

RECEIVED
FEDERAL ELECTION
COMMISSION
FBI 10/19/93

Dec 10 2 06 PM '93

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE
150 NORTH MAIN STREET
CONCORD, NEW HAMPSHIRE 03301

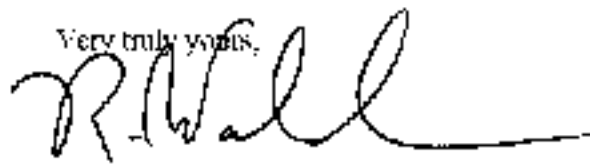
December 9, 1993

Federal Election Commission
900 E Street, NW
Washington, DC 20463

Re: 7/31/93 Mid-Year Report

Enclosed for filing is our Committee's July 31, 1993 Mid-Year Report.

Very truly yours,



Robert M. Walsh
Treasurer

cc: New Hampshire Secretary of State

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Continued)

Dec 10 2 06 PM '93

USE FCC MAILING LABEL OR TYPE OR PRINT

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE 150 NORTH MAIN ST CONCORD, NH 03301	TELEPHONE NUMBER (603) 231-1234 TELETYPE OR FACSIMILE NUMBER (603) 231-1234
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4. TYPE OF REPORT

4a <input type="checkbox"/> Initial Report <input type="checkbox"/> Annual Report <input type="checkbox"/> Periodic Report <input type="checkbox"/> Special Report <input checked="" type="checkbox"/> Other (Specify: <u>Yearly Report</u>) <input type="checkbox"/> Other (Specify: <u> </u>)	4b <input type="checkbox"/> Financial Statement <input type="checkbox"/> Other (Specify: <u> </u>)
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SUMMARY	COLUMN A This Period	COLUMN B Calendar Year to Date
1. Total Receipts <u>1/1/93</u> to <u>6/30/93</u>		
2. Total Disbursements	7703.35	7703.35
3. Total Receipts less Total Disbursements	62493.39	62493.39
4. Total Receipts less Total Disbursements less Total Receipts less Total Disbursements	76196.73	76196.73
5. Total Receipts less Total Disbursements less Total Receipts less Total Disbursements	71050.89	71050.89
6. Total Receipts less Total Disbursements less Total Receipts less Total Disbursements	5145.84	5145.84
7. Total Receipts less Total Disbursements less Total Receipts less Total Disbursements		
8. Total Receipts less Total Disbursements less Total Receipts less Total Disbursements	37544.72	

For further information consult the instructions to Form 3X.

If the committee is a political committee, it must file this report with the Federal Election Commission (FEC) and the appropriate State Election Commission.

If the committee is not a political committee, it must file this report with the appropriate State Election Commission.

Prepared by: **ROBERT M. WALSH**
 Signature: *[Signature]*
 Date: **DEC. 9, 1993**

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

H. 42-111-1-91

REP HAMPSELE DEMOCRATIC STATE COMMITTEE I. Receipts		FISCAL YEAR - 1995 FROM 1/1/95	TO 6/30/95
		COLUMN A Total This Period	COLUMN B Calendar Year
1	Contributions (see Form 709)		
2	Contributions from other than individuals (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	21311.54	21311.54
3	Contributions from individuals (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	11905.67	11905.67
4	Other receipts (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	33217.21	33217.21
5	Refund of contributions (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
6	Refund of other receipts (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	7500.00	7500.00
7	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	40717.21	40717.21
8	Expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	18536.76	18536.76
9	Administrative expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
10	Travel expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
11	Telephone expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	38.44	38.44
12	Postage expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
13	Printing expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
14	Other expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	0.97	0.97
15	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	9200.00	9200.00
16	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	63495.36	63495.36
17	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	59293.38	59293.38
II. Disbursements			
18	Administrative expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
19	Travel expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	18960.32	18960.32
20	Telephone expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	43910.04	43910.04
21	Postage expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	256.53	256.53
22	Printing expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	63126.83	63126.83
23	Other expenses (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	-0-	-0-
24	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
25	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
26	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	4724.00	4724.00
27	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
28	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
29	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
30	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	3200.00	3200.00
31	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	3200.00	3200.00
32	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)		
33	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	71050.83	71050.83
34	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	27140.85	27140.85
III. Add Contributions/Duplicate Expenditures			
35	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	40717.21	40717.21
36	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	3200.00	3200.00
37	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	37517.21	37517.21
38	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	19216.85	19216.85
39	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	38.44	38.44
40	Net contribution (see Form 706, Form 709, Form 708, Form 707, Form 705, Form 704, Form 703, Form 702, Form 701, Form 700)	10139.41	10139.41

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SECRET A

FORM 1010-10

This report is required for all employees of the following organizations:	FORM 1010-10 FEDERAL FINANCIAL REPORTING ACT
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Report of the full-time or part-time employees of the committee required to file this report by reporting to the public and to the appropriate state or federal agency. The committee must file this report with the appropriate state or federal agency.

NAME OF COMMITTEE (in full) **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE** FBI ID No. 03178038

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A. Full Name, Mailing Address, and ZIP Code WILLIAM A. RILEY FRANKLIN PIEPER COLLEGE SINDOGE, NH 03461	Name of Employer FRANKLIN PIEPER COLL	Date paid, day/year 8-18-98	Amount of pay received for this period 500.00
Occupation <input type="checkbox"/> Other (specify)	Occupation EDUCATOR	Aggregate Year-to-Date > 500.00	
B. Full Name, Mailing Address, and ZIP Code SAME	Name of Employer	Date paid, day/year 5-11-98	Amount of pay received for this period 10.00
Occupation <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > 510.00	
C. Full Name, Mailing Address, and ZIP Code FREDERICK HOPE BIRCHING 535, BOX 194 COBBESQUOBB, NH 03745	Name of Employer STATE OF NH	Date paid, day/year 1-22-98	Amount of pay received for this period 1050.00
Occupation <input type="checkbox"/> Other (specify)	Occupation PUBLIC SERVANT	Aggregate Year-to-Date > 1050.00	
D. Full Name, Mailing Address, and ZIP Code SAME	Name of Employer	Date paid, day/year 3-18-98	Amount of pay received for this period 2000.00
Occupation <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > 2050.00	
E. Full Name, Mailing Address, and ZIP Code SAME	Name of Employer	Date paid, day/year 4-30-98	Amount of pay received for this period 1000.00
Occupation <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > 3050.00	
F. Full Name, Mailing Address, and ZIP Code SAME	Name of Employer	Date paid, day/year 6-10-98	Amount of pay received for this period 162.63
Occupation <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > 3212.63	
G. Full Name, Mailing Address, and ZIP Code BERNICE FLOUNDER 90 BOX 3106 BOZONNE, NH 03303	Name of Employer REQUISITED	Date paid, day/year 1-22-98	Amount of pay received for this period 500.00
Occupation <input type="checkbox"/> Other (specify)	Occupation REQUISITED	Aggregate Year-to-Date > 500.00	

SUBTOTAL (if needed, include optional) **5222.63**

TOTAL (The FBI ID number only) **5222.63**

SCHEDULE A

ITEMIZED RECEIPTS

Any itemized receipt must have a statement of value and date. Receipts are to be reported only if they are not otherwise reported on another schedule on this return and are not otherwise exempt from reporting.

