUMBER<br><b>C00317933</b>                                                       |
| 3. IS THIS REPORT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## 4. TYPE OF REPORT

|                                                                           |                                                                                                                                  |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> April 15 Quarterly Report                        | <input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)<br>election on _____ in the State of _____  |
| <input type="checkbox"/> July 15 Quarterly Report                         | <input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election)<br>election on _____ in the State of _____ |
| <input checked="" type="checkbox"/> October 15 Quarterly Report           | <input type="checkbox"/> Termination Report                                                                                      |
| <input type="checkbox"/> January 31 Year End Report                       |                                                                                                                                  |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) |                                                                                                                                  |

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

## SUMMARY

| 5. Covering Period                                                                            | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 8/22/96 through 9/30/96                                                                       |                         |                                   |
| 6. Net Contributions (other than loans)                                                       |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(e))                                  | 191,416.79              | 341,021.79                        |
| (b) Total Contribution Refunds (from Line 20(d))                                              | 0                       | 0                                 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | 191,416.79              | 341,021.79                        |
| 7. Net Operating Expenditures                                                                 |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                               | 146,540.60              | 256,986.84                        |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    | 0                       | 0                                 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                 | 146,540.60              | 256,986.84                        |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | 123,786.06              |                                   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | 0                       |                                   |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 39,709.21               |                                   |

For further information contact:  
Federal Election Commission  
899 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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<br><b>Paul J. Collins, Jr.</b> | Date<br><b>10/15/96</b> |
| Signature of Treasurer<br><i>PJC</i>                           |                         |

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

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

| Name of Committee (in full)                                                   |  | Report Covering the Period:   |                                   |
|-------------------------------------------------------------------------------|--|-------------------------------|-----------------------------------|
| Sununu for Congress                                                           |  | From: 8/22/96                 | To: 9/30/96                       |
| RECEIPTS                                                                      |  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM:                                    |  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees:                      |  |                               |                                   |
| (i) Itemized (use Schedule A)                                                 |  | 124,550.00                    |                                   |
| (ii) Unitemized                                                               |  | 15,426.00                     |                                   |
| (iii) Total of contributions from individuals                                 |  | 139,976.00                    | 285,881.00                        |
| (b) Political Party Committees                                                |  | 5,250.00                      | 5,250.00                          |
| (c) Other Political Committees (such as PACs)                                 |  | 45,900.00                     | 49,600.00                         |
| (d) The Candidate                                                             |  | 290.79                        | 290.79                            |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) |  | 191,416.79                    | 341,021.79                        |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                |  | 0                             | 0                                 |
| 13. LOANS:                                                                    |  |                               |                                   |
| (a) Made or Guaranteed by the Candidate                                       |  | 22,000.00                     | 40,000.00                         |
| (b) All Other Loans                                                           |  | 0                             | 0                                 |
| (c) TOTAL LOANS (add 13(a) and (b))                                           |  | 22,000.00                     | 40,000.00                         |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)                |  | 0                             | 0                                 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                                |  | 0                             | 41.90                             |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                          |  | 213,416.79                    | 381,063.69                        |
| DISBURSEMENTS                                                                 |  |                               |                                   |
| 17. OPERATING EXPENDITURES                                                    |  | 146,540.60                    | 256,986.84                        |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES                                  |  | 0                             | 0                                 |
| 19. LOAN REPAYMENTS:                                                          |  |                               |                                   |
| (a) Of Loans Made or Guaranteed by the Candidate                              |  | 290.79                        | 290.79                            |
| (b) Of All Other Loans                                                        |  | 0                             | 0                                 |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))                                 |  | 290.79                        | 290.79                            |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                              |  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                       |  | 0                             | 0                                 |
| (b) Political Party Committees                                                |  | 0                             | 0                                 |
| (c) Other Political Committees (such as PACs)                                 |  | 0                             | 0                                 |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))                       |  | 0                             | 0                                 |
| 21. OTHER DISBURSEMENTS                                                       |  | 0                             | 0                                 |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)                     |  | 146,831.39                    | 257,277.63                        |
| III. CASH SUMMARY                                                             |  |                               |                                   |
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD                             |  | \$ 57,200.66                  |                                   |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)                                 |  | \$ 213,416.79                 |                                   |
| 25. SUBTOTAL (add Line 23 and Line 24)                                        |  | \$ 270,617.45                 |                                   |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)                            |  | \$ 146,831.39                 |                                   |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)  |  | \$ 123,786.06                 |                                   |

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 28

FOR LINE NUMBER  
11 (6) (1) 5

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)

Survivors for Congress

|                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                      |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>George M. Addeo, Jr.<br>370 Main Street<br>Worcester, MA 01608<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                             | <b>Date (month, day, year)</b><br>9/29/96            | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>William J. Addeo<br>370 Main Street<br>Worcester, MA 01608<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 500.00                                             | <b>Date (month, day, year)</b><br>9/22/96            | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Basam Abukhatir<br>53 Avenue Road So. Johns Wood<br>London NW8 6HR<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00                                            | <b>Date (month, day, year)</b><br>9/13/96            | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Chasen Abukhatir<br>5520 W. Germ Drive<br>Glendale, AZ 85302<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General   | <b>Name of Employer</b><br>Amer Laundry Service<br><b>Occupation</b><br>Men's Manager<br><b>Aggregate Year-to-Date</b> > \$ 1000.00           | <b>Date (month, day, year)</b><br>9/25/96            | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Houssan Abukhatir<br>203 Crocus Lane<br>Asheville, NC 28803<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General               | <b>Name of Employer</b><br>Calbank Products<br><b>Occupation</b><br>International Sales Manager<br><b>Aggregate Year-to-Date</b> > \$ 1000.00 | <b>Date (month, day, year)</b><br>9/28/96<br>9/13/96 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jack A. Abramo<br>9024 Alton Parkway<br>Silver Spring, MD 20910-272<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General       | <b>Name of Employer</b><br>Prison Gates<br>Ellis<br><b>Occupation</b><br>Government Affairs<br><b>Aggregate Year-to-Date</b> > \$ 250.00      | <b>Date (month, day, year)</b><br>9/24/96            | <b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Gerald R. Allard<br>92 Riverview Park<br>Manchester, NH 03102<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General             | <b>Name of Employer</b><br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 1500.00                                     | <b>Date (month, day, year)</b><br>9/21/96            | <b>Amount of Each Receipt this Period</b><br>1500.00 |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE **2** OF **28**  
FOR LINE NUMBER **11(6)(1)**

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)

*Summa for Congress*

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |                                                    |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>John R. Allard</i><br/> <i>96 R. Verdon Park</i><br/> <i>Marietta, NH 03102</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>               | <p>Name of Employer<br/> <i>Allard Industries</i></p> <p>Occupation<br/> <i>Chief Executive Officer</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 1500.00</i></p> | <p>Date (month, day, year)<br/> <i>9/22/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>500.00</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Michael Allard</i><br/> <i>96 R. Verdon Park</i><br/> <i>Marietta, NH 03102</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>               | <p>Name of Employer<br/> <i>Allard Industries</i></p> <p>Occupation<br/> <i>Chief Executive Officer</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 500.00</i></p>  | <p>Date (month, day, year)<br/> <i>9/24/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>500.00</i></p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Charles H. Baldwin</i><br/> <i>180 Deerfield Road</i><br/> <i>Norham, NH 03290</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>                       | <p>Name of Employer<br/> <i>Baldwin &amp; Clarke</i></p> <p>Occupation<br/> <i>Partner</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 250.00</i></p>               | <p>Date (month, day, year)<br/> <i>9/5/96</i></p>  | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Paul R. Bewick</i><br/> <i>44 Gaudin Landing Circle</i><br/> <i>Newington, NH 03801</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>       | <p>Name of Employer<br/> <i>Bewick Engineering</i></p> <p>Occupation<br/> <i>Owner</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 300.00</i></p>                   | <p>Date (month, day, year)<br/> <i>9/21/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>100.00</i></p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Raymond R. Boissoneau</i><br/> <i>25 Meetinghouse Road</i><br/> <i>Bedford, NH 03110-5552</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> | <p>Name of Employer<br/> <i>Electropac Co. Inc.</i></p> <p>Occupation<br/> <i>President</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 300.00</i></p>              | <p>Date (month, day, year)<br/> <i>9/25/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>300.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>John W. Bullard</i><br/> <i>4 Canview Terrace Road</i><br/> <i>Hackensack, NH 03106</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>                  | <p>Name of Employer<br/> <i>Bullard Industries</i></p> <p>Occupation<br/> <i>Owner</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 400.00</i></p>                   | <p>Date (month, day, year)<br/> <i>9/11/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>200.00</i></p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Sigrid M. Bauman</i><br/> <i>32 Pine Street</i><br/> <i>Rye, NH 03870</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>                     | <p>Name of Employer<br/> <i>Bauman Industries</i></p> <p>Occupation<br/> <i>Owner</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 500.00</i></p>                    | <p>Date (month, day, year)<br/> <i>9/16/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>500.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 3 OF 28  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full)

Democratic for Congress

|                                                                                                                                                                                                                                                             |                                                                                                                                        |                                    |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Peter Bergeron<br>24 Rock Orchard Lane<br>Andover, NH 03820<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General      | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$ 250.00                                                                   | Date (month, day, year)<br>9/4/96  | Amount of Each Receipt this Period<br>250.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Elliot Bergeron<br>P.O. Box 600<br>Hampton Falls, NH 03844<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General       | Name of Employer<br>North Phillips Assoc.<br>Occupation<br>Auto Dealership Broker<br>Aggregate Year-to-Date > \$ 250.00                | Date (month, day, year)<br>8/28/96 | Amount of Each Receipt this Period<br>250.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>John T. Bottomley<br>P.O. Box 46<br>Rye Beach, NH 03871<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General          | Name of Employer<br>Fuller Foundation<br>Occupation<br>Executive Director<br>Aggregate Year-to-Date > \$ 1950.00                       | Date (month, day, year)<br>9/23/96 | Amount of Each Receipt this Period<br>1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>John T. Bottomley<br>P.O. Box 46<br>Rye Beach, NH 03871<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General          | Name of Employer<br>Fuller Foundation<br>Occupation<br>Executive Director<br>Aggregate Year-to-Date > \$ 1950.00                       | Date (month, day, year)<br>9/22/96 | Amount of Each Receipt this Period<br>250.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Nina Bottomley<br>P.O. Box 46<br>Rye Beach, NH 03871<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General             | Name of Employer<br>Occupation<br>Homemaker<br>Aggregate Year-to-Date > \$ 250.00                                                      | Date (month, day, year)<br>9/22/96 | Amount of Each Receipt this Period<br>250.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Andrew H. Card, Jr.<br>5717 No. 40 Street<br>Arlington, VA 22205<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Name of Employer<br>National Automobile Dealers Association<br>Occupation<br>Executive Director<br>Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year)<br>9/13/96 | Amount of Each Receipt this Period<br>500.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Kathleen B. Card<br>5717 No. 40 Street<br>Arlington, VA 22205<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General    | Name of Employer<br>Occupation<br>Homemaker<br>Aggregate Year-to-Date > \$ 500.00                                                      | Date (month, day, year)<br>9/13/96 | Amount of Each Receipt this Period<br>500.00  |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 4 OF 38  
FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (In Full)

