

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 10 Water Street
 Check if different than previously reported. (ACC)
Concord NH 03301

2. **FEC IDENTIFICATION NUMBER** C00136457
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 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 Robert Scott

Signature of Treasurer Electronically Filed by Robert Scott Date 05 26 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		29991.50
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	20695.46									
(c) Total Receipts (from Line 19)	36603.94	51695.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57299.40	81687.35								
<hr/>										
7. Total Disbursements (from Line 31)	54694.28	79082.23								
<hr/>										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2605.12	2605.12								
<hr/>										
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
<hr/>										
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	10452.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16750.00	22250.00
(i) Itemized (use Schedule A)	6532.00	15817.00
(ii) Unitemized	23282.00	38067.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	8470.94	8470.94
(c) Other Political Committees (such as PACs)	31752.94	46537.94
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4851.00	5157.91
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36603.94	51695.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36603.94	51695.85

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15718.39	32743.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15718.39	32743.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	16250.00	16250.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	16250.00	16250.00
29. Other Disbursements.....	3087.21	3087.21
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	19638.68	27001.68
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	19638.68	27001.68
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54694.28	79082.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54694.28	79082.23

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31752.94	46537.94
34. Total Contribution Refunds (from Line 28(d))	16250.00	16250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15502.94	30287.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15718.39	32743.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	4851.00	5157.91
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10867.39	27585.43

Form/Schedule : **F3XA**

Transaction ID :

Schedule D, Trans ID SD10.13032 Memo: Rent owed. This amended report also contains additional adjustments to accurately reflect the proper categorization and itemization of receipts and disbursements during this period. Total receipts and disbursements for the period have not changed, however Column B Year-to-Date totals have been verified and corrected where necessary.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Travis Blais	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 47 Mitchell Pond Road	Transaction ID: SA11AI.12421
	City State Zip Code Windham NH 03087-1241	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mintz Levin Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Geoffrey Mitchell	Date of Receipt MM / DD / YYYY 03 / 28 / 2009
	Mailing Address 10 Dearborn Brook Circle	Transaction ID: SA11AI.12426
	City State Zip Code Exeter NH 03833-3138	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Brant Energy, Inc. Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ambassador Joseph Petrone	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address PO Box 1037	Transaction ID: SA11AI.12417
	City State Zip Code Dublin NH 03444-1037	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation N/A Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Thomas Rath		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 120 Franklin Street		Transaction ID: SA11AI.12422
City Concord	State NH	Zip Code 03301-3128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Rath Group	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Mr. Frederick Tausch		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Mailing Address 2 Constantine Drive		Transaction ID: SA11AI.12419
City Nashua	State NH	Zip Code 03062-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Self Employed	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

C.

Full Name (Last, First, Middle Initial) John Tulley, II		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 147 Daniel Webster Highway		Transaction ID: SA11AI.12424
City Nashua	State NH	Zip Code 03060-5224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tulley Buick-Pontiac Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	11250.00
TOTAL This Period (last page this line number only)	▶	16750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANIEL WEBSTER PAC

Mailing Address PO BOX 519

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C** C00387134

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 03 / 2009
Transaction ID: SA11C.12428
 Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
The Keough Leadership Committee

Mailing Address PO Box 1052

City Dublin State NH Zip Code 03444-1052

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: SA11C.12432
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
The Special Teams Committee JFC

Mailing Address PO Box 75103

City Washington State DC Zip Code 20013-0103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2470.94

Date of Receipt: 03 / 11 / 2009
Transaction ID: SA11C.12430
 Amount of Each Receipt this Period: 2470.94