NAME OF COMMITTEE (or Full)
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE PDC ID No. 001178038

A. Full Name, Mailing Address and ZIP Code ERLIE C. NIXON 78 RIDGECRE LANE NEW BOSTON, NH 03070	Name of Employer NIXON, HALL & BESS	Date (month, day, year) 1-22-98	Amount of Each Receipt (or Period) 200.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation LAWYER Aggregate Year-to-Date <input checked="" type="checkbox"/> 200.00		
B. Full Name, Mailing Address and ZIP Code SAME	Name of Employer SAME	Date (month, day, year) 2-19-98	Amount of Each Receipt (or Period) 1000.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation LAWYER Aggregate Year-to-Date <input checked="" type="checkbox"/> 1200.00		
C. Full Name, Mailing Address and ZIP Code ELAINE ERASER LITTLE HARBOR RD. NORTHEMPTON, NH 03303	Name of Employer RETIRED	Date (month, day, year) 1-22-98	Amount of Each Receipt (or Period) 300.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation PUBLIC SERVANT Aggregate Year-to-Date <input checked="" type="checkbox"/> 300.00		
D. Full Name, Mailing Address and ZIP Code SAME	Name of Employer SAME	Date (month, day, year) 4-27-98	Amount of Each Receipt (or Period) 500.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation LAWYER Aggregate Year-to-Date <input checked="" type="checkbox"/> 500.00		
E. Full Name, Mailing Address and ZIP Code SAME	Name of Employer SAME	Date (month, day, year) 6-14-98	Amount of Each Receipt (or Period) 125.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation LAWYER Aggregate Year-to-Date <input checked="" type="checkbox"/> 625.00		
F. Full Name, Mailing Address and ZIP Code MICHAEL P. BALL 23 WESTBORNE RD. CONCORD, NH 03301	Name of Employer NIXON, HALL & BESS	Date (month, day, year) 1-22-98	Amount of Each Receipt (or Period) 1000.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation LAWYER Aggregate Year-to-Date <input checked="" type="checkbox"/> 1000.00		
G. Full Name, Mailing Address and ZIP Code SAME	Name of Employer SAME	Date (month, day, year) 6-18-98	Amount of Each Receipt (or Period) 75.00
	Receipt for <input type="checkbox"/> Salary <input type="checkbox"/> Bonus <input type="checkbox"/> Other (specify) Occupation LAWYER Aggregate Year-to-Date <input checked="" type="checkbox"/> 1075.00		

SUB TOTAL (if Rec'd on This Page (optional)) 3200.00

TOTAL This Page (if separate pages are submitted)

25-3834950

SCHEDULE A

ITEMIZED RECEIPTS

This schedule is for use by filers in the "Voluntary" Rate	PAGE	OF
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CANDIDATE ID 1141		

Any written contribution from a donor to the candidate or to the committee shall be reported by the filer on this schedule if the aggregate of all such contributions for the period covered by this schedule exceeds \$1000.00. If the filer is a candidate, the aggregate of all such contributions shall be reported if the total exceeds \$5000.00.

NAME OF COMMITTEE (in full) **NH DEMOCRATIC STATE COMMITTEE** FEC ID No. C01178028

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Month, day, year	Amount of Each Receipt (For Period)
WED DENBROBE 533 WELLS RD FRANKLIN, NH 03580	SELF	1-22-98	500.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other	BOOKSTORE OWNER	Aggregate Year To Date 5	500.00
C. P. MADENO 507 STATE ST PORTSMOUTH, NH 03801	SELF	2-24-98	200.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other	LAWYER	Aggregate Year To Date 5	200.00
KENNICOTT PRABOY 7 CONCORD ST NASHUA, NH 03060	SELF	4-5-98	500.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other	LAWYER	Aggregate Year To Date 5	500.00
D. GANE		5-3-98	200.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other		Aggregate Year To Date 5	200.00
BETTY B. HALL PO BOX 309 BEOCHVILLE, NH 03033	HALL MANUFACTURING	4-23-98	250.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other	PRESIDENT	Aggregate Year To Date 5	250.00
NORMAN D'ARBORES 135 CHASE WAY MANCHESTER, NH 03104	MCLANE, GEAR, HAILEY	4-13-98	200.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other	LAWYER	Aggregate Year To Date 4	200.00
CHARLES SNEEDAN 9 FISKILL FARM CONCORD, NH 03301	ORR & HEND	4-23-98	250.00
<input type="checkbox"/> For self <input type="checkbox"/> For spouse <input type="checkbox"/> For family <input type="checkbox"/> For other	LAWYER	Aggregate Year To Date 6	250.00

SUBTOTAL of the above receipts (do not add)	2100.00
TOTAL This candidate's page (do not add)	

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SCHEDULE A

ITEMIZED RECEIPTS

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Committee Name	NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

This schedule should be submitted with Main Form and included in your reporting package for the purpose of reporting this income to the donor of the contribution. The amount of the contribution should be reported on the donor's Form 1040. It is not to be reported on your own Form 1040.

NAME OF COMMITTEE (in Full) FEC ID No. C01178038
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Rec'd (m/d/yr)	Amount Rec'd (Amount included)
EDWARD FORAN, MD 9-D HILLS AVE CONCORD, NH 03301	SELF	4-27-98	200.00
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other	PHYSICIAN	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	200.00
SAME	SELF	6-18-98	500.00
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	500.00
GEORGE ROTRO	SELF	4-23-98	150.00
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other	LAWYER	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	150.00
SAME	SELF	5-8-98	50.00
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	200.00
SAME	SELF	6-18-98	50.00
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	250.00
COANNE O BOURKE 91 SARASON ST MANCHESTER, NH 03104	STATE OF NH	4-30-98	116.82
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other	PUBLIC SERVANT	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	116.82
SAME	SELF	6-10-98	126.34
<input type="checkbox"/> Employee <input type="checkbox"/> Family <input type="checkbox"/> Other		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Other	243.16

SUBTOTAL of Receipts This Page (column 4) 1198.16

TOTAL of Receipts (all pages if more than one) 1198.16

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SCHEDULE A

ITEMIZED RECEIPTS

Any item which is not itemized in Part II and does not meet the above-mentioned conditions shall be included in the "Other" category of the "Total Taxable Gifts" section of Form 706.