Sarana for Congress

|                                                                                                                                                                |                                             |                                            |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Michael H. Chera<br>Route 88, 22 Exeter Road<br>Hampton Falls, NH 03844-2011                              | <b>Name of Employer</b><br>Self             | <b>Date (month, day, year)</b><br>9/29/96  | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input checked="" type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General | <b>Occupation</b><br>Doctor                 | <b>Aggregate Year-to-Date</b> > \$ 1000.00 |                                                      |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John J. Clarke<br>116-B South River Road<br>Bedford, NH 03110                                             | <b>Name of Employer</b><br>Baldwin + Clarke | <b>Date (month, day, year)</b><br>9/5/96   | <b>Amount of Each Receipt this Period</b><br>250.00  |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General            | <b>Occupation</b><br>Partner                | <b>Aggregate Year-to-Date</b> > \$ 250.00  |                                                      |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Charles V. Clement III<br>88 Ten Rod Road<br>Rochester, NH 03867                                          | <b>Name of Employer</b><br>-                | <b>Date (month, day, year)</b><br>9/3/96   | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General            | <b>Occupation</b><br>-                      | <b>Aggregate Year-to-Date</b> > \$ 1000.00 |                                                      |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Patricia A. Clement<br>88 Ten Rod Road<br>Rochester, NH 03867                                             | <b>Name of Employer</b><br>-                | <b>Date (month, day, year)</b><br>9/3/96   | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General            | <b>Occupation</b><br>-                      | <b>Aggregate Year-to-Date</b> > \$ 1000.00 |                                                      |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Raymond E. Closson<br>300 North River Road<br>Manchester, NH 03104-2401                                   | <b>Name of Employer</b><br>-                | <b>Date (month, day, year)</b><br>9/12/96  | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General            | <b>Occupation</b><br>Retired                | <b>Aggregate Year-to-Date</b> > \$ 200.00  |                                                      |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Charles S. Cochran<br>9441 Bent Tree Circle<br>Wichita, KS 67226                                          | <b>Name of Employer</b><br>-                | <b>Date (month, day, year)</b><br>9/3/96   | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General            | <b>Occupation</b><br>-                      | <b>Aggregate Year-to-Date</b> > \$ 1000.00 |                                                      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Paul S. Collier<br>13 Pond Path<br>N. Hampton, NH 03862                                                   | <b>Name of Employer</b><br>-                | <b>Date (month, day, year)</b><br>9/9/96   | <b>Amount of Each Receipt this Period</b><br>300.00  |
| <b>Receipt For:</b><br><input type="checkbox"/> Other (specify):<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General            | <b>Occupation</b><br>-                      | <b>Aggregate Year-to-Date</b> > \$ 300.00  |                                                      |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this file number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 5 OF 28  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Saniaru for Congress

A. Full Name, Mailing Address and ZIP Code

John D. Collins  
10 Knightland Road  
Ackworth, NH 03811

Name of Employer

Date (month,  
day, year)

9/23/96

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☐ Other (specify):☐ Primary☒ General

Occupation

Aggregate Year-to-Date &gt; \$ 1000.00

B. Full Name, Mailing Address and ZIP Code

John S. Collins  
Manchester, NH 03101

Name of Employer

Smith Barney

Date (month,  
day, year)

9/18/96

Amount of Each  
Receipt this Period

\$500.00

Receipt For:

☐ Other (specify):☐ Primary☒ General

Occupation

Vice President

Aggregate Year-to-Date &gt; \$ 500.00

C. Full Name, Mailing Address and ZIP Code

Paul J. Collins, Jr.  
PO Box 703  
Age Beach, NH 03821

Name of Employer

Self

Date (month,  
day, year)

9/27/96

Amount of Each  
Receipt this Period

\$1000.00

Receipt For:

☐ Other (specify):☐ Primary☒ General

Occupation

Consultant

Aggregate Year-to-Date &gt; \$ 2000.00

D. Full Name, Mailing Address and ZIP Code

Lodovick M. Cook  
515 South Flower Street  
Los Angeles, CA 90071

Name of Employer

ARCO

Date (month,  
day, year)

9/10/96

Amount of Each  
Receipt this Period

\$1000.00

Receipt For:

☐ Other (specify):☒ Primary☐ General

Occupation

Chairman

Aggregate Year-to-Date &gt; \$ 1000.00

E. Full Name, Mailing Address and ZIP Code

Elizabeth B. Cook  
Seasons 29  
New London, NH 03257

Name of Employer

Date (month,  
day, year)

9/30/96

Amount of Each  
Receipt this Period

\$1000.00

Receipt For:

☐ Other (specify):☐ Primary☒ General

Occupation

Aggregate Year-to-Date &gt; \$ 1000.00

F. Full Name, Mailing Address and ZIP Code

Peter A. Cook  
Seasons 29  
New London, NH 03257

Name of Employer

Date (month,  
day, year)

9/30/96

Amount of Each  
Receipt this Period

\$1000.00

Receipt For:

☐ Other (specify):☐ Primary☒ General

Occupation

Aggregate Year-to-Date &gt; \$ 1000.00

G. Full Name, Mailing Address and ZIP Code

Peter I. Coolidge  
10 Gracie Square, Apt. 6G  
New York, NY 10028

Name of Employer

Bream Murray

Date (month,  
day, year)

8/27/96

Amount of Each  
Receipt this Period

\$1000.00

Receipt For:

☐ Other (specify):☒ Primary☐ General

Occupation

Equity Trader

Aggregate Year-to-Date &gt; \$ 1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 6 OF 28  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Savannah for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|------------------------------------|
| Charles D. Conz<br>1037 Calle Azul<br>Glen Dale, CA 91208                                                                              | Price Waterhouse<br>Consultant                                   | 9/9/96                  | 250.00                             |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00                               |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
| David P. Currier<br>PO Box 926<br>Henniker, NH 03242                                                                                   | Boundtree Corporation<br>President + CEO                         | 9/20/96                 | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00                               |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
| William M. DiLondato, III<br>10916 Belgrave Court<br>Great Falls, VA 22066                                                             | Icarus Aircraft                                                  | 9/3/96                  | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1000.00                              |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
| Joseph F. Diheen<br>1441 Atlantic Avenue<br>Seabrook Beach, NH 03874                                                                   |                                                                  | 8/27/96                 | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1000.00                              |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
| John D. Dome<br>47 Edgewood Drive<br>Hampton, NH 03842-3926                                                                            | Fisher Scientific International<br>Director of Corporate Affairs | 9/3/96                  | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1000.00                              |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
| Merlin Vezar D. Drapano<br>2604 Kanawha Avenue, SE<br>Charleston, WV 25304-1028                                                        | Self<br>Attorney                                                 | 8/27/96                 | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1000.00                              |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer                                                 | Date (month, day, year) | Amount of Each Receipt This Period |
| Bernard J. Donohy<br>PO Box 473<br>New Castle, NH 03854                                                                                | Grinnell Corporation<br>Senior VP                                | 9/26/96                 | 500.00                             |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00                               |                         |                                    |

SUBTOTAL of Receipts This Page (optional)

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in full)

Sununu for Congress

A. Full Name, Mailing Address and ZIP Code

Angelita R. Ross  
40 Gundalow Landing  
Newington, NH 03801Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Occupation

Aggregate Year-to-Date &gt; \$ 300.00

Date (month,  
day, year)

9/21/96

Amount of Each  
Receipt this Period

\$100.00

B. Full Name, Mailing Address and ZIP Code

William B. Ruger, Sr.  
P.O. Box 447  
Newport, NH 03773Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Sturm Ruger and Co.

Occupation

Executive

Aggregate Year-to-Date &gt; \$ 500.00

Date (month,  
day, year)

8/26/96

Amount of Each  
Receipt this Period

\$500.00

C. Full Name, Mailing Address and ZIP Code

Richard R. Russell  
Exeter Road  
Hampton Falls, NH 03844Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

General Chemical

Occupation

Executive

Aggregate Year-to-Date &gt; \$ 2000.00

Date (month,  
day, year)

9/23/96

Amount of Each  
Receipt this Period

\$1000.00

D. Full Name, Mailing Address and ZIP Code

Nancy A. Russell  
Exeter Road  
Hampton Falls, NH 03844Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Occupation

Aggregate Year-to-Date &gt; \$ 1000.00

Date (month,  
day, year)

9/23/96

Amount of Each  
Receipt this Period

\$1000.00

E. Full Name, Mailing Address and ZIP Code

Elaine A. Saliba  
64 Westwood Road  
Shrewsbury, MA 01545Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Occupation

Aggregate Year-to-Date &gt; \$ 500.00

Date (month,  
day, year)

9/20/96

Amount of Each  
Receipt this Period

\$500.00

F. Full Name, Mailing Address and ZIP Code

Andras Sarkozy  
23-A Hampshire Drive  
Nashua, NH 03063Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Storage Computer Co.

Occupation

VP Corporate Technology

Aggregate Year-to-Date &gt; \$ 1250.00

Date (month,  
day, year)

9/22/96

Amount of Each  
Receipt this Period

\$1000.00

G. Full Name, Mailing Address and ZIP Code

Maria Gruber  
23-A Hampshire Drive  
Nashua, NH 03063Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Occupation

Aggregate Year-to-Date &gt; \$ 1000.00

Date (month,  
day, year)

9/22/96

Amount of Each  
Receipt this Period

\$1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER  
**11(a)(1)**

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NAME OF COMMITTEE (in Full)

**Synunu for Congress**

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                                  |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><b>Charles H. Dolan</b><br><b>65 Victoria Street, No. 16</b><br><b>Manchester, NH 03104</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$500.00                                                        | <b>Date (month, day, year)</b><br><b>9/26/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$500.00</b>  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><b>James M. Driscoll</b><br><b>7819 SW 146 St Cir</b><br><b>Miami, FL 33158</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                        | <b>Name of Employer</b><br><b>InterGen</b><br><b>Occupation</b><br><b>Developer</b><br><b>Aggregate Year-to-Date</b> > \$250.00                     | <b>Date (month, day, year)</b><br><b>9/9/96</b>  | <b>Amount of Each Receipt this Period</b><br><b>\$250.00</b>  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><b>Clark P. Dumont</b><br><b>6 Royal Street</b><br><b>Bedford, NH 03102</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                 | <b>Name of Employer</b><br><b>Blue Cross + Blue Shield</b><br><b>Occupation</b><br><b>Executive</b><br><b>Aggregate Year-to-Date</b> > \$2000.00    | <b>Date (month, day, year)</b><br><b>9/12/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$1000.00</b> |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><b>Andrea Dupont</b><br><b>5 Westview Drive</b><br><b>Rochester, NH 03867</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><b>Homemaker</b><br><b>Aggregate Year-to-Date</b> > \$1000.00                                   | <b>Date (month, day, year)</b><br><b>9/5/96</b>  | <b>Amount of Each Receipt this Period</b><br><b>\$1000.00</b> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><b>Carolyn J. Dupont</b><br><b>24 Lisa Beth Drive</b><br><b>Dover, NH 03820</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                        | <b>Name of Employer</b><br><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$250.00                                                        | <b>Date (month, day, year)</b><br><b>8/30/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$250.00</b>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><b>Edwin D. Duwall</b><br><b>44 Samoset Drive</b><br><b>Salem, NH 03079</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                            | <b>Name of Employer</b><br><b>Lakeside Insurance</b><br><b>Occupation</b><br><b>Broker</b><br><b>Aggregate Year-to-Date</b> > \$500.00              | <b>Date (month, day, year)</b><br><b>8/29/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$500.00</b>  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><b>George Eckman</b><br><b>156 Walnut Hill Avenue</b><br><b>Manchester, NH 03104-2131</b><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General              | <b>Name of Employer</b><br><b>Reed's Ferry</b><br><b>Occupation</b><br><b>Lumber</b><br><b>Chairman</b><br><b>Aggregate Year-to-Date</b> > \$900.00 | <b>Date (month, day, year)</b><br><b>9/18/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$500.00</b>  |

SUBTOTAL of Receipts This Page (optional)