SUBTOTAL of Receipts This Page (optional) ► 8470.94

TOTAL This Period (last page this line number only) ► 8470.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 22
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Orbitz for Business		Date of Receipt
Mailing Address 50 W Madison Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2009
City	State	Zip Code
Chicago	IL	60602-4204
FEC ID number of contributing federal political committee.		Transaction ID: SA15.12433
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 4851.00
Name of Employer	Occupation	Refund for overpayment
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 4851.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4851.00
TOTAL This Period (last page this line number only)	<input type="text"/> 4851.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 196 City Newark State NJ Zip Code 07101-0196 Purpose of Disbursement FEA 100% Federal: Phone & Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13074 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 222.35 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Complete Campaigns Mailing Address 3635 Ruffin Road Floor 3 City San Diego State CA Zip Code 92123-1880 Purpose of Disbursement FEA 100% Federal: Reporting software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13146 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 150.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Complete Campaigns Mailing Address 3635 Ruffin Road Floor 3 City San Diego State CA Zip Code 92123-1880 Purpose of Disbursement FEA 100% Federal: Reporting software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13148 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 150.00 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

522.35

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Conway Office Products <hr/> Mailing Address PO Box 6060 <hr/> City Nashua State NH Zip Code 03063-6060 <hr/> Purpose of Disbursement Service Contract Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13116 Date of Disbursement 03 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 536.19
B.	Full Name (Last, First, Middle Initial) GE Capital <hr/> Mailing Address PO Box 642333 <hr/> City Pittsburgh State PA Zip Code 15264-2333 <hr/> Purpose of Disbursement FEA 100% Federal: Copier lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13118 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 241.39
C.	Full Name (Last, First, Middle Initial) Michael Hamilton <hr/> Mailing Address 79 Prospect Street # 2 <hr/> City Manchester State NH Zip Code 03104-3617 <hr/> Purpose of Disbursement travel expenses / mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13133 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 170.05

SUBTOTAL of Disbursements This Page (optional) ▶

947.63

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Rick McPartlin Mailing Address 4 Charles Street City Concord State NH Zip Code 03301-4148 Purpose of Disbursement FEA 100% Federal: Bookkeeping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13122 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 200.00 001 Category/Type
B.	Full Name (Last, First, Middle Initial) One Communications Mailing Address PO Box 9614 City Manchester State NH Zip Code 03108-9614 Purpose of Disbursement FEA 100% Federal: Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13120 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 377.69 001 Category/Type
C.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 43 Constitution Drive City Bedford State NH Zip Code 03110-6083 Purpose of Disbursement FEA 100% Federal: Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13124 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 4288.91 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4866.60

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.13126 Date of Disbursement
	Mailing Address 43 Constitution Drive	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Bedford State NH Zip Code 03110-6083	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: Payroll taxes	<input type="text" value="4094.91"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Justin Rand	Transaction ID: SB21B.13144 Date of Disbursement
	Mailing Address 33 Waterbridge Place	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Ponte Vedra Beach State FL Zip Code 32082-2322	Amount of Each Disbursement this Period
	Purpose of Disbursement travel expenses / mileage	<input type="text" value="443.84"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Spectrum Marketing Companies	Transaction ID: SB21B.13140 Date of Disbursement
	Mailing Address 97 Eddy Road Suite 101	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Manchester State NH Zip Code 03102	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: printing	<input type="text" value="282.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4820.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Spectrum Marketing Companies	Transaction ID: SB21B.13142 Date of Disbursement
	Mailing Address 97 Eddy Road Suite 101	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Manchester State NH Zip Code 03102	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: Printing Candidate Name	<input type="text" value="178.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) State of NH - Treasurer	Transaction ID: SB21B.13131 Date of Disbursement
	Mailing Address 25 Capitol Street Room 121	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Concord State NH Zip Code 03301-6312	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: Taxes - BET Candidate Name	<input type="text" value="1774.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Travelers Indemnity Affiliates	Transaction ID: SB21B.13138 Date of Disbursement
	Mailing Address P.O. Box 96359	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Chicago State IL Zip Code 60693	Amount of Each Disbursement this Period
	Purpose of Disbursement Workers comp liability ins Candidate Name	<input type="text" value="2381.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4333.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="15490.33"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Log Cabin Republicans, Inc</p> <p>Mailing Address 1901 Pennsylvania Avenue NW Suite 902</p> <p>City Washington State DC Zip Code 20006-3405</p> <p>Purpose of Disbursement Contribution refund per FEC</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28C.12434 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) One Action</p> <p>Mailing Address 1400 I Street NW Suite 601</p> <p>City Washington State DC Zip Code 20005-6508</p> <p>Purpose of Disbursement Contribution refund per FEC</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28C.12435 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Students for Saving Social Security</p> <p>Mailing Address 1725 K Street NW Suite 300</p> <p>City Washington State DC Zip Code 20006-1419</p> <p>Purpose of Disbursement Contribution refund per FEC</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB28C.12436 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 6250.00</p> <p>010 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