NAME OF EXEMPTIBLE (in full)
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

EOC ID No. 004178038

330331263

A. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (face value)
BARBARA BALIZAN 16 FAIRLIGH HILL DR NASHUA, NH 03063	STATE OF NH	4-27-95	200.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation: PUBLIC SERVANT	Aggregate Year-to-Date: Y N \$ 200.00	
PATTI BLANCHETT 820 MOORE DR PORTSMOUTH, NH 03801	BOYNTON, DILL, WOOD	4-27-95	200.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation: LAYWER	Aggregate Year-to-Date: Y N \$ 200.00	
JOHN MURACHERIN PO BOX 1704 HAMPTON, NH 03842	SHAWMUT, MURACHERIN	4-28-95	200.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation: LAYWER	Aggregate Year-to-Date: Y N \$ 200.00	
NICHOLAS ASSOLIMAN 24 KENSINGTON RD PORTSMOUTH, NH 03801	SELF	2-15-95	25.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation: LAYWER	Aggregate Year-to-Date: Y N \$ 25.00	
SAME		4-28-95	200.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation:	Aggregate Year-to-Date: Y N \$ 225.00	
J. ROBERT DURNING 754 CHESTNUT ST HAMPSHIRE, NH 03104	DOWNING FUNERAL HOME	4-28-95	200.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation: DIRECTOR	Aggregate Year-to-Date: Y N \$ 200.00	
MARTIN GROSSE 15 RUMFORD ST LYNDEN, NH 03301	SODORAY & HOLLIS	4-28-95	500.00
Recipient: <input type="checkbox"/> Other Recipient <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Recipient	Occupation: LAYWER	Aggregate Year-to-Date: Y N \$ 500.00	

SUBTOTAL (no receipts on this page (optional)) 1525.00

TOTAL Tax Payable (tax paid in kind only)

SCHEMATA

ITEMIZED RECEIPTS

Use separate schedule if recipient category is the following: (a) 1100	PAGE	OF
	6	10
FORM NO. 1040-SS (11-83)		

Any recipient who has received more than one receipt for contributions to a political committee should file a separate schedule for each receipt. The committee should file a separate schedule for each receipt received from a donor.

NAME OF COMMITTEE (in full) **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE** FEC ID No. **001178038**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Rec'd (day, month, year)	Amount of Each Receipt (in full)
KATHA A. ROHLF 32 PARKER RD BROOKLINE, NH 03033	DIGITAL EQUIPMENT CO	4-28-98	250.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: ENGINEER		Aggregate Year-To-Date: > 9 250.00
SAMB		6-18-98	25.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation:		Aggregate Year-To-Date: > 9 275.00
MELAN D. DODD 77 PLEASANT ST CONCORD, NH 03301	CONCORD ONE OF NH, I	4-27-98	250.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: PRESIDENT		Aggregate Year-To-Date: > 9 250.00
CLIFFORD J. WIRTH 15 SOUTH PLUM ST DOVER, NH 03820	ONE OF NH	4-27-98	225.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: PROFESSOR		Aggregate Year-To-Date: > 1 225.00
SAMB		5-11-98	10.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation:		Aggregate Year-To-Date: > 9 235.00
ELLEN FOX 39 WILSON ST MANCHESTER, NH 03104	DEVINE, WILLIAMS & BRANCH	4-27-98	250.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: LAWYER		Aggregate Year-To-Date: > 9 250.00
EDWARD E. SHIMAZEN 157 PAGE RD DOW, NH 03304	GALAGHER, CALLAHAN & GARELL	4-27-98	250.00
Receipt for: <input type="checkbox"/> Cash <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation: LAWYER		Aggregate Year-To-Date: > 9 250.00

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL (See Form 1040-SS page 10 for instructions)	

2 3 4 5 6 7 8 9 10 11 12

This receipt is subject to the same reporting and disclosure requirements as other receipts used to report contributions for political purposes. It is not to be used for reporting contributions for non-political purposes.

NAME OF COMMITTEE (In Full) **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE** SEC ID No. **001178036**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Rec'd	Amount of Cash Received in Full
DANIEL CALLAGHAN 505 RIVER RD MANCHESTER, NH	DEVINE, MILLMET & BRANCH	4-27-98	1000.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation LAWYER Aggregate Year-to-Date 1000.00		
SAM		6-18-98	200.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation LAWYER Aggregate Year-to-Date 1200.00		
BURT J. COHEN PO BOX 208 NEW CASTLE, NH 03854	STATE OF NH	4-27-98	200.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation PUBLIC SERVANT Aggregate Year-to-Date 200.00		
PAUL MCNECHESN 25 MAPLEWOOD AVE PORTSMOUTH, NH 03801	SHARNS MCNECHESN	4-27-98	200.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation LAWYER Aggregate Year-to-Date 200.00		
SUSAN M. EVTEN 28 WOODHILL RD BOW, NH 03304	REQUESTED	5-8-98	200.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation LAWYER Aggregate Year-to-Date 200.00		
NANCY RICHARDS STORCH MERRIMACK, NH 03064	SELF	4-30-98	350.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation LAWYER Aggregate Year-to-Date 350.00		
PATRICIA O. KILBY 2 BAWBORNE RD LONDONDERRY, NH 03053	SELF	4-30-98	250.00
<input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)	Occupation BANK CONSULTANT Aggregate Year-to-Date 250.00		

03 - 3833 - 266

TOTAL AMOUNT RECEIVED FOR THIS RECEIPT **3000.00**

SECTION A

MEMIZED RECEIPTS

This is not to be used for reporting the contribution of a candidate.	Page	9	of	19
	Form No. 1000-11a			

Applicant certifies that the receipts listed herein were received by or on behalf of the applicant and are for the purpose of contributing to the campaign of a candidate for federal office. The receipts listed herein are the total receipts received for the campaign and do not include any other receipts.

NAME OF COMMITTEE (in full)		FEC ID No. C01178098		
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE				
A. Full Name, Mailing Address and ZIP Code RICK A. TROMBLY 7 PARK ST BOSCHAMEN, NH		Name of Employer GRAY, VANACORE NIELSEN & TROMBLY	Date Paid, day month 4-30-98	Amount of Cash Received (in full) 240.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation LAWYER	Aggregate Year-to-Date 240.00	
D. Full Name, Mailing Address and ZIP Code SAME		Name of Employer (blank)	Date Paid, day month 5-3-98	Amount of Cash Received (in full) 60.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation (blank)	Aggregate Year-to-Date 300.00	
C. Full Name, Mailing Address and ZIP Code RICHARD BOULEY 2 R. CURTISVILLE RD CONCORD, NH 03301		Name of Employer BOULEY ASSOCIATES	Date Paid, day month 4-30-98	Amount of Cash Received (in full) 240.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation LOBBYIST	Aggregate Year-to-Date 240.00	
E. Full Name, Mailing Address and ZIP Code FARR		Name of Employer (blank)	Date Paid, day month 6-11-98	Amount of Cash Received (in full) 50.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation (blank)	Aggregate Year-to-Date 290.00	
L. Full Name, Mailing Address and ZIP Code DEBORAH O'ROURKE 13 RIDGEMAN LANE NEW BOSTON, NH 03070		Name of Employer REQUESTED	Date Paid, day month 5-19-98	Amount of Cash Received (in full) 200.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation REQUESTED	Aggregate Year-to-Date 200.00	
F. Full Name, Mailing Address and ZIP Code ALICE CHAMBERLIN 50 1. BURNHILL RD WARREN, NH 03278		Name of Employer SELF	Date Paid, day month 5-19-98	Amount of Cash Received (in full) 250.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation LAWYER	Aggregate Year-to-Date 250.00	
G. Full Name, Mailing Address and ZIP Code SAME		Name of Employer (blank)	Date Paid, day month 6-18-98	Amount of Cash Received (in full) 100.00
Occupation <input type="checkbox"/> Lawyer <input type="checkbox"/> Other type of job		Occupation (blank)	Aggregate Year-to-Date 350.00	
SUBTOTAL (do not include other receipts)				1140.00
TOTAL (do not include other receipts)				1140.00