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Sununu for Congress

|                                                                                                                                                                                                                                                                       |                                                                                                                                     |                                           |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Harold R. Eckman<br>11 Cobbler Lane<br>Bedford, NH 03102<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General       | <b>Name of Employer</b><br>Eckman Construction<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$1700.00       | <b>Date (month, day, year)</b><br>9/11/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mary M. Edmiston<br>66 Hitching Post Lane<br>Bedford, NH 03110<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$250.00                                    | <b>Date (month, day, year)</b><br>8/26/96 | <b>Amount of Each Receipt this Period</b><br>\$250.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Ronald L. Evans<br>127 Hitching Post Lane<br>Bedford, NH 03110<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br><br><b>Occupation</b><br>Restaurant Owner<br><b>Aggregate Year-to-Date</b> > \$1250.00                   | <b>Date (month, day, year)</b><br>9/22/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Ronald L. Evans<br>127 Hitching Post Lane<br>Bedford, NH 03110<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br><br><b>Occupation</b><br>Restaurant Owner<br><b>Aggregate Year-to-Date</b> > \$1250.00                   | <b>Date (month, day, year)</b><br>9/22/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Thomas E. Fish<br>139 South Street<br>Portsmouth, NH 03801<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                | <b>Name of Employer</b><br>Grinnell Corp.<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date</b> > \$250.00        | <b>Date (month, day, year)</b><br>9/5/96  | <b>Amount of Each Receipt this Period</b><br>\$250.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>John J. Flatley<br>222 Forbes Road, Suite 104<br>Braintree, MA 02184<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General      | <b>Name of Employer</b><br>John J. Flatley Co.<br><b>Occupation</b><br>Sole Proprietor<br><b>Aggregate Year-to-Date</b> > \$1000.00 | <b>Date (month, day, year)</b><br>9/18/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Linda M. Frawley<br>Cotton Hill Road<br>Laconia, NH 03246<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                 | <b>Name of Employer</b><br>Chubb Life<br><b>Occupation</b><br>Assistant Vice President<br><b>Aggregate Year-to-Date</b> > \$350.00  | <b>Date (month, day, year)</b><br>8/26/96 | <b>Amount of Each Receipt this Period</b><br>\$100.00  |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Sununu for Congress

|                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                           |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Linda M. Frawley<br>Cotton Hill Road<br>Laconia, NH 03246<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General             | <b>Name of Employer</b><br>Chubb Life<br><b>Occupation</b><br>Assistant Vice President<br><b>Aggregate Year-to-Date</b> > \$250.00 | <b>Date (month, day, year)</b><br>9/23/96 | <b>Amount of Each Receipt this Period</b><br>\$250.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>George E. Freese, Jr.<br>170 Tilton Hill Road<br>Pittsfield, NH 03263<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br>Globe Mfg.<br><b>Occupation</b><br>Manufacturing<br><b>Aggregate Year-to-Date</b> > \$350.00            | <b>Date (month, day, year)</b><br>9/17/96 | <b>Amount of Each Receipt this Period</b><br>\$100.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Thomas A. Fuentes<br>22112 Windward Way<br>Lake Forest, CA 92630<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General      | <b>Name of Employer</b><br>Tait and Associates<br><b>Occupation</b><br>Businessman<br><b>Aggregate Year-to-Date</b> > \$2000.00    | <b>Date (month, day, year)</b><br>9/12/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Theodore Gatsas<br>582 Chestnut Street<br>Manchester, NH 03104<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$2000.00                                  | <b>Date (month, day, year)</b><br>9/30/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Theodore Gatsas<br>582 Chestnut Street<br>Manchester, NH 03104<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$2000.00                                  | <b>Date (month, day, year)</b><br>9/30/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>William E. Gilmore, Jr.<br>P.O. Box 6<br>Rye Beach, NH 03871<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General          | <b>Name of Employer</b><br>Clipper Home<br><b>Occupation</b><br>Resident<br><b>Aggregate Year-to-Date</b> > \$1000.00              | <b>Date (month, day, year)</b><br>8/27/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ted Goodlander<br>41 Victoria Drive<br>Nashua, NH 03063-1312<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$2000.00                                  | <b>Date (month, day, year)</b><br>9/21/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 11 OF 28  
FOR LINE NUMBER 116(6)

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)

Sununu for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------|
| Betty Tampas<br>4 Victoria Drive<br>Nashua, NH 03063-1312                                                                                     |                         | 9/21/96                 | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               |                         | \$1000.00               |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
| John R. Gordon<br>635 Park Avenue<br>New York, NY 10021                                                                                       | Deltac Asset Management | 8/27/96                 | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               | Investment Manager      | \$1000.00               |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
| Kiendl D. Gordon<br>635 Park Avenue<br>New York, NY 10021                                                                                     |                         | 8/27/96                 | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               | Homemaker               | \$1000.00               |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
| Robert K. Gray, Jr.<br>15 Liberty Common<br>Rye, NH 03870                                                                                     | Farrell Funeral Home    | 8/27/96                 | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               | Director                | \$1000.00               |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
| Patrick W. Griffin<br>11 Cobbler Lane<br>Bedford, NH 03110                                                                                    | O'Neill Griffin         | 9/12/96                 | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               | Executive               | \$1000.00               |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
| John J. Guarnieri<br>51 Ruthellen Road<br>Chelmsford, MA 01824                                                                                | Tyco International      | 8/29/96                 | \$500.00                           |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               | Vice President          | \$500.00                |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer        | Date (month, day, year) | Amount of Each Receipt this Period |
| Eileen P. Guarino<br>57 Sarazen Street<br>Saratoga Springs, NY 12866-8719                                                                     |                         | 8/26/96                 | \$50.00                            |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation              | Aggregate Year-to-Date  |                                    |
|                                                                                                                                               |                         | \$50.00                 |                                    |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 12 OF 28  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Sununu for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|------------------------------------|
| Larry T. Gullomette<br>9 Deerfield Road<br>Asheville, NC 28803                                                                         |                  | 9/5/96                             | \$1000.00                          |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:      | Aggregate Year-to-Date > \$1000.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
| Fred G. Hajjar<br>10 Crescent Street<br>Weston, MA 02193                                                                               |                  | 8/26/96                            | \$150.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Occupation:      | Aggregate Year-to-Date > \$250.00  |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
| Catherine L. Halloran<br>830 Chestnut Road<br>Charleston, WV 25314-1257                                                                |                  | 9/23/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Homemaker        | Aggregate Year-to-Date > \$2000.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
| Thomas R. Halloran<br>830 Chestnut Road<br>Charleston, WV 25314                                                                        | Aqua Clear       | 9/24/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | President        | Aggregate Year-to-Date > \$2000.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
| Kevin P. Harratty<br>3815 Drake<br>Houston, TX 77005                                                                                   | Dow + Cogburn    | 9/27/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Attorney         | Aggregate Year-to-Date > \$1000.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
| Nick Hart<br>225 North Bend Drive<br>Manchester, NH 03104                                                                              |                  | 9/18/96                            | \$100.00                           |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Retired          | Aggregate Year-to-Date > \$1480.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                             | Name of Employer | Date (month, day, year)            | Amount of Each Receipt This Period |
| Nick Hart<br>225 North Bend Drive<br>Manchester, NH 03104                                                                              |                  | 9/23/96                            | \$500.00                           |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Retired          | Aggregate Year-to-Date > \$1480.00 |                                    |

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in full)

**Sununu for Congress**

|                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                   |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><b>Marie E. Halton</b><br/><b>15 Stone Post Road</b><br/><b>Salem, NH 03079</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>          | <p>Name of Employer<br/><b>Fences Unlimited</b></p> <p>Occupation<br/><b>Owner</b></p> <p>Aggregate Year-to-Date <b>&gt; \$450.00</b></p>     | <p>Date (month, day, year)<br/><b>9/23/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$200.00</b></p>  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><b>Charles G. Hawkins Jr.</b><br/><b>113 North Shore Road</b><br/><b>Derry, NH 03038</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$300.00</b></p>                                                  | <p>Date (month, day, year)<br/><b>8/23/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$100.00</b></p>  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><b>Anna G. Holloway</b><br/><b>71 Wentworth Road</b><br/><b>Rye, NH 03870</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>            | <p>Name of Employer</p> <p>Occupation<br/><b>Homemaker</b></p> <p>Aggregate Year-to-Date <b>&gt; \$1000.00</b></p>                            | <p>Date (month, day, year)<br/><b>8/27/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$1000.00</b></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><b>Paul J. Holloway</b><br/><b>71 Wentworth Road</b><br/><b>Rye, NH 03870</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>            | <p>Name of Employer<br/><b>Dreher Holloway</b></p> <p>Occupation<br/><b>President</b></p> <p>Aggregate Year-to-Date <b>&gt; \$1000.00</b></p> | <p>Date (month, day, year)<br/><b>8/28/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$1000.00</b></p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><b>Paul S. Holloway</b><br/><b>120 Cottage Street</b><br/><b>Portsmouth, NH 03801</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$1000.00</b></p>                                                 | <p>Date (month, day, year)<br/><b>8/27/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$1000.00</b></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><b>Ray Howland, Jr.</b><br/><b>9 Searles Road</b><br/><b>Windham, NH 03087</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>           | <p>Name of Employer</p> <p>Occupation<br/><b>Self Employed</b></p> <p>Aggregate Year-to-Date <b>&gt; \$900.00</b></p>                         | <p>Date (month, day, year)<br/><b>9/19/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$100.00</b></p>  |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><b>Ray Howland, Jr.</b><br/><b>9 Searles Road</b><br/><b>Windham, NH 03087</b></p> <p>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>           | <p>Name of Employer</p> <p>Occupation<br/><b>Self Employed</b></p> <p>Aggregate Year-to-Date <b>&gt; \$900.00</b></p>                         | <p>Date (month, day, year)<br/><b>9/19/96</b></p> | <p>Amount of Each Receipt this Period<br/><b>\$500.00</b></p>  |

SUBTOTAL of Receipts This Page (optional)

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Sununu for Congress

A. Full Name, Mailing Address and ZIP Code

Edward W. Huminick  
P.O. Box 345  
North Salem, NH 03073

Name of Employer

Lern Horton Dist. Co.  
Inc.Date (month,  
day, year)

9/20/96

Amount of Each  
Receipt This Period

\$500.00

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

CEO

Aggregate Year-to-Date

\$1500.00

B. Full Name, Mailing Address and ZIP Code

William S. Jackson  
16 Coach Road  
Stratham, NH 03585

Name of Employer

Simplex Technologies

Date (month,  
day, year)

9/22/96

Amount of Each  
Receipt This Period

\$500.00

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

VP

Aggregate Year-to-Date

\$1000.00

C. Full Name, Mailing Address and ZIP Code

Anthony J. Talbert  
P.O. Box 64  
Rye Beach, NH 03871-0064

Name of Employer

Date (month,  
day, year)

8/30/96

Amount of Each  
Receipt This Period

\$250.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date

\$250.00

D. Full Name, Mailing Address and ZIP Code

James M. Talbert  
P.O. Box 190  
Dover, NH 03820

Name of Employer

Date (month,  
day, year)

8/30/96

Amount of Each  
Receipt This Period

\$500.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date

\$500.00

E. Full Name, Mailing Address and ZIP Code

Frank H. Jellinek Jr.  
20 Post Road, P.O.  
Portsmouth, NH 03801

Name of Employer

Erie Scientific

Date (month,  
day, year)

8/27/96

Amount of Each  
Receipt This Period

\$500.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

CEO

Aggregate Year-to-Date

\$500.00

F. Full Name, Mailing Address and ZIP Code

Richard W. Josef  
1119 Chestnut Street  
Manchester, NH 03104

Name of Employer

Date (month,  
day, year)

9/22/96

Amount of Each  
Receipt This Period

\$500.00

Receipt For

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date

\$500.00

G. Full Name, Mailing Address and ZIP Code

Blake H. Joyner  
1730 North Clark Apt. 2102  
Chicago, IL 60614

Name of Employer

Rodman and Renshaw

Date (month,  
day, year)

8/26/96

Amount of Each  
Receipt This Period

\$500.00

Receipt For

☒ Primary☐ General☐ Other (specify):

Occupation

Investment Executive

Aggregate Year-to-Date

\$500.00

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Sununu for Congress

A. Full Name, Mailing Address and ZIP Code

Howard W. Keegan  
1029 Ray Street  
Manchester, NH 03104

Receipt For:

☐ Other (specify):

☐ Primary

☒ General

Name of Employer

Occupation

Retired

Aggregate Year-to-Date

\$500.00

Date (month,  
day, year)

9/22/96

Amount of Each  
Receipt this Period

\$500.00

B. Full Name, Mailing Address and ZIP Code

Bruce W. Keough  
36 Pine Street  
Exeter, NH 03833

Receipt For:

☐ Other (specify):

☐ Primary

☒ General

Name of Employer

Occupation

State Senator

Aggregate Year-to-Date

\$1000.00

Date (month,  
day, year)

9/30/96

Amount of Each  
Receipt this Period

\$1000.00

C. Full Name, Mailing Address and ZIP Code

Stephen M. Kennedy  
35 Mansion Road  
Dunbarton, NH 03045

Receipt For:

☐ Other (specify):

☒ Primary

☐ General

Name of Employer

Occupation

Aggregate Year-to-Date

\$250.00

Date (month,  
day, year)

9/2/96

Amount of Each  
Receipt this Period

\$250.00

D. Full Name, Mailing Address and ZIP Code

Edward J. King  
9225 Collins Avenue, Apt. 1102  
Surfside, FL 33154

Receipt For:

☐ Other (specify):

☒ Primary

☐ General

Name of Employer

Occupation

Self-Employed

Aggregate Year-to-Date

\$250.00

Date (month,  
day, year)