16250.00

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

16250.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
NH Republican State Committee Non-Federal Account

Transaction ID: SB29.12437

Date of Disbursement

Mailing Address 10 Water Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

City State Zip Code
Concord NH 03301

Amount of Each Disbursement this Period

3087.21

Purpose of Disbursement
Transfer

008
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

3087.21

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

3087.21

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Paul Collins Mailing Address PO Box 703 City Rye Beach State NH Zip Code 03871-0703 Purpose of Disbursement FEA 100% Federal: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.12447 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 3503.08 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Paul Collins Mailing Address PO Box 703 City Rye Beach State NH Zip Code 03871-0703 Purpose of Disbursement FEA 100% Federal: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.12462 Date of Disbursement 03 / 30 / 2009 Amount of Each Disbursement this Period 3503.08 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Michael Hamilton Mailing Address 79 Prospect Street # 2 City Manchester State NH Zip Code 03104-3617 Purpose of Disbursement FEA 100% Federal: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.12448 Date of Disbursement 03 / 13 / 2009 Amount of Each Disbursement this Period 1377.95 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	8384.11
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Michael Hamilton	Transaction ID: SB30B.12463 Date of Disbursement 03 / 30 / 2009
	Mailing Address 79 Prospect Street # 2	Amount of Each Disbursement this Period 1377.95
	City Manchester State NH Zip Code 03104-3617	
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andrew Leach	Transaction ID: SB30B.12449 Date of Disbursement 03 / 13 / 2009
	Mailing Address 15 Almeda Street	Amount of Each Disbursement this Period 2050.31
	City Manchester State NH Zip Code 03103-7070	
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andrew Leach	Transaction ID: SB30B.12464 Date of Disbursement 03 / 30 / 2009
	Mailing Address 15 Almeda Street	Amount of Each Disbursement this Period 2050.31
	City Manchester State NH Zip Code 03103-7070	
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5478.57
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bernard Perry, III	Transaction ID: SB30B.12451 Date of Disbursement
	Mailing Address 1080 Montgomery Street	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Manchester State NH Zip Code 03102-2757	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	<input type="text" value="1437.17"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bernard Perry, III	Transaction ID: SB30B.12465 Date of Disbursement
	Mailing Address 1080 Montgomery Street	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Manchester State NH Zip Code 03102-2757	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	<input type="text" value="1437.17"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ryan Williams	Transaction ID: SB30B.12452 Date of Disbursement
	Mailing Address 10 Water Street	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Concord State NH Zip Code 03301-4844	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA 100% Federal: Salary Candidate Name	<input type="text" value="1450.83"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4325.17"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Ryan Williams

Mailing Address 10 Water Street

City State Zip Code
Concord NH 03301-4844

Purpose of Disbursement
FEA 100% Federal: Salary

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB30B.12466

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

1450.83

SUBTOTAL of Disbursements This Page (optional)

1450.83

TOTAL This Period (last page this line number only)

19638.68

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 / 22	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Atherton Building, LLC	Nature of Debt (Purpose): Rent owed (100% Federal funds)
Mailing Address 10 Water Street	
City State ZIP Code Concord NH 03301	

Outstanding Balance Beginning This Period 2600.00	Transaction ID: SD10.13032	
Amount Incurred This Period 1300.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NH Republican State Committee Non-Federal Account	Nature of Debt (Purpose): Allocable Federal share of rent owed
Mailing Address 10 Water Street	
City State ZIP Code Concord NH 03301	

Outstanding Balance Beginning This Period 6552.00	Transaction ID: SD10.5879	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6552.00

1) SUBTOTALS This Period This Page (optional).....	10452.00
2) TOTALS This Period (last page this line number only).....	10452.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	10452.00