200303334333

Use name and committee for each telephone call and address on this page	DATE	OF
	5	10
	FIVE TEN THIRTY	
	11a	

Any amount received through Representative Committee may not be sold or shared by any person for the purpose of an individual political campaign or for the purpose of a political party. Violations of this law are punishable by law. See 2025-2026 1021
 Political Committee Report Form 1021-1022 of 2025-2026 1021-1022 Form 1021-1022

NAME OF COMMITTEE (in Full) **NH DEMOCRATIC STATE COMMITTEE** FEC ID No. C01178038

20250331057

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Month Day Year	Amount of Each Receipt (in Dollars)
ROBERT J. CROWLEY D. W. HIGHWAY, RD 1 PLYMOUTH, NH 03264	SELF	5-3-98	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation TRUCKER	Aggregate Year-to-Date > \$ 200.00	
SAME	Name of Employer	Date Month Day Year	Amount of Each Receipt (in Dollars)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$ 700.00	500.00
WILLIAM VERBE BOX 203 PLAISTOW, NH 03866	SELF	5-3-98	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation BUSINESSMAN	Aggregate Year-to-Date > \$ 500.00	
HILDA FLEISHER 251 W BAY ST MANCHESTER, NH 03104	SELF	5-3-98	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation LAWYER	Aggregate Year-to-Date > \$ 200.00	
MICHAEL BILLIERS 14 COT HILL RD BEDFORD, MA 01730	SELF	5-3-98	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation BUSINESSMAN	Aggregate Year-to-Date > \$ 300.00	
LYNDA ZARTERES 221 HANOVER ST MANCHESTER, NH 03104	ZARTERES REALTY	5-3-98	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation REALTOR	Aggregate Year-to-Date > \$ 300.00	
GEORGE B. PRESSLEY 80 CONCORD ST NASHUA, NH 03063	SELF	5-3-98	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 200.00	

GUB TOTAL (if there is this page (bottom)) 2200.00

TOTAL (if there is this page (bottom))

SCHEDULE A

ITEMIZED RECEIPTS

See instructions to Schedule A regarding the detailed instructions

1-433
 19 10
 FORM NO. 1015-E
 1-82

4. This form should be filled out for each itemized receipt. Receipts used to prepare for the purpose of electing contributions in this column will also be shown listing the name and address of your fund-raising committee, and the contribution from that committee.

NAME OF COMMITTEE (in full): **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE**
 FEBO ID No. **001178036**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Month day, year	Amount of Cash Received (in full)
SOPHIA COLLIER PACERS FALLS RD NEWMARKET, NH 03857	REQUESTED	8-10-96	445.75
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	REQUESTED Aggregate from To Date: \$ 445.75		
SUSAN KOPOWITZ PACERS FALLS RD NEWMARKET, NH 03857	REQUESTED	6-10-96	400.00
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	REQUESTED Aggregate from To Date: \$ 400.00		
WILLIAM H. BERRY 9 NEWBERLEY ST WASHDA, NH 03060	SELF	4-28-96	100.00
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	LAWYER Aggregate from To Date: \$ 100.00		
SALE	Name of Employer	6-18-96	125.00
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	Occupation Aggregate from To Date: \$ 225.00		
L. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Month day, year	Amount of Cash Received (in full)
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	Occupation Aggregate from To Date: \$		
J. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Month day, year	Amount of Cash Received (in full)
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	Occupation Aggregate from To Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Month day, year	Amount of Cash Received (in full)
Received for: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Other (specify)	Occupation Aggregate from To Date: \$		

GRAND TOTAL - (Excludes 7th Page, (a) above) 1871.75

TOTAL This Page (add up the numbers in 4c) 21311.54

SCHEDULE A

ITEMIZED RECEIPTS

The above information concerning contributions of the following nature:	FOR	BY
	1	1
	FROM MEMBER	
	110	

Receipts for contributions from individuals are to be reported on this schedule if the total amount of such receipts for any calendar year exceeds \$250.00. The frequency of the receipt of such contributions is not to be taken into account in determining whether the total amount of such receipts exceeds \$250.00.

NAME OF COMMITTEE (in full) **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE** FEC ID No. **001178038**

33038530953

A. Full Name, Mailing Address and ZIP Code	Name of donor	Date Recd. (day, month)	Amount of Contribution
UNITED FOOD & COMMERCIAL WORKERS UMW UAW 1775 N ST, NP WASHINGTON, DC 20006		2-25-98	5000.00
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input checked="" type="checkbox"/> 5000.00	
COMMUNICATIONS WORKERS OF AMERICA WASHINGTON, DC		2-24-98	2500.00
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input checked="" type="checkbox"/> 2500.00	
C. Full Name, Mailing Address and ZIP Code	Name of donor	Date Recd. (day, month)	Amount of Contribution
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input type="checkbox"/>	
D. Full Name, Mailing Address and ZIP Code	Name of donor	Date Recd. (day, month)	Amount of Contribution
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input type="checkbox"/>	
E. Full Name, Mailing Address and ZIP Code	Name of donor	Date Recd. (day, month)	Amount of Contribution
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input type="checkbox"/>	
F. Full Name, Mailing Address and ZIP Code	Name of donor	Date Recd. (day, month)	Amount of Contribution
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input type="checkbox"/>	
G. Full Name, Mailing Address and ZIP Code	Name of donor	Date Recd. (day, month)	Amount of Contribution
Relationship: <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other (specify):	Occupation:	Aggregate for: To Date <input type="checkbox"/>	

GRAND TOTAL (reference this if applicable)	1500.00
TOTAL (Total of all receipts shown on this schedule)	7500.00

Receipts must be reported on Form 1041 and must be accompanied by a copy of the original receipt for the purpose of substantiating the amount of the receipt. Receipts must be reported on Form 1041 and must be accompanied by a copy of the original receipt for the purpose of substantiating the amount of the receipt.