8/26/96

Amount of Each  
Receipt this Period

\$250.00

E. Full Name, Mailing Address and ZIP Code

Frederick H. Kocher  
P.O. Box 3242  
Portsmouth, NH 03802

Receipt For:

☐ Other (specify):

☐ Primary

☒ General

Name of Employer

Hale and Dorr

Occupation

Gov. Relations

Aggregate Year-to-Date

\$500.00

Date (month,  
day, year)

9/22/96

Amount of Each  
Receipt this Period

\$500.00

F. Full Name, Mailing Address and ZIP Code

L. Dennis Kozlowski  
3 Tyco Park  
Exeter, NH 03833

Receipt For:

☐ Other (specify):

☐ Primary

☒ General

Name of Employer

Tyco International

Occupation

CEO

Aggregate Year-to-Date

\$2000.00

Date (month,  
day, year)

9/19/96

Amount of Each  
Receipt this Period

\$1000.00

G. Full Name, Mailing Address and ZIP Code

Ortwin Krueger  
1 Tenney Hill Road  
Dunbarton, NH 03045

Receipt For:

☐ Other (specify):

☐ Primary

☒ General

Name of Employer

Occupation

Aggregate Year-to-Date

\$250.00

Date (month,  
day, year)

9/26/96

Amount of Each  
Receipt this Period

\$250.00

SUBTOTAL of Receipts This Page (optional)

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
**11(a)(1)**

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NAME OF COMMITTEE (in full)

**Sununu for Congress**

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |                                                  |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><b>Michael J. Lamp</b><br><b>19225 Palm Vista</b><br><b>Yorba Linda, CA 92686</b><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><b>Olympic Staffing Services</b><br><b>Occupation</b><br><b>President</b><br><b>Aggregate Year-to-Date</b> > \$500.00 | <b>Date (month, day, year)</b><br><b>8/22/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$500.00</b>   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><b>William L. Lane</b><br><b>154 High Plain Road</b><br><b>Andover, MA 01810</b><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$250.00                                                         | <b>Date (month, day, year)</b><br><b>9/6/96</b>  | <b>Amount of Each Receipt this Period</b><br><b>\$250.00</b>   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><b>Paul E. Lego</b><br><b>1580 Hollowtree Drive</b><br><b>Pittsburgh, PA 15241</b><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><b>Occupation</b><br><b>Self-Employed</b><br><b>Aggregate Year-to-Date</b> > \$600.00                                 | <b>Date (month, day, year)</b><br><b>8/22/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$500.00</b>   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><b>Marvin E. Lesser</b><br><b>12 Harborview Drive</b><br><b>Rye, NH 03870</b><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$1000.00                                                        | <b>Date (month, day, year)</b><br><b>9/29/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$1,000.00</b> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><b>Darald R. Libby</b><br><b>300 North River Road, #612</b><br><b>Manchester, NH 03104</b><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><b>Occupation</b><br><b>Retired</b><br><b>Aggregate Year-to-Date</b> > \$1000.00                                      | <b>Date (month, day, year)</b><br><b>9/25/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$1000.00</b>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><b>Forrest L. Libby</b><br><b>Kinsman Ridge</b><br><b>Easton, NH 03580</b><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$1000.00                                                        | <b>Date (month, day, year)</b><br><b>9/30/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$1000.00</b>  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><b>Marjorie A. Libby</b><br><b>Kinsman Ridge</b><br><b>Easton, NH 03580</b><br>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><b>Occupation</b><br><b>Aggregate Year-to-Date</b> > \$1000.00                                                        | <b>Date (month, day, year)</b><br><b>9/30/96</b> | <b>Amount of Each Receipt this Period</b><br><b>\$1000.00</b>  |

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

Sununu for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|------------------------------------|
| Juliet R. Libby<br>300 North River Road #612<br>Manchester, NH 03104                                                                           | Retired                                                     | 9/22/96                 | \$500.00                           |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Aggregate Year-to-Date > \$2000.00                          |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
| Juliet R. Libby<br>300 North River Road #612<br>Manchester, NH 03104                                                                           | Retired                                                     | 9/25/96                 | \$500.00                           |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Aggregate Year-to-Date > \$2000.00                          |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
| Jack London<br>33 Biltmore Estates<br>Phoenix, AZ 85016                                                                                        | Londen Insurance                                            | 9/23/96                 | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Executive<br>Aggregate Year-to-Date > \$2000.00             |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
| Betty S. Lorenz<br>222 Ridge Rd.<br>Lake Geneva, WI 53147-1630                                                                                 | Self                                                        | 9/4/96                  | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Apartment Manager<br>Aggregate Year-to-Date > \$1000.00     |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
| Charles Lorenz<br>422 South Wells Street<br>Lake Geneva, WI 53147                                                                              | Celebration on Wells                                        | 9/9/96                  | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Owner<br>Aggregate Year-to-Date > \$1000.00                 |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
| Jill Lorenz<br>1540 Main Street<br>Lake Geneva, WI 53147                                                                                       | Geneva Lakes Kennel Club                                    | 9/4/96                  | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Director of Marketing<br>Aggregate Year-to-Date > \$1000.00 |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                                     | Name of Employer                                            | Date (month, day, year) | Amount of Each Receipt This Period |
| Guy Lorenz<br>103 Getzen Street, Apt. 201<br>Elkhorn, WI 53121                                                                                 | Lorenz Construction                                         | 9/4/96                  | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Contractor<br>Aggregate Year-to-Date > \$1000.00            |                         |                                    |

SUBTOTAL of Receipts This Page (optional)

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in full)

Sununu for Congress

|                                                                                                                                                                                                                                                                      |                                                                                                                                       |                                           |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>David F. Mahoney, Jr.<br>P.O. Box 759<br>New Castle, NH 03854<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br>Granite State Minerals<br><b>Occupation</b><br>Vice President<br><b>Aggregate Year-to-Date</b> > \$1500.00 | <b>Date (month, day, year)</b><br>9/23/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Lynn Maiorani<br>P.O. Box 685<br>Groton, MA 01450<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General             | <b>Name of Employer</b><br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$1000.00                            | <b>Date (month, day, year)</b><br>9/29/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Denis Maiorani<br>P.O. Box 685<br>Groton, MA 01450<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General            | <b>Name of Employer</b><br>Fisher Scientific<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date</b> > \$1000.00           | <b>Date (month, day, year)</b><br>9/29/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>E.A.G. Manton<br>70 Pine Street<br>New York, NY 10270<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$500.00                                      | <b>Date (month, day, year)</b><br>9/18/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Luisa Matla<br>11 Wendover Way<br>Bedford, NH 03110<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$500.00                                      | <b>Date (month, day, year)</b><br>9/23/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Paul J. McGoldrick<br>106 Main Street<br>Littleton, NH 03561<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General  | <b>Name of Employer</b><br>Allmerica Financial<br><b>Occupation</b><br>Insurance Agent<br><b>Aggregate Year-to-Date</b> > \$350.00    | <b>Date (month, day, year)</b><br>9/18/96 | <b>Amount of Each Receipt this Period</b><br>\$300.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Forrest D. McKerley<br>16 Auburn Street<br>Concord, NH 03301<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General  | <b>Name of Employer</b><br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$2000.00                              | <b>Date (month, day, year)</b><br>9/29/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in full)

Sununu for Congress

|                                                                                                                                                                                                                                                                     |                                                                                                                             |                                           |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Forrest D. McKeley<br>16 Auburn Street<br>Concord, NH 03301<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General             | <b>Name of Employer</b><br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$2000.00                    | <b>Date (month, day, year)</b><br>9/29/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Paul M. Meister<br>18 Ship Rock Road<br>North Hampton, NH 03862<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General         | <b>Name of Employer</b><br>Fisher Scientific<br><b>Occupation</b><br>VP<br><b>Aggregate Year-to-Date</b> > \$2000.00        | <b>Date (month, day, year)</b><br>8/27/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Paul M. Meister<br>18 Ship Rock Road<br>North Hampton, NH 03862<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General         | <b>Name of Employer</b><br>Fisher Scientific<br><b>Occupation</b><br>VP<br><b>Aggregate Year-to-Date</b> > \$2000.00        | <b>Date (month, day, year)</b><br>9/26/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Susan M. Meister<br>18 Ship Rock Road<br>North Hampton, NH 03862<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General        | <b>Name of Employer</b><br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$2000.00                  | <b>Date (month, day, year)</b><br>9/30/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Susan M. Meister<br>18 Ship Rock Road<br>North Hampton, NH 03862<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General        | <b>Name of Employer</b><br><br><b>Occupation</b><br>Homemaker<br><b>Aggregate Year-to-Date</b> > \$2000.00                  | <b>Date (month, day, year)</b><br>9/27/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bernard M. Mucci<br>453 East Putnam Avenue, Apt 1B<br>Cos Cob, CT 06807<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <b>Name of Employer</b><br>Tyco International<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date</b> > \$250.00 | <b>Date (month, day, year)</b><br>8/26/96 | <b>Amount of Each Receipt this Period</b><br>\$150.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>John O'Brien<br>24 Shore Drive<br>Merrimack, NH 03054<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$200.00                            | <b>Date (month, day, year)</b><br>9/20/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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## NAME OF COMMITTEE (in full)

Sununu for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|------------------------------------|
| Sara T. O'Brien<br>24 Shore Drive<br>Merrimack, NH 03054                                                                                      |                           | 9/20/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation                | Aggregate Year-to-Date > \$1200.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
| Paul F. Patek<br>6 Powderhouse Lane<br>Boxford, MA 01921                                                                                      | Fisher Scientific         | 9/3/96                             | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation<br>VP          | Aggregate Year-to-Date > \$1000.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
| Kenneth L. Paul<br>P.O. Box 467<br>Plaistow, NH 03865                                                                                         | Process Engineering       | 8/28/96                            | \$250.00                           |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation<br>Businessman | Aggregate Year-to-Date > \$250.00  |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
| Joseph P. Pellegrino<br>56 Beacon Street<br>Boston, MA 02108                                                                                  | Langford Capital Corp.    | 8/27/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation<br>Businessman | Aggregate Year-to-Date > \$1000.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
| Stephen J. Pellegrino                                                                                                                         | Coopers and Lybrand       | 8/27/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | Occupation<br>Consultant  | Aggregate Year-to-Date > \$1000.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
| Augusta H. Petrone<br>Dublin, NH 03444                                                                                                        |                           | 9/21/96                            | \$600.00                           |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General            | Occupation<br>Homemaker   | Aggregate Year-to-Date > \$600.00  |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                                    | Name of Employer          | Date (month, day, year)            | Amount of Each Receipt this Period |
| Thomas L. Phillips                                                                                                                            |                           | 9/18/96                            | \$1000.00                          |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General            | Occupation                | Aggregate Year-to-Date > \$1000.00 |                                    |

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Sununu for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                    | Date (month, day, year) | Amount of Each Receipt this Period |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------|------------------------------------|
| John T. Pollano<br>10 Carriage Chase Road<br>North Andover, MA 01845                                                               | Self                                                                | 8/25/96                 | \$250.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Attorney<br>Aggregate Year-to-Date: \$250.00            |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code<br>Patricia A. Pollano<br>10 Carriage Chase Road<br>North Andover, MA 01845             | Name of Employer                                                    | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Homemaker<br>Aggregate Year-to-Date: \$250.00           | 9/20/96                 | \$250.00                           |
| C. Full Name, Mailing Address and ZIP Code<br>Tom Porter<br>134 North Broadway<br>Salem, NH 03079-2128                             | Name of Employer<br>One Stop Retail Shoppe<br>of Salem, Inc.        | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Owner<br>Aggregate Year-to-Date: \$500.00               | 9/21/96                 | \$500.00                           |
| D. Full Name, Mailing Address and ZIP Code<br>Richard D. Power<br>4 Forest Green<br>Rye, NH 03870                                  | Name of Employer<br>Tyco International                              | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: CFO<br>Aggregate Year-to-Date: \$2000.00                | 9/23/96                 | \$1000.00                          |
| E. Full Name, Mailing Address and ZIP Code<br>Brenda M. Presby<br>Village Road<br>Freedom, NH 03836                                | Name of Employer                                                    | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: County Commissioner<br>Aggregate Year-to-Date: \$500.00 | 9/22/96                 | \$500.00                           |
| F. Full Name, Mailing Address and ZIP Code<br>James A. Progin<br>Jackson, NH 03846                                                 | Name of Employer                                                    | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Retired<br>Aggregate Year-to-Date: \$500.00             | 9/22/96                 | \$500.00                           |
| G. Full Name, Mailing Address and ZIP Code<br>John C. Quinn<br>588 West Chestnut Street<br>Coshocton, OH 43812-1010                | Name of Employer<br>General Electric                                | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: General Manager<br>Aggregate Year-to-Date: \$250.00     | 8/25/96                 | \$250.00                           |

