

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Paul Hodes for Congress

ADDRESS (number and street) 379 Elm Street

Check if different than previously reported. (ACC)

Manchester NH 03101

2. **FEC IDENTIFICATION NUMBER** C00400077

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

NH 02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2009 through 06 30 2009

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 Vera Buck

Signature of Treasurer Electronically Filed by Vera Buck Date 01 31 2010

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

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Paul Hodes for Congress

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	10300.00	73437.49
(b) Total Contribution Refunds (from Line 20(d)).....	10300.00	14050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	59387.49
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	12007.91	141268.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	5500.00	25122.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6507.91	116145.80
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1138.24</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Paul Hodes for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	10300.00	40200.00
(i) Itemized (use Schedule A).....	0.00	845.00
(ii) Unitemized.....	10300.00	41045.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	56.88
(b) Political Party Committees.....	0.00	32335.61
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	10300.00	73437.49
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	5500.00	25122.78
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	76.08
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	15800.00	98636.35

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	12007.91	141268.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	39000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	10300.00	14050.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10300.00	14050.00
21. OTHER DISBURSEMENTS.....	0.00	4000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	22307.91	198318.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7646.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	15800.00
25. SUBTOTAL (add Line 23 and Line 24).....	23446.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22307.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1138.24

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

**A.**

Full Name (Last, First, Middle Initial)  
David H. Blair

Mailing Address PO Box 294

City State Zip Code  
Dublin NH 03444

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Museum Director Mariposa Museum

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

**Transaction ID:** C2778632

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter Hoe Burling

Mailing Address 20 Lang Road

City State Zip Code  
Cornish NH 03745

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
N/A Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	9

**Transaction ID:** C2773821

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian Griffin

Mailing Address 5107 River Hill Rd

City State Zip Code  
Bethesda MD 20816

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Duberstein Group Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

**Transaction ID:** C2778628

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jone D. Labombard

Mailing Address 98 Pine Hill Road

City Hollis State NH Zip Code 03049-5940

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C2778631

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Landgraf

Mailing Address 7303 Peter Place

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C2778630

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Cynthia J. Larose

Mailing Address 504 Ocean Blvd.  
#12

City Hampton State NH Zip Code 03842

FEC ID number of contributing federal political committee. C

Name of Employer Mintz Levin Occupation Partner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C2778629

Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... 4400.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Margo L Nemeth		Date of Receipt
	Mailing Address 110 Riverside Dr #6A		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Margo Lion Ltd		Occupation Producer	<b>Transaction ID:</b> C2778634
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dan Newcomb		Date of Receipt
	Mailing Address 370 1st Ave		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Shearman & Sterling LLP		Occupation Attorney	<b>Transaction ID:</b> C2778633
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Irene Schwartz		Date of Receipt
	Mailing Address 944 5th Ave.		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation Homemaker	<b>Transaction ID:</b> C2774293
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="0.00"/>	<input type="text" value="2400.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10300.00"/>

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

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

**A.** Full Name (Last, First, Middle Initial)  
Grappone Ford  
Mailing Address PO Box 1200  
City Concord State NH Zip Code 03302-1200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt 06 / 08 / 2009  
Transaction ID: C3607577  
Amount of Each Receipt this Period 4500.00  
Sale of Campaign Car

**B.** Full Name (Last, First, Middle Initial)  
Grappone Ford  
Mailing Address PO Box 1200  
City Concord State NH Zip Code 03302-1200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt 06 / 29 / 2009  
Transaction ID: C2836728  
Amount of Each Receipt this Period 1000.00  
Sale of Campaign Car

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

A.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: D196267  
Date of Disbursement

Mailing Address PO Box 1270

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	9

City Newark State NJ Zip Code 07101-1270

Amount of Each Disbursement this Period

129.75
--------

Purpose of Disbursement  
Service Charge

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Chester G Atkins

Transaction ID: D201078  
Date of Disbursement

Mailing Address 5W Cedar Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City Boston State MA Zip Code 02109-3535

Amount of Each Disbursement this Period

-500.00
---------

Purpose of Disbursement  
Voided check from 3/31/09

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Chester G Atkins

Transaction ID: D201079  
Date of Disbursement

Mailing Address 5W Cedar Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City Boston State MA Zip Code 02109-3535

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Reissue of voided check

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

129.75
--------

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

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Chase Card Services  Mailing Address PO Box 15153  City Wilmington State DE Zip Code 19886-5153  Purpose of Disbursement Credit Card Payment Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D201072 Date of Disbursement 06 / 25 / 2009  Amount of Each Disbursement this Period 46.52
<b>B.</b>	Full Name (Last, First, Middle Initial) Checkmate Expert Payroll Services, Inc.  Mailing Address 112 S State St  City Concord State NH Zip Code 03301-3528  Purpose of Disbursement Payroll taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D201076 Date of Disbursement 06 / 09 / 2009  Amount of Each Disbursement this Period 27.30
<b>C.</b>	Full Name (Last, First, Middle Initial) Michael W. Cunningham  Mailing Address 20 Pasture Drive  City Hudson State NH Zip Code 03051  Purpose of Disbursement Voided check from 3/31/09 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D201080 Date of Disbursement 06 / 30 / 2009  Amount of Each Disbursement this Period -1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-926.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

A.