NAME OF COMMITTEE (in Full) **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE** FBI ID No. 031178038

230383:970

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date Rec'd (day, month, year)	Amount of Cash Receipts Reported
DEMOCRATIC STATE PARTY VICTORY STUB 430 S CAPITOL ST WASHINGTON, DC 20003 Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other		1-25-98	2095.00
Aggregate Rec'd To Date \geq \$ 2095.00			
ASDC DOLLARS FOR DEMOCRATS 430 S CAPITOL ST WASHINGTON, DC 20003 Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other		3-22-98	9762.94
Aggregate Rec'd To Date \geq \$ 9762.94			
SANE Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other		3-12-98	878.82
Aggregate Rec'd To Date \geq \$ 10641.76			
SANE Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other		5-26-98	4300.00
Aggregate Rec'd To Date \geq \$ 14941.76			
DICK SANEY CONGRESS COMMITTEE PO BOX 1987 BOP, NH 03304 Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other		3-19-98	1500.00
Aggregate Rec'd To Date \geq \$ 16441.76			
Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other			
Rec'd by: <input type="checkbox"/> Party <input type="checkbox"/> Other			

SUBTOTAL (Receipts from page(s) enclosed)	18536.76
TOTAL (Receipts from page(s) enclosed)	18536.76

SECTION A

ITEMIZED RECEIPTS

Recipients of the 1988 Federal Income Tax Deduction for Charitable Contributions	1988 1 1 FEDERAL INCOME 20
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For information, use the full name of the contributor for reporting on the donor's Form 1041 and the full name of the committee for reporting on the donor's Form 1042. Do not check the box for a contribution to a political committee.

NAME OF COMMITTEE (in full) **NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE** **REG ID No. 00178056**

A. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received (in full)
IRS ANDOVER, NH 03501 Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		3-15-88 Aggregate Year-to-Date 25.12	25.12
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108 Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		4-5-88 Aggregate Year-to-Date 13.32	13.32
C. Full Name, Mailing Address, and ZIP Code Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-Date W 3	
D. Full Name, Mailing Address, and ZIP Code Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-Date W 3	
E. Full Name, Mailing Address, and ZIP Code Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-Date W 3	
F. Full Name, Mailing Address, and ZIP Code Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-Date W 3	
G. Full Name, Mailing Address, and ZIP Code Recipient: <input type="checkbox"/> Private <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-Date W 3	

1303943971

SUBTOTAL (All items on this page)	38.44
TOTAL (This page) (last page only)	38.44

Page 1 of 1 Fields: 17	1	1
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1. This report is required for all candidates for public office, including those who are not running for office, and for all persons who are not candidates for public office but who have received contributions or made contributions to candidates for public office.

NAME OF COMMITTEE (in full) **MSR HANPSE RE DEMOCRATIC STATE COMMITTEE** FEC ID No. C01178038

A. Full Name, Mailing Address, and ZIP Code	Name of Employer	Date Rec'd (month/year)	Amount of Contribution
FIRST XB BANE Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		VARIOUS Aggregate for this date: ≥ 0	0.97
B. Full Name, Mailing Address, and ZIP Code Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		Aggregate for this date: ≥ 0	
C. Full Name, Mailing Address, and ZIP Code Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		Aggregate for this date: ≥ 0	
D. Full Name, Mailing Address, and ZIP Code Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		Aggregate for this date: ≥ 0	
E. Full Name, Mailing Address, and ZIP Code Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		Aggregate for this date: ≥ 0	
F. Full Name, Mailing Address, and ZIP Code Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		Aggregate for this date: ≥ 0	
G. Full Name, Mailing Address, and ZIP Code Name of contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Party <input type="checkbox"/> Other <input type="checkbox"/> Other type:		Aggregate for this date: ≥ 0	

SUBTOTAL (Sum of all contributions)	0.97
TOTAL (Sum of all contributions UNDER 400)	0.97

23 - 38334972

ITEMIZED DISBURSEMENTS

Use this table to determine the amount of the whole summary tax.	PAGE	
	1	2
1-101 (REV. 1977)		
21b		

Any information received from contributors and information received from the campaign committee, the department of legal affairs, division for campaign finance, or the state board of elections shall be confidential and shall not be disclosed to the public.

NAME OF COMMITTEE (in full)
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

2303834973

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement BANK FEE	Date bank disbursement	Amount of Disbursement
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	1-8-95	17.35
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	2-5-95	9.42
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	3-5-95	7.91
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	4-7-95	1.00
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	5-2-95	10.23
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	6-2-95	2.83
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	6-11-95	6.91
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	1-6-95	6.50
FIRST NH BANK BOX 6418 MANCHESTER, NH 03108	<input type="checkbox"/> Personal <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (specify)	2-3-95	6.50

SUBTOTAL (Add column 4 of this Page (amount)) 70.65

TOTAL (Include total Legals fee from last page)

9 3 0 3 8 6 9 4 9 7 4

STANDARD FORM NO. 1001 (REV. 1-1-60) (GSA GEN. REG. NO. 27)

1. Full Name, Mailing Address and ZIP Code	2. Position	3. Organization	4. Date
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68
JAMES EARL RAY 2151 N. WALKER ST. MEMPHIS, TN 38104	SPECIAL AGENT IN CHARGE	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE	4-15-68

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE
 COMMITTEE (NAME AND ADDRESS)
 1000 STATE ST. NASHUA, NH 03102

2151 N. WALKER ST. MEMPHIS, TN 38104 4-15-68	FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE 4-15-68	JAMES EARL RAY SPECIAL AGENT IN CHARGE	2151 N. WALKER ST. MEMPHIS, TN 38104 4-15-68
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The above information is submitted in accordance with the provisions of the law	Page <u>1</u> of <u>1</u> Form No. 107- 28a
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This form is to be used to report the amount of money received by the committee from the sale of limited disbursements. It should be filled out for each limited disbursement received by the committee. A separate form should be filled out for each limited disbursement received by the committee.

NAME OF COMMITTEE (Print)

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

2 3 3 3 8 3 3 4 9 7 5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date Rec'd	Amount of Disbursement
COMMUNICATIONS WORKERS OF AMERICA WASHINGTON, DC	REBOUND CONTRIBUTION <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	3-10-95	2500.00
REGION 9A OF VOLUNTARY COMRADES 11 SOUTH ST FARMINGTON, CT 06032	REBOUND CONTRIBUTION <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	5-23-98	400.00
SEVENTH DAY WORKERS LOCAL UNION 17 FAC 1157 ADAMS ST BOSTON, MA 02154	REBOUND CONTRIBUTION <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	5-23-98	300.00
() Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date Rec'd	Amount of Disbursement
() Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date Rec'd	Amount of Disbursement
() Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date Rec'd	Amount of Disbursement
() Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date Rec'd	Amount of Disbursement
() Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date Rec'd	Amount of Disbursement
() Full Name, Mailing Address and ZIP Code	Purpose of Disbursement <input type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date Rec'd	Amount of Disbursement

SUBTOTAL (Sum of all of the above)	3200.00
TOTAL (The total of page 10 and for all)	3200.00