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## SCHEDULE A

## ITEMIZED RECEIPTS

 Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Sununu for Congress

|                                                                                                                                                       |                                                                                                                                         |                                           |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Joseph P. Randazzo<br>75 Stafford Road<br>Lowell, MA 01852                                       | <b>Name of Employer</b><br>Fred C. Church, Inc.<br><b>Occupation</b><br>Insurance Broker<br><b>Aggregate Year-to-Date</b> > \$750.00    | <b>Date (month, day, year)</b><br>9/20/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General |                                                                                                                                         |                                           |                                                        |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Thomas D. Rath<br>120 Franklin Street<br>Concord, NH 03301                                       | <b>Name of Employer</b><br>Rath, Young<br><b>Occupation</b><br>Attorney<br><b>Aggregate Year-to-Date</b> > \$500.00                     | <b>Date (month, day, year)</b><br>8/23/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            |                                                                                                                                         |                                           |                                                        |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>S. Melvin Rines                                                                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$1000.00                                       | <b>Date (month, day, year)</b><br>9/30/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General |                                                                                                                                         |                                           |                                                        |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Donald B. Reed<br>197 Eighth Street - Unit 305<br>Charlestown, MA 02129                          | <b>Name of Employer</b><br>Nynex<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date</b> > \$1000.00                         | <b>Date (month, day, year)</b><br>9/23/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General |                                                                                                                                         |                                           |                                                        |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Mary G. Roberts<br>10 Grace Square<br>New York, NY 10028                                         | <b>Name of Employer</b><br>Paine Webber, Inc.<br><b>Occupation</b><br>Investment Executive<br><b>Aggregate Year-to-Date</b> > \$1000.00 | <b>Date (month, day, year)</b><br>8/27/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            |                                                                                                                                         |                                           |                                                        |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>James A. Rooney<br>P.O. Box 480<br>Georges Mills, NH 03751-0480                                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$1000.00                                       | <b>Date (month, day, year)</b><br>9/12/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            |                                                                                                                                         |                                           |                                                        |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Suzanne V. Rooney<br>348 East Third Street<br>Hinsdale, IL 60521                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$500.00                                        | <b>Date (month, day, year)</b><br>8/23/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            |                                                                                                                                         |                                           |                                                        |

SUBTOTAL of Receipts This Page (optional)

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Sununu for Congress

|                                                                                                                                                                                                                                                                           |                                                                                                                             |                                           |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Catherine Schneiderat<br>286 Walnut Street<br>Manchester, NH 03104<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00                           | <b>Date (month, day, year)</b><br>9/17/96 | <b>Amount of Each Receipt this Period</b><br>\$100.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Francis M. Serico<br>136 High Street<br>Exeter, NH 03833<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00                          | <b>Date (month, day, year)</b><br>9/30/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Fernando Siman<br>5000 Southwest 75 Avenue<br>Miami, FL 33155-4441<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00                          | <b>Date (month, day, year)</b><br>9/8/96  | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Violeta Siman<br>5000 Southwest 75 Avenue<br>Miami, FL 33155-4441<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00                          | <b>Date (month, day, year)</b><br>9/8/96  | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Luis Siman<br>5000 Southwest 75 Avenue<br>Miami, FL 33155-4441<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00                          | <b>Date (month, day, year)</b><br>9/8/96  | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Maria L. Siman<br>5960 Southwest 134th Street<br>Miami, FL 33156<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00                          | <b>Date (month, day, year)</b><br>9/8/96  | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jack London<br>33 Biltmore Estates<br>Phoenix, AZ 85016<br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                       | <b>Name of Employer</b><br>London Insurance<br><b>Occupation</b><br>Executive<br><b>Aggregate Year-to-Date</b> > \$ 3000.00 | <b>Date (month, day, year)</b><br>9/23/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Summa for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------|------------------------------------|
| Joseph E. Sullivan, III<br>P.O. Box 27<br>Hinsdale, NH 03451                                                                       | Hinsdale Race Track                                                     | 9/3/96                  | 1,000.00                           |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Executive<br>Aggregate Year-to-Date > \$ 1000.00            |                         |                                    |
| B. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
| John V. Summa<br>24 Samoret Drive<br>Salem, NH 03079                                                                               | JHS Associates                                                          | 9/30/96                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Executive<br>Aggregate Year-to-Date > \$ 2000.00            |                         |                                    |
| C. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
| Michael C. Summa<br>404 N. Beck Street<br>Alexandria, VA 22314                                                                     | NRCC                                                                    | 9/13/96                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Director of Research<br>Aggregate Year-to-Date > \$ 2000.00 |                         |                                    |
| D. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
| Nancy H. Summa<br>24 Samoret Drive<br>Salem, NH 03079                                                                              |                                                                         | 9/30/96                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Homemaker<br>Aggregate Year-to-Date > \$ 2000.00            |                         |                                    |
| E. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
| Charles Summa<br>1302 Pelican Lane<br>Gulf Stream, FL 33483                                                                        | Summa Management                                                        | 9/30/96                 | 1,000.00                           |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Analyst<br>Aggregate Year-to-Date > \$ 1000.00              |                         |                                    |
| F. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
| Mark A. Swartz<br>66 Fort Street<br>Exeter, NH 03833                                                                               | Thco International                                                      | 9/19/96                 | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: VP and CFO<br>Aggregate Year-to-Date > \$ 1000.00           |                         |                                    |
| G. Full Name, Mailing Address and ZIP Code                                                                                         | Name of Employer                                                        | Date (month, day, year) | Amount of Each Receipt this Period |
| Geraldine Silvester<br>115 Cocheco Street<br>Dover, NH 03820                                                                       | State of NH                                                             | 9/23/96                 | 1000.00                            |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation: Director<br>Aggregate Year-to-Date > \$ 1200.00             |                         |                                    |

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Sumnu for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                       | Name of Employer                                                       | Date (month, day, year) | Amount of Each Receipt this Period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------|------------------------------------|
| Raymond P. Smith<br>16 Teague Drive<br>Salem, NH 03079<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                                         | Banker<br>Aggregate Year-to-Date > \$1000.00                           | 9/18/96                 | \$500.00                           |
| B. Full Name, Mailing Address and ZIP Code<br>Robert M. Snover<br>60 TJ Gamster Avenue<br>Portsmouth, NH 03801<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Appledore Engineering<br>Engineer<br>Aggregate Year-to-Date > \$200.00 | 9/17/96                 | \$200.00                           |
| C. Full Name, Mailing Address and ZIP Code<br>John P. Stabile, II<br>23 Cotton Rd.<br>Nashua, NH 03063<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General         | Stabile Companies<br>Executive<br>Aggregate Year-to-Date > \$1000.00   | 9/19/96                 | \$1000.00                          |
| D. Full Name, Mailing Address and ZIP Code<br>Wallace E. Stickney<br>Box 177<br>North Salem, NH 03073<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General          | Self<br>Aggregate Year-to-Date > \$375.00                              | 9/22/96                 | \$100.00                           |
| E. Full Name, Mailing Address and ZIP Code<br>Theresa M. Stone<br>185 Hopkinton Road<br>Hopkinton, NH 03229<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General    | Chubb Life<br>CEO<br>Aggregate Year-to-Date > \$500.00                 | 9/17/96                 | \$500.00                           |
| F. Full Name, Mailing Address and ZIP Code<br>William T. Sylvia, Jr.<br>59 Lawrence Street<br>Methuen, MA 01844<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General           | Dentist<br>Aggregate Year-to-Date > \$500.00                           | 8/23/96                 | \$250.00                           |
| G. Full Name, Mailing Address and ZIP Code<br>David L. Taiclet<br>P.O. Box 129<br>Alpine, UTAH 84004-1631<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                 | Kencraft Inc.<br>President<br>Aggregate Year-to-Date > \$300.00        | 8/28/96                 | \$200.00                           |

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## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in full)

Sununu for Congress

|                                                                                                                                                                                                                                                            |                                                                                                                                       |                                           |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>John W. Tanner<br>453 Route 101<br>Bedford, NH 03110<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br>Hoyle and Tanner<br><b>Occupation</b><br>Engineer<br><b>Aggregate Year-to-Date</b> > \$ 500.00             | <b>Date (month, day, year)</b><br>9/22/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Melvin Thorner<br>185 Birchwood Road<br>Manchester, NH 03104<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    | <b>Name of Employer</b><br><br><b>Occupation</b><br>Retired<br><b>Aggregate Year-to-Date</b> > \$ 100.00                              | <b>Date (month, day, year)</b><br>8/29/96 | <b>Amount of Each Receipt this Period</b><br>\$100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Thorner<br>95 Market Street<br>Manchester, NH 03101<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                     | <b>Date (month, day, year)</b><br>9/9/96  | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>John E. Tulley, II<br>147 DW Highway<br>Nashua, NH 03060<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General        | <b>Name of Employer</b><br>Tulley Auto Sales<br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$ 500.00           | <b>Date (month, day, year)</b><br>8/30/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Jane P. Tyson<br>312 Whitford Street<br>Manchester, NH 03104<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General    | <b>Name of Employer</b><br>O'Neill Griffin<br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 600.00                      | <b>Date (month, day, year)</b><br>9/6/96  | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Frank A. Visco<br>P.O. Box 2659<br>Lancaster, CA 93539<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General          | <b>Name of Employer</b><br>Frank Visco Insurance<br><b>Occupation</b><br>Insurance Sales<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>8/23/96 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Peter G. Weeks<br>579 Sagamore Avenue<br>Portsmouth, NH 03801<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 250.00                                     | <b>Date (month, day, year)</b><br>8/28/96 | <b>Amount of Each Receipt this Period</b><br>\$250.00 |

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## SCHEDULE A

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NAME OF COMMITTEE (in full)

Sununu for Congress

|                                                                                                                                                                                                                                                                        |                                                                                                                                           |                                           |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Jerry Weintraub<br>9100 Wilshire Blvd Ste 455 ET<br>Beverly Hills, CA 90212<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br><br><b>Occupation</b><br>Movie Producer<br><b>Aggregate Year-to-Date</b> > \$1000.00                           | <b>Date (month, day, year)</b><br>9/28/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Joseph Yergeau<br>P.O. Box 634<br>Portsmouth, NH 03801<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                      | <b>Name of Employer</b><br>Coast Pontiac<br><br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$2000.00               | <b>Date (month, day, year)</b><br>9/29/96 | <b>Amount of Each Receipt this Period</b><br>\$1000.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Clayton Yeutter<br>1325 Marrie Ridge Road<br>McLean, VA 22101<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General               | <b>Name of Employer</b><br>Hogan and Hartson<br><br><b>Occupation</b><br>Lawyer/Businessman<br><b>Aggregate Year-to-Date</b> > \$250.00   | <b>Date (month, day, year)</b><br>9/12/96 | <b>Amount of Each Receipt this Period</b><br>\$250.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Kenneth W. Jameen<br>224 Bridle Path<br>North Andover, MA 01845<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General             | <b>Name of Employer</b><br>Butcher Boy<br><br><b>Occupation</b><br>Butcher<br><b>Aggregate Year-to-Date</b> > \$1000.00                   | <b>Date (month, day, year)</b><br>9/21/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Gary R. Young<br>12 Kensington Road<br>Concord, NH 03301<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                    | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$250.00                                      | <b>Date (month, day, year)</b><br>8/30/96 | <b>Amount of Each Receipt this Period</b><br>\$250.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Victoria Zachos<br>49 Ridge Road<br>Concord, NH 03301<br>Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                       | <b>Name of Employer</b><br>Associated Enterprises, Inc<br><br><b>Occupation</b><br>President<br><b>Aggregate Year-to-Date</b> > \$1000.00 | <b>Date (month, day, year)</b><br>9/29/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Alan Zaretsky<br>60 Morrow Avenue<br>Scarsdale, NY 10583<br>Receipt For: <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                    | <b>Name of Employer</b><br>Self<br><br><b>Occupation</b><br>Real Estate<br><b>Aggregate Year-to-Date</b> > \$350.00                       | <b>Date (month, day, year)</b><br>8/22/96 | <b>Amount of Each Receipt this Period</b><br>\$100.00  |