Full Name (Last, First, Middle Initial)  
Michael W. Cunningham

Transaction ID: D201081  
Date of Disbursement

Mailing Address 20 Pasture Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City State Zip Code  
Hudson NH 03051

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Reissue of voided check  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
FEC Compliance, Inc.

Transaction ID: D196265  
Date of Disbursement

Mailing Address PO Box 673

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	9

City State Zip Code  
Bethany Beach DE 19930-0673

Amount of Each Disbursement this Period

2550.00
---------

Purpose of Disbursement  
Accounting Services  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Daniel Stoddard Gruber

Transaction ID: D196270  
Date of Disbursement

Mailing Address 227 Maclean Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

City State Zip Code  
Alstead NH 03602-3330

Amount of Each Disbursement this Period

1750.00
---------

Purpose of Disbursement  
Payroll  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5300.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address .</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D196271 <b>Date of Disbursement</b> 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 168.17</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address .</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D196272 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 56.00</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Internal Revenue Service</p> <p>Mailing Address .</p> <p>City Ogden State UT Zip Code 84201</p> <p>Purpose of Disbursement Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D196263 <b>Date of Disbursement</b> 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 52.67</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

276.84

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Bruce R Kraus

Mailing Address 195 Bog Hollow Rd

City State Zip Code  
Wassaic NY 12592-2528

Purpose of Disbursement  
Voided check from 3/31/09

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D201082  
Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

-300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Bruce R Kraus

Mailing Address 195 Bog Hollow Rd

City State Zip Code  
Wassaic NY 12592-2528

Purpose of Disbursement  
Reissue of voided check

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D201083  
Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)  
PCMS, LLC

Mailing Address 1050 17th St NW  
Ste 590

City State Zip Code  
Washington DC 20036-5592

Purpose of Disbursement  
Accounting Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D196262  
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

1593.75

SUBTOTAL of Disbursements This Page (optional) ▶

1593.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

A.

Full Name (Last, First, Middle Initial)  
State of NH-UC

Mailing Address PO Box 2058

City Concord State NH Zip Code 03302-2058

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D196266  
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

26.89

B.

Full Name (Last, First, Middle Initial)  
State of NH-UC

Mailing Address PO Box 2058

City Concord State NH Zip Code 03302-2058

Purpose of Disbursement  
Taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D196273  
Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

192.00

C.

Full Name (Last, First, Middle Initial)  
TD Banknorth

Mailing Address PO Box 8400

City Lewiston State ME Zip Code 04243-8400

Purpose of Disbursement  
Final Car Payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D239566  
Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

4765.61

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4984.50

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

A.

Full Name (Last, First, Middle Initial)  
TD Banknorth

Transaction ID: D196268

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	9

Mailing Address PO Box 8400

Amount of Each Disbursement this Period

86.00
-------

City Lewiston State ME Zip Code 04243-8400

Purpose of Disbursement  
Bank Service Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Hartford

Transaction ID: D196264

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Mailing Address 1 Tower Sq  
Remittance Box 98702

Amount of Each Disbursement this Period

563.25
--------

City Hartford State CT Zip Code 06183-0001

Purpose of Disbursement  
Workers Compensation Insurance

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

649.25
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TOTAL This Period (last page this line number only) ..... ►

12007.91
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David H. Blair  Mailing Address PO Box 294  City Dublin State NH Zip Code 03444  Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D194610 Date of Disbursement 04 / 15 / 2009  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Hon. Peter Hoe Burling  Mailing Address 20 Lang Road  City Cornish State NH Zip Code 03745  Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D194611 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Brian Griffin  Mailing Address 5107 River Hill Rd  City Bethesda State MD Zip Code 20816  Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D194613 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 500.00  Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 18

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jone D. Labombard  Mailing Address 98 Pine Hill Road  City Hollis State NH Zip Code 03049-5940  Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: D194615 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 1000.00  Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Charles Landgraf  Mailing Address 7303 Peter Place  City McLean State VA Zip Code 22102  Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: D194614 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 1000.00  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Cynthia J. Larose  Mailing Address 504 Ocean Blvd. #12  City Hampton State NH Zip Code 03842  Purpose of Disbursement Contribution Refund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: D194608 Date of Disbursement 04 / 15 / 2009  Amount of Each Disbursement this Period 2400.00  Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4400.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Paul Hodes for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Margo L Nemeth</p> <p>Mailing Address 110 Riverside Dr #6A</p> <p>City New York State NY Zip Code 10024</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D194617 <b>Date of Disbursement</b> 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dan Newcomb</p> <p>Mailing Address 370 1st Ave</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D194616 <b>Date of Disbursement</b> 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Irene Schwartz</p> <p>Mailing Address 944 5th Ave.</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D194612 <b>Date of Disbursement</b> 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2400.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3400.00

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

10300.00