DEBITS AND OBLIGATIONS
Excluding Loans

234976

Account Name	Debit	Amount	Debit	Amount
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE				
1. For Name and Address of Contributor				
M.C.I C/O BUN 3000 CROFTON, MD 21114	923.94	-0-	-0-	923.94
Account Name				
ADMIN/TELEPHONE				
2. For Name and Address of Contributor				
BALOP, TUBS & ASSOCIATES 801 N FAIRFAX ST ALEXANDRIA, VA 22314	3500.00	-0-	-0-	3500.00
Account Name				
VOTER LIST				
3. For Name and Address of Contributor				
BANBON RESEARCH 545 BOYLSTON ST BOSTON, MA 02116	5000.00	-0-	3000.00	2000.00
Account Name				
FUELING				
4. For Name and Address of Contributor				
NEW ENGLAND TELEPHONE PO BOX 9000 MANCHESTER, NH 03105	4080.10	4000.48	6780.48	1330.13
Account Name				
ADMIN/TELEPHONE				
5. For Name and Address of Contributor				
NEW ENGLAND TELEPHONE PO BOX 9000 MANCHESTER, NH 03105	213.61	-0-	-0-	213.61
Account Name				
ADMIN/TELEPHONE				
6. For Name and Address of Contributor				
KERDE CORP. 191 SPRING ST LEXINGTON, MA 02173	91.50	-0-	-0-	91.50
Account Name				
ADMIN/PAPER SUPPLIES				
7. Total				6059.18
8. Total				
9. Total				
10. Total				

DEBITS AND OBLIGATIONS
 (Excluding Loans)

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Name (Account - full)	Subsidiary Payable during This Period	Amount received This Period	Amount due Period	Amount of substantially all interest
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE				
1 Full Name, Printing Address (street or P.O. Box), City or Location				
NH MAILING SERVICES, INC. 7 FREEMETER RD. MANCHESTER, NH 03103	156.58	-0-	-0-	156.58
Account or Other Description				
100 CLUB/MAILING SERVICE				
2 Full Name, Printing Address (street or P.O. Box), City or Location				
FEDERAL EXPRESS PO BOX 1006 OLD BRIDGE, NJ 08857	148.75	-0-	-0-	148.75
Account or Other Description				
ADMIN/MAIL				
3 Full Name, Printing Address (street or P.O. Box), City or Location				
RAMADA INN NORTH MAIN ST CONCORD, NH 03301	520.80	-0-	520.80	-0-
Account or Other Description				
DECEMBER PARTY/FOOD				
4 Full Name, Printing Address (street or P.O. Box), City or Location				
BROWCO REALTY 922 ELY ST MANCHESTER, NH 03101	990.00	-0-	-0-	990.00
Account or Other Description				
ADMIN/RENT				
5 Full Name, Printing Address (street or P.O. Box), City or Location				
NH DEMOCRATIC STATE COMMITTEE (NON-FEDERAL ACCOUNT) 150 N. MAIN ST. CONCORD, NH 03301	16475.76	-0-	0-	16475.76
Account or Other Description				
ALLOCATION FOR FEDERAL EXPENSES				
6 Full Name, Printing Address (street or P.O. Box), City or Location				
KEYSTONE PRESS, INC. OLD FALLS RD. MANCHESTER, NH 03104	9598.00	5127.00	14725.00	-0-
Account or Other Description				
PRINTING				
7 CUMULATIVE DEBITED PAYABLES (see page 1)				17771.09
8 TOTAL DEBITED PAYABLES (see page 1)				
9 TOTAL DEBITED PAYABLES (see page 1)				
10 TOTAL DEBITED PAYABLES (see page 1)				

DEBITS AND OBLIGATIONS
Excluding Loans

9 3 3 3 8 9 3 3 9 7 8

Account Name (Full)	Initials/Date/Subject/Beginning This Period	Amount (Initials/Date/Subject)	Amount This Period	Balance, Beginning of This Period
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE				
1. Full Name, Full Address and Zip Code of Contact or Member				
ROSSFELL, VERNY 4 NOTT ST. NASHUA, NH 03063		2029.51	-0-	2029.51
Administrative Expense				
ADMIN/SALARY				
2. Full Name, Full Address and Zip Code of Member or Contact				
MALLOY, SOND 30 TAYLOR ST MANCHESTER, NH 03103		290.00	-0-	290.00
Administrative Expense				
ADMIN/SOUND SYSTEM				
3. Full Name, Full Address and Zip Code of Member or Contact				
NATIONAL HEALTH POLICY COUNCIL 1601 NW 114, SUITE 130 DEER BILMPS, FL 33025		1700.00	-0-	1700.00
Administrative Expense				
HEALTH CARE FORUM/REIMBURSE				
4. Full Name, Full Address and Zip Code of Member or Contact				
JOHN CORBIN 60 LENS DRIVE MANCHESTER, NH 03103		2000.00	-0-	1000.00
Administrative Expense				
ADMIN/EQUIPMENT				
5. Full Name, Full Address and Zip Code of Member or Contact				
ARIEL PRESS 26 BOMBAY ST KEENE, NH 03431		1276.41	-0-	1276.41
Administrative Expense				
SAMPLE BOLLITS/PRINTER				
6. Full Name, Full Address and Zip Code of Member or Contact				
PSLF 12 PEMBROKE RD CONCORD, NH 03301		214.04	-0-	214.04
Administrative Expense				
SLIP INTERPRETERS				
7. Full Name, Full Address and Zip Code of Member or Contact				6005.02
8. Full Name, Full Address and Zip Code of Member or Contact				
9. Full Name, Full Address and Zip Code of Member or Contact				
10. Full Name, Full Address and Zip Code of Member or Contact				

DEBITS AND CREDITATIONS
 Excluding Loans

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Receipts from the Office	Contributions (Including In-Kind)	Amount Received From Source	Amount Paid To Source	Amounting Balance Forward	
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE					
1. For the New Hampshire Democratic State Committee					
DEBTS-TV 109 1310 WEL, VT 05601		1665.00	-0-	-0-	1665.00
DEBATE/MEDIA PROGRAM					
2. For the Media Products and the cost of production					
CREATIVE VIDEO, INC. 8 COMMERCIAL ST CONCORD, NH 03301 DISPUTED CLAIM SETTLED		750.00	-0-	-0-	750.00
DEBATE/MEDIA PRODUCTION					
3. For the Media Products and the cost of production					
ROBERT CRUICKLEY PO BOX 500 PLYMOUTH, ME 05264		1714.03	-0-	-0-	1714.03
ADMIN/RENT & UTILITIES					
4. For the Rent, Utilities and Production Costs					
NEW ENGLAND AUDIO TECH 260 STAGE RD HAMPSHIRE, ME 03641		300.00	-0-	-0-	300.00
SEPT 1980 CONVENTION					
5. For the Media Products and the cost of production					
1640 ASSOCIATES 340 COMMERCIAL ST MANCHESTER, NH 03103		100.00	-0-	-0-	100.00
ADMIN DEBATE/RENT					
6. For the Media Products and the cost of production					
CHRIS SPIROU NH DEMOCRATIC PARTY 150 N MAIN ST CONCORD, NH 03301		221.02	-0-	-0-	1900.52
ADMIN/TRAVEL EXPENSES & MISC					
7. For the Media Products and the cost of production					
					3795.53
8. For the Media Products and the cost of production					
9. For the Media Products and the cost of production					
10. For the Media Products and the cost of production					