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

Sununu for Congress

|                                                                                                                                                                                                                                                              |                                                                                                                               |                                           |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William H. Zeliff, Jr.<br>Box CC<br>Jackson, NH 03846<br>Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <b>Name of Employer</b><br>U.S. Congress<br><b>Occupation</b><br>U.S. Congressman<br><b>Aggregate Year-to-Date</b> > \$500.00 | <b>Date (month, day, year)</b><br>9/22/96 | <b>Amount of Each Receipt this Period</b><br>\$500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><br>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General                                                                            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$                                    | <b>Date (month, day, year)</b>            | <b>Amount of Each Receipt this Period</b>             |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$124,550.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **11 (B)**

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)

*Sumner for Congress*

A. Full Name, Mailing Address and ZIP Code

*New York Republican County Committee  
Federal Accounts*

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$ *250.00*

*9/9/96*

*250.00*

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

B. Full Name, Mailing Address and ZIP Code

*National Republican Congressional Committee  
Congressman B. J. Ryan, Chairman  
320 First Street, S.E.  
Washington, D.C. 20003*

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$ *5,000.00*

*9/16/96*

*5,000.00*

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date \$

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

*5,250.00*

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11 (C)

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)

*Sarbanes for Congress*

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                |                                                    |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/> <i>Friends of Joe Delahanty</i><br/> <i>George J. Khoury Treasurer</i><br/> <i>P.O. Box 722</i><br/> <i>Salem, NH 03079</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>250.00</i></p>  | <p>Date (month, day, year)<br/> <i>9/12/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>250.00</i></p>  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/> <i>Life Insurance PAC</i><br/> <i>American Council of Life Insurance</i><br/> <i>Political Action Committee</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>                    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000.00</i></p> | <p>Date (month, day, year)<br/> <i>9/30/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>1000.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/> <i>Friends of Tim McCaugh</i><br/> <i>P.O. Box 1717</i><br/> <i>Merrimack, NH 03054</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>                                            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>   | <p>Date (month, day, year)<br/> <i>9/22/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>50.00</i></p>   |
| <p>D. Full Name, Mailing Address and ZIP Code<br/> <i>Fleet Financial Group Federal PAC</i><br/> <i>75 State Street</i><br/> <i>Boston, MA 02109</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>                                  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1000.00</i></p> | <p>Date (month, day, year)<br/> <i>9/30/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>1000.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/> <i>Expac Enron Corporation Political</i><br/> <i>Action Comm. Hse</i><br/> <i>P.O. Box 2180</i><br/> <i>Houston, TX 77252-2180</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>1500.00</i></p> | <p>Date (month, day, year)<br/> <i>9/17/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>1500.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/> <i>Rancher Political Action Comm. Hse</i><br/> <i>147 Spring Street</i><br/> <i>Lexington, MA 02173-7899</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>                       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>3000.00</i></p> | <p>Date (month, day, year)<br/> <i>9/25/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>2000.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/> <i>Majority Leaders Fund</i><br/> <i>P.O. Box 995</i><br/> <i>Lewisville, TX 75067</i></p> <p>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p>                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>2000.00</i></p> | <p>Date (month, day, year)<br/> <i>9/28/96</i></p> | <p>Amount of Each Receipt this Period<br/> <i>2000.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 2 OF 3  
FOR LINE NUMBER  
11 (C)

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NAME OF COMMITTEE (in full)

Sumner for Congress

|                                                                                                                                                                                      |                                                          |                                             |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>WAL-PAC, Wal-Mart Stores, Inc.<br>Political Action Com. Res. for Responsible<br>Government<br>702 SW 8th, Benton, MO 64727-1693 | <b>Name of Employer</b><br><br><b>Occupation</b><br>3.08 | <b>Date (month, day, year)</b><br>9/12/96   | <b>Amount of Each Receipt This Period</b><br>500.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 500.00   |                                                       |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>NYNEX Federal PAC I                                                                                                             | <b>Name of Employer</b><br><br><b>Occupation</b>         | <b>Date (month, day, year)</b><br>9/27/96   | <b>Amount of Each Receipt This Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 1000.00  |                                                       |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>NAA - Political Action Fund<br>11250 Waples Mill Road<br>Fairfax, VA 22030-7400                                                 | <b>Name of Employer</b><br><br><b>Occupation</b>         | <b>Date (month, day, year)</b><br>9/20/96   | <b>Amount of Each Receipt This Period</b><br>4,950.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 4,950.00 |                                                       |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Republican Fund for the 90's<br>P.O. Box 190476<br>Nashville, TN 37219                                                          | <b>Name of Employer</b><br><br><b>Occupation</b>         | <b>Date (month, day, year)</b><br>9/11/96   | <b>Amount of Each Receipt This Period</b><br>5,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 5,000.00 |                                                       |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>The Freedom Project<br>P.O. Box 507<br>West Chester, OH 45071                                                                   | <b>Name of Employer</b><br><br><b>Occupation</b>         | <b>Date (month, day, year)</b><br>9/11/96   | <b>Amount of Each Receipt This Period</b><br>2,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 2,000.00 |                                                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Conagra Good Government Assoc.<br>One Conagra Drive<br>Omaha, NE 68102-5001                                                     | <b>Name of Employer</b><br><br><b>Occupation</b>         | <b>Date (month, day, year)</b><br>9/19/96   | <b>Amount of Each Receipt This Period</b><br>250.00   |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 250.00   |                                                       |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Re-elect Campbell to Congress<br>P.O. Box 11211<br>Columbia, SC 29211                                                           | <b>Name of Employer</b><br><br><b>Occupation</b>         | <b>Date (month, day, year)</b><br>9/16/96   | <b>Amount of Each Receipt This Period</b><br>1,000.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                |                                                          | <b>Aggregate Year-to-Date</b> > \$ 1000.00  |                                                       |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 3 OF 3  
FOR LINE NUMBER  
11 (C)

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NAME OF COMMITTEE (in Full)

Sumner for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                                                                             | Name of Employer | Date (month, day, year)               | Amount of Each Receipt this Period             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|------------------------------------------------|
| The CHUBB Corporation<br>Political Action Committee<br>CHUBB PAC                                                                                                                       |                  | 9/20/96                               | 2,000.00                                       |
| Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 2000.00   |                                                |
| B. Full Name, Mailing Address and ZIP Code<br>Buckner - Indiana Political Action Committee<br>Political Action Division<br>888 S. Newberry Street, NW<br>Washington, DC 20006          | Name of Employer | Date (month, day, year)<br>9/16/96    | Amount of Each Receipt this Period<br>1000.00  |
| Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 1000.00   |                                                |
| C. Full Name, Mailing Address and ZIP Code<br>Fisher International, Inc.<br>Employee Committee for Sensible Government<br>Liberty Lane<br>Hampton, NH 03842                            | Name of Employer | Date (month, day, year)<br>9/24/96    | Amount of Each Receipt this Period<br>5,000.00 |
| Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 5,000.00  |                                                |
| D. Full Name, Mailing Address and ZIP Code<br>Blue Seal Feed, Inc.<br>Political Action Committee<br>PO Box 8000<br>London, NH                                                          | Name of Employer | Date (month, day, year)<br>9/27/96    | Amount of Each Receipt this Period<br>400.00   |
| Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 400.00    |                                                |
| E. Full Name, Mailing Address and ZIP Code<br>Campaign America Operating Account<br>11211 North Pennsylvania Street, Suite 100<br>Carmel, IN 46032                                     | Name of Employer | Date (month, day, year)<br>9/24/96    | Amount of Each Receipt this Period<br>5,000.00 |
| Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 10,000.00 |                                                |
| F. Full Name, Mailing Address and ZIP Code<br>Campaign America Operating Account<br>11211 North Pennsylvania Street, Suite 100<br>Carmel, IN 46032                                     | Name of Employer | Date (month, day, year)<br>9/24/96    | Amount of Each Receipt this Period<br>5,000.00 |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 10,000.00 |                                                |
| G. Full Name, Mailing Address and ZIP Code<br>National Beer Wholesalers Association<br>Political Action Committee (NBWA PAC)<br>1100 S. Washington Street<br>Alexandria, VA 22314-4494 | Name of Employer | Date (month, day, year)<br>9/26/96    | Amount of Each Receipt this Period<br>5,000.00 |
| Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                                    | Occupation       | Aggregate Year-to-Date > \$ 5,000.00  |                                                |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

45,900.00

# SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in full)

Sumner for Congress

|                                                                                                                                                                                                                                                                   |                                                                                                 |                                            |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>John E. Sumner<br/>47 Butterfield Road<br/>Bedford, NH 03110</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>Candidate</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$ 290.79</p> | <p>Date (month, day, year)<br/>9/25/90</p> | <p>Amount of Each Receipt This Period<br/>290.79<br/>(In-kind loan re-payment)</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>                      | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt This Period</p>                                          |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>                      | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt This Period</p>                                          |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>                      | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt This Period</p>                                          |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>                      | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt This Period</p>                                          |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>                      | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt This Period</p>                                          |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>                      | <p>Date (month, day, year)</p>             | <p>Amount of Each Receipt This Period</p>                                          |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

290.79

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
13 (a)

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NAME OF COMMITTEE (In Full)

Sununu for Congress

A. Full Name, Mailing Address and ZIP Code

First NH Bank (Citizens Bank)  
Retail Lending  
14 Central Bank Drive  
Hooksett, NH 03106

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

9/4/96 22,000.00  
(guaranteed)

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$ 22,000.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

22,000.00

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Susan for Congress

| A. Full Name, Mailing Address and ZIP Code                                                                                     | Purpose of Disbursement                                                                                                                                                                             | Date (month, day, year) | Amount of Each Disbursement This Period |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Voter Contact Services                                                                                                         | Monthly Voter Lists<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | 8/22<br>9/12            | 465.00<br>150.00                        |
| B. Full Name, Mailing Address and ZIP Code<br>Sheridan Brown<br>17 Green Street<br>Somersworth, NH 03878                       | Purpose of Disbursement<br>Consulting Fees / Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/22<br>9/14<br>9/12    | 250.00<br>250.00<br>509.65              |
| C. Full Name, Mailing Address and ZIP Code<br>Sheridan Brown<br>17 Green Street<br>Somersworth, NH 03878                       | Purpose of Disbursement<br>Consulting Fees / Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 9/27                    | 502.09                                  |
| D. Full Name, Mailing Address and ZIP Code<br>Spectrum Monthly<br>7 Colby Court #4-111<br>Bedford, NH 03110                    | Purpose of Disbursement<br>Advertising / Mail Service<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/23<br>9/3<br>9/9      | 9,053.38<br>822.00<br>438.54            |
| E. Full Name, Mailing Address and ZIP Code<br>Carrier Times Newspapers<br>77 North Main Street<br>Rockeater, NH 03867          | Purpose of Disbursement<br>Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/27<br>9/29            | 660.00<br>336.00                        |
| F. Full Name, Mailing Address and ZIP Code<br>Neighborhood Publications<br>15 Elm Street<br>Goffstown, NH 03045                | Purpose of Disbursement<br>Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/27<br>8/31            | 840.00<br>840.00                        |
| G. Full Name, Mailing Address and ZIP Code<br>Derry News<br>46 West Broadway<br>Derry, NH 03038                                | Purpose of Disbursement<br>Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/27<br>9/4             | 641.20<br>660.00                        |
| H. Full Name, Mailing Address and ZIP Code<br>Atlantic News<br>PO Box 592, 893 Lafayette Road<br>Hampton, NH 03843-0592        | Purpose of Disbursement<br>Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/28                    | 674.35                                  |
| I. Full Name, Mailing Address and ZIP Code<br>Smith - Harnett, Inc<br>99 Canal Center Plaza, Suite 200<br>Alexandria, VA 22314 | Purpose of Disbursement<br>Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/28<br>8/30            | 36,948.40<br>5,000.00                   |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **2** OF **5**  
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**17**

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NAME OF COMMITTEE (in full)

*Survival for Congress*

|                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                              |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Smith &amp; Harriott, Inc.</i><br><i>99 Canal Center Plaza, Suite 200</i><br><i>Alexandria, VA 22314</i> | <b>Purpose of Disbursement</b><br><i>Advertising</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><i>2/3</i><br><i>2/5</i>   | <b>Amount of Each Disbursement This Period</b><br><i>30,350.00</i><br><i>2,000.00</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Matt Leland</i><br><i>PO Box 438</i><br><i>Rye, NH 03870</i>                                             | <b>Purpose of Disbursement</b><br><i>Consulting Fees</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | <b>Date (month, day, year)</b><br><i>8/30</i><br><i>9/13</i> | <b>Amount of Each Disbursement This Period</b><br><i>1200.00</i><br><i>1200.00</i>    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Paul Collins</i><br><i>PO Box 703</i><br><i>Rye Beach, NH 03871</i>                                      | <b>Purpose of Disbursement</b><br><i>Consulting Fees / Expenses</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><i>8/30</i><br><i>9/13</i> | <b>Amount of Each Disbursement This Period</b><br><i>2,350.62</i><br><i>2,191.95</i>  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Darwin McGreevy</i><br><i>15 Vista Way</i><br><i>Merrimack, NH 03054</i>                                 | <b>Purpose of Disbursement</b><br><i>Consulting Fees / Expenses</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Date (month, day, year)</b><br><i>8/30</i><br><i>9/13</i> | <b>Amount of Each Disbursement This Period</b><br><i>611.24</i><br><i>1058.55</i>     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>The Mountain Ear</i><br><i>P.O. Box 350</i><br><i>Conway, NH 03818</i>                                   | <b>Purpose of Disbursement</b><br><i>Advertising</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><i>8/30</i>                | <b>Amount of Each Disbursement This Period</b><br><i>360.00</i>                       |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Conway Daily Sun</i><br><i>PO Box 2056</i><br><i>North Conway, NH 03861</i>                              | <b>Purpose of Disbursement</b><br><i>Advertising</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><i>6/30</i><br><i>8/31</i> | <b>Amount of Each Disbursement This Period</b><br><i>438.75</i><br><i>438.75</i>      |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Carroll County Independent</i><br><i>10 Montville Road</i><br><i>Centerville, NH 03814</i>               | <b>Purpose of Disbursement</b><br><i>Advertising</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><i>8/30</i>                | <b>Amount of Each Disbursement This Period</b><br><i>563.00</i>                       |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br><i>Foster's Daily Democrat</i><br><i>333 Central Avenue</i><br><i>Dover, NH 03820</i>                       | <b>Purpose of Disbursement</b><br><i>Advertising</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | <b>Date (month, day, year)</b><br><i>8/30</i>                | <b>Amount of Each Disbursement This Period</b><br><i>945.84</i>                       |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br><i>Bedford Block, Inc.</i><br><i>P.O. Box 1027, 16 Swainscott Street</i><br><i>Newfields, NH 03856-1027</i> | <b>Purpose of Disbursement</b><br><i>Rent</i><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | <b>Date (month, day, year)</b><br><i>8/31</i>                | <b>Amount of Each Disbursement This Period</b><br><i>1000.00</i>                      |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in full)

Sumner for Congress

| A. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Harold Parker<br>P.O. Box 2101, Main Street<br>Wolfeboro, NH 03594-2100     | Consulting Fees<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/30<br>9/13            | 600.00<br>600.00                        |
| B. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| John Richardson<br>75 Dover Elliot Road<br>Salem, NH 03088                  | Consulting Fees / Expenses<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/30<br>9/13            | 215.60<br>822.72                        |
| C. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| T. Town Transcript<br>563 Central Avenue<br>Dover, NH 03820                 | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/31                    | 541.20                                  |
| D. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Rockingham County Newspapers<br>7 Portsmouth Avenue<br>Dorchester, NH 03825 | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/31                    | 1,124.40                                |
| E. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Postmaster<br>955 Goffs Falls Road<br>Manchester, NH 03101-9988             | Postage<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                    | 8/3<br>9/4<br>9/13      | 1,256.45<br>2,250.00<br>800.00          |
| F. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Hammar & Sons<br>Route 32, 760 Sweet, Box 196<br>Pelham, NH 03110           | Signs<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                      | 8/4<br>9/8              | 475.00<br>475.00                        |
| G. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| Union Leader Corporation<br>55 Amherst Street<br>Manchester, NH 03101       | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 8/4<br>9/4<br>9/20      | 902.81<br>1,486.67<br>399.25            |
| H. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| The Citizen<br>Fair Street<br>Laconia, NH 03246                             | Advertising / Subscription<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/5<br>9/17             | 506.10<br>30.50                         |
| I. Full Name, Mailing Address and ZIP Code                                  | Purpose of Disbursement                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
| The Telegraph<br>17 Executive Drive<br>Hudson, NH 03051                     | Advertising<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | 9/5                     | 1,260.00                                |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in full)

Sumner for Congress

|                                                                                                                                          |                                                                                                                                                                                                    |                                        |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br><u>Portsmouth Herald</u><br><u>Applewood Avenue</u><br><u>Portsmouth, NH 03801</u>         | Purpose of Disbursement<br><u>Advertising</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br><u>9/5</u>  | Amount of Each Disbursement This Period<br><u>747.60</u>   |
| B. Full Name, Mailing Address and ZIP Code<br><u>Wagon Inn</u><br><u>South River Road</u><br><u>Bedford, NH 03110</u>                    | Purpose of Disbursement<br><u>Room Rental</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br><u>9/10</u> | Amount of Each Disbursement This Period<br><u>794.75</u>   |
| C. Full Name, Mailing Address and ZIP Code<br><u>Conway Office Products</u><br><u>110 Perimeter Road</u><br><u>Nashua, NH 03063</u>      | Purpose of Disbursement<br><u>Office Equipment</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br><u>9/17</u> | Amount of Each Disbursement This Period<br><u>325.00</u>   |
| D. Full Name, Mailing Address and ZIP Code<br><u>AT&amp;T</u><br><u>PO Box 914500</u><br><u>Orlando, FL 32891-4500</u>                   | Purpose of Disbursement<br><u>Phone Bill</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br><u>9/17</u> | Amount of Each Disbursement This Period<br><u>323.48</u>   |
| E. Full Name, Mailing Address and ZIP Code<br><u>NYNEX</u><br><u>900 Elm Street, PO Box 9000</u><br><u>Manchester, NH 03108-9000</u>     | Purpose of Disbursement<br><u>Phone Bill</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br><u>9/17</u> | Amount of Each Disbursement This Period<br><u>690.73</u>   |
| F. Full Name, Mailing Address and ZIP Code<br><u>SIT Speech</u><br><u>41 Elm Street</u><br><u>Manchester, NH 03101</u>                   | Purpose of Disbursement<br><u>Printing</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year)<br><u>9/17</u> | Amount of Each Disbursement This Period<br><u>4,512.61</u> |
| G. Full Name, Mailing Address and ZIP Code<br><u>Profile Promotions</u><br><u>Forest Brook Road Box 777</u><br><u>Bradford, NH 03221</u> | Purpose of Disbursement<br><u>Campaign Materials</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br><u>9/17</u> | Amount of Each Disbursement This Period<br><u>691.67</u>   |
| H. Full Name, Mailing Address and ZIP Code<br><u>Surplus Equipment</u><br><u>295 Lincoln Street</u><br><u>Manchester, NH 03103-5023</u>  | Purpose of Disbursement<br><u>Office Equipment</u><br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br><u>9/17</u> | Amount of Each Disbursement This Period<br><u>460.00</u>   |
| I. Full Name, Mailing Address and ZIP Code<br><u>The Courtyard</u><br><u>S. Main Street</u><br><u>Manchester, NH 03109</u>               | Purpose of Disbursement<br><u>Room Rental</u><br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br><u>9/23</u> | Amount of Each Disbursement This Period<br><u>1,214.75</u> |

SUBTOTAL of Disbursements This Page (optional)

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5  
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NAME OF COMMITTEE (in Full)

Survivor for Congress

|                                                                                                                        |                                                                                                                                                                                                     |                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>Craig Annis<br>N. Salem, NH 03973                                        | Purpose of Disbursement<br>Consulting Fees<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month, day, year)<br>9/27 | Amount of Each Disbursement This Period<br>600.00   |
| B. Full Name, Mailing Address and ZIP Code<br>Carter Times News Service<br>77 North Main Street<br>Rochester, NH 03867 | Purpose of Disbursement<br>Advertising<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month, day, year)<br>9/24 | Amount of Each Disbursement This Period<br>220.00   |
| C. Full Name, Mailing Address and ZIP Code<br>Matt Lebard<br>PO Box 412<br>Rye, NH 03870                               | Purpose of Disbursement<br>Consulting Fees<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month, day, year)<br>9/27 | Amount of Each Disbursement This Period<br>1,200.00 |
| D. Full Name, Mailing Address and ZIP Code<br>Paul Collins<br>PO Box 703<br>Rye Beach, NH 03871                        | Purpose of Disbursement<br>Consulting Fees / Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>9/27 | Amount of Each Disbursement This Period<br>5,067.46 |
| E. Full Name, Mailing Address and ZIP Code<br>Damon McGeehan<br>15 Vista Way<br>Merrimack, NH 03054                    | Purpose of Disbursement<br>Consulting Fees / Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>9/27 | Amount of Each Disbursement This Period<br>791.24   |
| F. Full Name, Mailing Address and ZIP Code<br>John Richardson<br>75 Dover Elms Road<br>Saint Bernard, ME 03908         | Purpose of Disbursement<br>Consulting Fees / Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>9/27 | Amount of Each Disbursement This Period<br>726.00   |
| G. Full Name, Mailing Address and ZIP Code                                                                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | Date (month, day, year)         | Amount of Each Disbursement This Period             |
| H. Full Name, Mailing Address and ZIP Code                                                                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | Date (month, day, year)         | Amount of Each Disbursement This Period             |
| I. Full Name, Mailing Address and ZIP Code                                                                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                          | Date (month, day, year)         | Amount of Each Disbursement This Period             |

SUBTOTAL of Disbursements This Page (optional)

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146,540.60

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in full)

*Survivors for Congress*

|                                                                                                                                                  |                                                                                                                                                                                                                        |                                                      |                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>John E. Survivors</i><br/><i>c/o Authenticated Road</i><br/><i>Bedford, NH 03110</i></p> | <p>Purpose of Disbursement</p> <p><i>Loan Repayment to Bank</i></p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> <p><i>9/24/96</i></p> | <p>Amount of Each Disbursement This Period</p> <p><i>290.79</i><br/><i>(in full)</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>C. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>D. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>E. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>F. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>G. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>H. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |
| <p>I. Full Name, Mailing Address and ZIP Code</p>                                                                                                | <p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>                                                 | <p>Date (month, day, year)</p>                       | <p>Amount of Each Disbursement This Period</p>                                           |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