SCHEDULE D
(Schedule F-30)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 5 of 10
10
UNRECORDED
10

Account Name	Following Fiscal Year Ending	Account Balance	Reported This Period	Carrying Amount at the End of the Period
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE				
101 North Main Street, 2nd Floor, Concord, NH 03301				
STAR GRAPHICS BOX 1475 CONCORD, NH 03302	119.00	-0-	-0-	119.00
HEALTH CARE FORUM/INTEGRATION DESIGN				
101 North Main Street, 2nd Floor, Concord, NH 03301				
NORTH MAIN REALTY BROKERS 1147 BROADWAY SOMERVILLE, MA 02243	1250.00	3575.62	4825.62	-0-
ADMIN/RENT				
101 North Main Street, 2nd Floor, Concord, NH 03301				
RAYMOND BUCKLEY 161 FAITH LANE MANCHESTER, NH 03103	681.42	1337.30	2018.72	-0-
ADMIN/EXPENSES				
101 North Main Street, 2nd Floor, Concord, NH 03301				
RAYMOND BUCKLEY 161 FAITH LANE MANCHESTER, NH 03103	1028.56	9639.88	10568.44	-0-
ADMIN/SALARY				
101 North Main Street, 2nd Floor, Concord, NH 03301				
MARHA'S ENVELOPES MICH ST MERRIM, NH 03060	-0-	1800.00	-0-	1800.00
OFFICE REFRESHMENTS				
101 North Main Street, 2nd Floor, Concord, NH 03301				
RENT/UTILITIES				
101 North Main Street, 2nd Floor, Concord, NH 03301				1919.00
101 North Main Street, 2nd Floor, Concord, NH 03301				37544.72
101 North Main Street, 2nd Floor, Concord, NH 03301				
101 North Main Street, 2nd Floor, Concord, NH 03301				37544.72

930334980

METHOD OF ALLOCATION FOR SHARED FEDERAL
 AND NON-FEDERAL ADMINISTRATIVE EXPENSES
 AND OTHER VOTER DRIVE COSTS

Name of Candidate: _____

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NATIONAL PARTY COMMITTEES
 FEDERAL SHARE (PERCENTAGE OF TOTAL FEDERAL EXPENSES INCURRED) %
 FEDERAL SHARE
 FEDERAL SHARE

LOCAL AND STATE PARTY COMMITTEES
 MINIMUM FEDERAL PERCENTAGE (65%) OF TOTAL FEDERAL SHARE (CONTRIBUTOR) %
 FUNDS EXPENDED:
 ● DIRECT LOCAL CONTRIBUTIONS - FEDERAL %
 ● LOCAL CONTRIBUTIONS FROM FEDERAL %
NON-FEDERAL FUNDS EXPENDED
 ● ACTUAL FEDERAL SHARE OF TOTAL EXPENSES %
 ● ACTUAL FEDERAL SHARE OF TOTAL FEDERAL %
 VOLUME OF VOTER DRIVE MATERIALS DISTRIBUTION EACH TRANSMISSION PER YEAR

SEPARATE SINGLE-GAUGE FUNDS AND NON-CONNECTED COMMITTEES
FUNDS EXPENDED
 ● INVESTMENT ELECTORAL COLLEGE PERCENTAGE %
 ● LOCAL CONTRIBUTIONS FROM STATE AND FEDERAL %
NON-FEDERAL FUNDS EXPENDED
 ● ACTUAL FEDERAL SHARE OF TOTAL EXPENSES %
 ● ACTUAL FEDERAL SHARE OF TOTAL FEDERAL %

CLASS AND LOCAL PARTY COMMITTEES

HAUTAU COMMISSION
 TOTAL FEDERAL SHARE (PERCENTAGE OF TOTAL FEDERAL SHARE)

		FEDERAL SHARE (%)
PRO-STATE	<input type="checkbox"/> (15.00%)	1
PRO-STATE	<input type="checkbox"/> (15.00%)	1
PRO-STATE	<input checked="" type="checkbox"/> (15.00%)	1
TOTAL FEDERAL SHARE (AND SHARE)		1
PRO-STATE	<input checked="" type="checkbox"/> (15.00%)	1
PRO-STATE (NON-FEDERAL)	<input checked="" type="checkbox"/> (10.00%)	2
PRO-STATE	<input checked="" type="checkbox"/> (15.00%)	1
PRO-STATE	<input checked="" type="checkbox"/> (15.00%)	1
PRO-STATE	<input checked="" type="checkbox"/> (15.00%)	1
TOTAL FEDERAL SHARE (AND SHARE)		5
TOTAL FEDERAL SHARE (AND SHARE)		6

FEDERAL ALLOCATION (27.00%) 17%

23 3 3 8 3 4 9 3 2

ALLOCATION RATIOS

PAGE	1
OF	2

DATE OF EVENT	1	2
<p>NEW HANDELSPROJEKT/AMTIC STAGE COMMITTEE</p> <p>ALLOCATION RATIO FOR INDIVIDUAL FUNDRAISING EVENTS, EXHIBIT ACTIVITIES, AND SPECIAL DISTRICT CAMPAIGN THAT MUST APPEAR ON THIS REPORT.</p> <p>Where applicable:</p> <p>FUNDRAISING activities are any activity designed to raise funds for the school or district, including, but not limited to, the following:</p> <p>EXHIBIT activities are those activities that are not classified as fundraising and are not subject to the same reporting requirements as fundraising activities.</p> <p>SPECIAL DISTRICT CAMPAIGN activities are those activities that are not subject to the same reporting requirements as fundraising activities.</p>		
<p>DATE OF EVENT: 10/01/08 100 CLUB</p> <p>CLASSIFICATION: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>	60.00	40.00
<p>DATE OF EVENT: 10/01/08 JEFFERSON/CALHOUN EVENT (1/0/0)</p> <p>CLASSIFICATION: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>	80.00	20.00
<p>DATE OF EVENT: 10/01/08 1992 BAILING</p> <p>CLASSIFICATION: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>	37.00	63.00
<p>DATE OF EVENT: 10/01/08</p> <p>CLASSIFICATION: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>		
<p>DATE OF EVENT: 10/01/08 NOVEMBER 1991 COMMISSION</p> <p>CLASSIFICATION: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>	50.00	40.00
<p>DATE OF EVENT: 10/01/08 CLASSROOM DEBATE</p> <p>CLASSIFICATION: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>	100.00	0.00
<p>DATE OF EVENT: 10/01/08 DECEMBER 1000 SYMBALISER</p> <p>CLASSIFICATION: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SPECIAL DISTRICT CAMPAIGN</p> <p>REPORTING PERIOD: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> RENEWAL WITH MODIFICATION <input type="checkbox"/> RENEWAL WITH MODIFICATION</p>	100.00	0.00

0.3333333333333333

ALLOCATION RATINGS

NAME OF SUBJECT

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

ALLOCATION RATINGS OF INDIVIDUAL FUNDRAISING EVENTS, EXHIBIT ACTIVITIES, AND SENIOR DIRECTOR CANDIDATE COMMITTEE APPLICING ON THIS REPORT.