*290.79*

|                                                                                                                                                                                                                                                                                        |  |                                                                                          |                                                |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------|
| Name of Committee (If Full) <b>Sununu for Congress</b>                                                                                                                                                                                                                                 |  |                                                                                          |                                                |                                                                        |
| <b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>John E. Sununu</b><br><b>44 Buttonwood Road</b><br><b>Bedford, NH 03110</b><br>Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |  | <b>Original Amount of Loan</b><br><b>10,000.00</b><br>(from personal funds of candidate) | <b>Cumulative Payments To Date</b><br><b>0</b> | <b>Balance Outstanding at Close of This Period</b><br><b>10,000.00</b> |
| <b>Terms:</b> Date Incurred <b>4-18-96</b> Date Due <b>on demand</b> Interest Rate <b>0</b> % (APR) <b>Secured</b>                                                                                                                                                                     |  | <b>List All Endorsers or Guarantors (If any) to Item A</b>                               |                                                |                                                                        |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                      |  | <b>Name of Employer</b>                                                                  |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Occupation</b>                                                                        |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Amount Guaranteed Outstanding:</b><br>\$                                              |                                                |                                                                        |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                      |  | <b>Name of Employer</b>                                                                  |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Occupation</b>                                                                        |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Amount Guaranteed Outstanding:</b><br>\$                                              |                                                |                                                                        |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                      |  | <b>Name of Employer</b>                                                                  |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Occupation</b>                                                                        |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Amount Guaranteed Outstanding:</b><br>\$                                              |                                                |                                                                        |
| <b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b><br><b>John E. Sununu</b><br><b>44 Buttonwood Road</b><br><b>Bedford, NH 03110</b><br>Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |  | <b>Original Amount of Loan</b><br><b>8,000.00</b><br>(from personal funds of candidate)  | <b>Cumulative Payments To Date</b><br><b>0</b> | <b>Balance Outstanding at Close of This Period</b><br><b>8,000.00</b>  |
| <b>Terms:</b> Date Incurred <b>6-16-96</b> Date Due <b>on demand</b> Interest Rate <b>0</b> % (APR) <b>Secured</b>                                                                                                                                                                     |  | <b>List All Endorsers or Guarantors (If any) to Item B</b>                               |                                                |                                                                        |
| <b>1. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                      |  | <b>Name of Employer</b>                                                                  |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Occupation</b>                                                                        |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Amount Guaranteed Outstanding:</b><br>\$                                              |                                                |                                                                        |
| <b>2. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                      |  | <b>Name of Employer</b>                                                                  |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Occupation</b>                                                                        |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Amount Guaranteed Outstanding:</b><br>\$                                              |                                                |                                                                        |
| <b>3. Full Name, Mailing Address and ZIP Code</b>                                                                                                                                                                                                                                      |  | <b>Name of Employer</b>                                                                  |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Occupation</b>                                                                        |                                                |                                                                        |
|                                                                                                                                                                                                                                                                                        |  | <b>Amount Guaranteed Outstanding:</b><br>\$                                              |                                                |                                                                        |
| <b>SUBTOTALS This Period This Page (optional)</b>                                                                                                                                                                                                                                      |  |                                                                                          |                                                |                                                                        |
| <b>TOTALS This Period (last page in this line only)</b>                                                                                                                                                                                                                                |  |                                                                                          |                                                |                                                                        |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                   |  |                                                                                          |                                                |                                                                        |



|                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                 |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Name of Committee (in Full) <u>Saruna for Congress</u>                                                                                                                                                                                                                                                                        |  |                                                                                                                                 |                                             |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><u>First NH Bank (Citizens Bank)</u><br><u>Retail Lending</u><br><u>14 Central Bank Drive</u><br><u>Manchester, NH 03106</u><br>Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): |  | Original Amount of Loan<br><u>22,000.00</u>                                                                                     | Cumulative Payment To Date<br><u>290.71</u> |
| Balance Outstanding at Close of This Period<br><u>21,709.29</u>                                                                                                                                                                                                                                                               |  |                                                                                                                                 |                                             |
| Terms: Date Incurred <u>7/4/96</u> Date Due <u>8/28/11</u> Interest Rate <u>9.400%</u> (ap) <input checked="" type="checkbox"/> Secured                                                                                                                                                                                       |  |                                                                                                                                 |                                             |
| List All Endorsers or Guarantors (if any) to Item A                                                                                                                                                                                                                                                                           |  |                                                                                                                                 |                                             |
| 1. Full Name, Mailing Address and ZIP Code<br><u>John E. Saruna</u><br><u>44 Buttonwood Road</u><br><u>Bedford, NH 03110</u>                                                                                                                                                                                                  |  | Name of Employer<br><u>Candidate</u><br>Occupation<br><u>Candidate</u><br>Amount Guaranteed Outstanding:<br><u>\$ 21,709.29</u> |                                             |
| 2. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                    |  | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding:                                                                |                                             |
| 3. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                    |  | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding:                                                                |                                             |
| B. Full Name, Mailing Address and ZIP Code of Loan Source                                                                                                                                                                                                                                                                     |  | Original Amount of Loan                                                                                                         | Cumulative Payment To Date                  |
| Balance Outstanding at Close of This Period                                                                                                                                                                                                                                                                                   |  |                                                                                                                                 |                                             |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                                                                                                                                                                                                         |  |                                                                                                                                 |                                             |
| Terms: Date Incurred Date Due Interest Rate % (ap) <input type="checkbox"/> Secured                                                                                                                                                                                                                                           |  |                                                                                                                                 |                                             |
| List All Endorsers or Guarantors (if any) to Item B                                                                                                                                                                                                                                                                           |  |                                                                                                                                 |                                             |
| 1. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                    |  | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding:                                                                |                                             |
| 2. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                    |  | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding:                                                                |                                             |
| 3. Full Name, Mailing Address and ZIP Code                                                                                                                                                                                                                                                                                    |  | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding:                                                                |                                             |
| SUBTOTALS This Period This Page (optional)                                                                                                                                                                                                                                                                                    |  |                                                                                                                                 |                                             |
| TOTALS This Period (last page in this line only)                                                                                                                                                                                                                                                                              |  | <u>21,709.29</u>                                                                                                                |                                             |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.                                                                                                                                                                                          |  |                                                                                                                                 |                                             |

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

|                                                                                                                                                                                                      |                                               |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| NAME OF COMMITTEE (IN FULL)<br><u>Survival for Congress</u>                                                                                                                                          | FEC IDENTIFICATION NUMBER<br><u>C00317933</u> |                                     |
| FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)<br><u>First NH Bank (Citizens Bank)</u><br><u>Retail Lending</u><br><u>14 Central Park Drive</u><br><u>Hackett, NH 03105</u> | AMOUNT OF LOAN<br><u>22,000.00</u>            | INTEREST RATE (APR)<br><u>9.400</u> |
|                                                                                                                                                                                                      | DATE INCURRED OR ESTABLISHED<br><u>9/4/96</u> | DATE DUE<br><u>8/28/11</u>          |

A. Has loan been restructured? ☒ No ☐ Yes If yes, date originally incurred: \_\_\_\_\_B. If line of credit, amount of this draw: 22,000.00 total outstanding balance: 21,709.41C. Are other parties secondarily liable for the debt incurred?  
☐ No ☒ Yes (Endorsers and guarantors must be reported on Schedule C.)D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
☐ No ☒ Yes If yes, specify: Collateralized with guarantors home

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it? ☐ No ☒ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☒ No ☐ Yes If yes, specify: \_\_\_\_\_ What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER

TYPED NAME: Paul J. Collins, Jr.

SIGNATURE

PJC

DATE

10/15/96

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE

SANDRA F. HARPER

TYPED NAME

SIGNATURE

Sandra F. Harper

TITLE

ASSISTANT VICE PRESIDENT

DATE

10/15/96

# PROMISSORY NOTE

| Principal   | Loan Date  | Maturity   | Loan No. | Call | Collateral | Account | Officer | Initials |
|-------------|------------|------------|----------|------|------------|---------|---------|----------|
| \$28,000.00 | 08-23-1996 | 08-28-2011 |          |      |            |         |         |          |

References in the shaded area are for Lender's use only and do not limit the applicability of this document to any particular loan or item.

**Borrower:** JOHN E. SUNUNU (SSN: 001-50-2236)  
44 BUTTOWOOD ROAD  
BEDFORD, NH 03110

**Lender:** First NH Bank  
Retail Lending  
14 Central Park Drive  
Hooksett, NH 03106

**Principal Amount:** \$28,000.00

**Interest Rate:** 9.400%

**Date of Note:** August 23, 1996

**PROMISE TO PAY.** I promise to pay to First NH Bank ("Lender") or order, in lawful money of the United States of America, the principal amount of Twenty Eight Thousand & 00/100 Dollars (\$28,000.00), together with interest at the rate of 9.400% per annum on the unpaid principal balance from August 28, 1996, until paid in full.

**PAYMENT.** I will pay this loan in 180 payments of \$290.79 each payment. My first payment is due September 28, 1996, and all subsequent payments are due on the same day of each month after that. My final payment will be due on August 28, 2011, and will be for all principal and all accrued interest not yet paid. Payments include principal and interest. Interest on this Note is computed on a 365/365 simple interest basis; that is, by applying the ratio of the annual interest rate over the number of days in a year, multiplied by the outstanding principal balance, multiplied by the actual number of days the principal balance is outstanding. I will pay Lender at Lender's address shown above or at such other place as Lender may designate in writing. Unless otherwise agreed or required by applicable law, payments will be applied first to accrued unpaid interest, then to principal, and any remaining amount to any unpaid collection costs and late charges.

**PREPAYMENT.** I may pay without penalty all or a portion of the amount owed earlier than it is due. Early payments will not, unless agreed to by Lender in writing, relieve me of my obligation to continue to make payments under the payment schedule. Rather, they will reduce the principal balance due and may result in me making fewer payments.

**LATE CHARGE.** If a payment is 10 days or more late, I will be charged 7.000% of the regularly scheduled payment or \$12.50, whichever is greater.

**DEFAULT.** I will be in default if any of the following happens: (a) I fail to make any payment when due. (b) I break any promise I have made to Lender, or I fail to comply with or to perform when due any other term, obligation, covenant, or condition contained in this Note or any agreement related to this Note, or in any other agreement or loan I have with Lender. (c) Any representation or statement made or furnished to Lender by me or on my behalf is false or misleading in any material respect either now or at the time made or furnished. (d) I die or become insolvent, a receiver is appointed for any part of my property, I make an assignment for the benefit of creditors, or any proceeding is commenced either by me or against me under any bankruptcy or insolvency laws. (e) Any creditor tries to take any of my property on or in which Lender has a lien or security interest. This includes a garnishment of any of my accounts with Lender. (f) Any of the events described in this default section occurs with respect to any guarantor of this Note. (g) Lender in good faith deems itself insecure.

**LENDER'S RIGHTS.** Upon default, Lender may declare the entire unpaid principal balance on this Note and all accrued unpaid interest immediately due, without notice, and then I will pay that amount. Lender may hire or pay someone else to help collect this Note if I do not pay. I also will pay Lender that amount. This includes, subject to any limits under applicable law, Lender's attorneys' fees and Lender's legal expenses whether or not there is a lawsuit, including attorneys' fees and legal expenses for bankruptcy proceedings (including efforts to modify or vacate any automatic stay or injunction), appeals, and any anticipated post-judgment collection services. If not prohibited by applicable law, I also will pay any court costs, in addition to all other sums provided by law. If I successfully defend a suit by Lender for collection, or if I successfully bring my own action against Lender, I shall be entitled to an award of my reasonable attorney's fees. If I successfully assert a partial defense, set-off, recoupment or counter-claim to an action brought by Lender, then the court may withhold from Lender the entire amount of, or such portion of, my attorney's fees as the court considers equitable. This Note has been delivered to Lender and accepted by Lender in the State of New Hampshire. If there is a lawsuit, I agree upon Lender's request to submit to the jurisdiction of the courts of Merrimack County, the State of New Hampshire. This Note shall be governed by and construed in accordance with the laws of the State of New Hampshire.

**RIGHT OF SETOFF.** I grant to Lender a contractual possessory security interest in, and hereby assign, convey, deliver, pledge, and transfer to Lender all my right, title and interest in and to, my accounts with Lender (whether checking, savings, or some other account), including without limitation all accounts held jointly with someone else and all accounts I may open in the future, excluding however all IRA and Keogh accounts, and all trust accounts for which the grant of a security interest would be prohibited by law. I authorize Lender, to the extent permitted by applicable law, to charge or setoff all sums owing on this Note against any and all such accounts.

**COLLATERAL.** This Note is secured by a Mortgage dated August 23, 1996, to Lender on real property located in HILLSBOROUGH County, State of New Hampshire, all the terms and conditions of which are hereby incorporated and made a part of this Note.

**Federal Election Commission  
ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|                                                                                                                                                                                                                 |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> Hand Delivered                                                                                                                                                                         | DATE OF RECEIPT        |
| <input type="checkbox"/> First Class Mail                                                                                                                                                                       | POSTMARKED             |
| <input checked="" type="checkbox"/> Registered/Certified Mail                                                                                                                                                   | POSTMARKED<br>10-15-96 |
| <input type="checkbox"/> No Postmark                                                                                                                                                                            |                        |
| <input type="checkbox"/> Postmark Illegible                                                                                                                                                                     |                        |
| <input type="checkbox"/> Received from the House Office of Records and Registration                                                                                                                             | DATE OF RECEIPT        |
| <input type="checkbox"/> Received from the Senate Office of Public Records                                                                                                                                      | DATE OF RECEIPT        |
| <input type="checkbox"/> Other (Specify):                                                                                                                                                                       | POSTMARKED             |
|                                                                                                                                                                                                                 | END OF DATE OF RECEIPT |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div>  </div> <div> 10-20-96 </div> </div> |                        |
| PREPARED                                                                                                                                                                                                        | DATE PREPARED          |