Include only the following:

1. FUNDRAISING events which are held for the purpose of raising money for the party or party candidates.
2. EXHIBIT activities held on a regular basis for the purpose of raising money for the party or party candidates.
3. SENIOR DIRECTOR CANDIDATE activities for the purpose of raising money for the party or party candidates.

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NAME OF EVENT OR ACTIVITY	FEDERAL	NON-FEDERAL
<p>1932 PICNIC</p> <p>ACTIVITY: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input checked="" type="checkbox"/> SAME AS PREVIOUS REPORT</p>	37.00	63.00
<p>SEPTEMBER 1932 CONVENTION</p> <p>ACTIVITY: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input checked="" type="checkbox"/> SAME AS PREVIOUS REPORT</p>	37.00	63.00
<p>FEDERAL</p> <p>ACTIVITY: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input type="checkbox"/> SAME AS PREVIOUS REPORT</p>	FEDERAL	NON-FEDERAL
<p>FEDERAL</p> <p>ACTIVITY: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input type="checkbox"/> SAME AS PREVIOUS REPORT</p>	FEDERAL	NON-FEDERAL
<p>FEDERAL</p> <p>ACTIVITY: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input type="checkbox"/> SAME AS PREVIOUS REPORT</p>	FEDERAL	NON-FEDERAL
<p>FEDERAL</p> <p>ACTIVITY: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input type="checkbox"/> SAME AS PREVIOUS REPORT</p>	FEDERAL	NON-FEDERAL
<p>FEDERAL</p> <p>ACTIVITY: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input type="checkbox"/> SAME AS PREVIOUS REPORT</p>	FEDERAL	NON-FEDERAL
<p>FEDERAL</p> <p>ACTIVITY: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXHIBIT <input type="checkbox"/> SENIOR DIRECTOR CANDIDATE</p> <p>CHARACTER: <input type="checkbox"/> NEW <input type="checkbox"/> RECURRENT <input type="checkbox"/> SAME AS PREVIOUS REPORT</p>	FEDERAL	NON-FEDERAL

RECEIPT SCHEDULE 113
 11/20/2008

TRANSFERS FROM
 NON-FEDERAL ACCOUNTS

1	2
FIGURE 11	

NAME OF COMMITTEE			TOTAL AMOUNT TRANSFERRED
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE			
NAME OF DONOR		DATE OF RECEIPT	
NH DEMOCRATIC STATE COMMITTEE		2-16-98	\$ 1200.00
BREAKDOWN OF TRANSFER RECEIVED			
AMOUNT OF RECEIPT	DISCRETIONARY AMOUNT	EVENT ACTIVITY FOR	
		CANDIDATE SUPPORT	
1 1200.00			
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TOTAL FOR THE ABOVE ACCOUNTS			
AMOUNT OF RECEIPT	DISCRETIONARY AMOUNT	EVENT ACTIVITY FOR	
		CANDIDATE SUPPORT	
5200.00			5200.00
TOTAL RECEIPTS			

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RECIPIENT DETAILS
PAGE 1 OF 1

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

1	1
2	2
PAGE 1	

2303834936

NAME OF DONOR				TOTAL AMOUNT TRANSFERRED
NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE				
NAME OF ACCOUNT			DATE OF RECEIPT	
NH DEMOCRATIC STATE COMMITTEE			5-26-98	4000.00
(ORGANIZATION - NEW HAMPSHIRE DEMO)				
	AMOUNT OF TRANSFER	TRANSFER MADE FOR	ACCOUNT NUMBER	
1	4000.00		000000	
2				
3				
4				
5				
6				
7				
8				
9				
10				
(ORGANIZATION - NEW HAMPSHIRE DEMO)				
	AMOUNT OF TRANSFER	TRANSFER MADE FOR	ACCOUNT NUMBER	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL OF TRANSFERS FROM THIS ACCOUNT				
	TOTAL AMOUNT RECEIVED	TOTAL AMOUNT TRANSFERRED	CURRENT BALANCE	
	4000.00			4000.00
	8200.00			8200.00

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE 1	OF 28
FORM NO. 216	

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME AND HOME ADDRESS OF SERVICE	POSITION HELD	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
RAYMOND BOCKLEY 163 FAITH LANE MANCHESTER, NH 03103	ADM./SALAR	1-9-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 340.71 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
SAME	SAME	1-9-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 681.42 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
SAME	SAME	1-9-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 1022.13 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
SAME	SAME	1-9-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 1362.64 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
SAME	SAME	1-15-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 1362.64 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
SAME	SAME	1-23-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 1703.55 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
SAME	SAME	1-28-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE/WORKING <input type="checkbox"/> POLITICAL <input type="checkbox"/> OTHER FEDERAL SHARE \$ 2044.26 <input type="checkbox"/> FEDERAL SHARE \$ 0.00					
TOTAL OF ALL FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2044.26	347.52	1696.74
TOTAL OF FEDERAL AND NON-FEDERAL ACTIVITY FOR THE ENTIRE YEAR (do not include any activity from other pages)					
TOTAL OF FEDERAL AND NON-FEDERAL ACTIVITY FOR THE ENTIRE YEAR (do not include any activity from other pages)					

23-384987

JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE

Page	of
2	28 28
Filing Date	

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

COMMITTEE NAME AND ADDRESS	PLACEMENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
RAYMOND BOCKLEY 161 FAITH LANE MANCHESTER, NH 03105	ADM/SALAR	2-10-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIP EVENT OR DATE 2 2384-97 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SAME	SAME	2-18-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIP EVENT OR DATE 1 2725-6B <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SAME	SAME	2-22-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIP EVENT OR DATE 5 3066-39 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SAME	SAME	5-3-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIP EVENT OR DATE 5 3407-10 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SAME	SAME	5-15-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIP EVENT OR DATE 1 3747-81 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SAME	SAME	3-15-98	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> FUNDING <input type="checkbox"/> EQUIP EVENT OR DATE 4 4083-52 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
			2044.26	347.32	1696.94
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (less for transfer of the shared amount(s))					

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JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

Page	3
Date	26 28
Page 3 of 3	

1701 ST. LEWIS ST.

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

DATE	DESCRIPTION	AMOUNT	DATE	TOTAL AMOUNT	RECEIVED	AMOUNT
3-22-95	RAYMOND BRUCELEY 151 PALM LANE MADISON, NH 03103	340.71	3-22-95	340.71	57.92	282.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OTHER CHECK NO. 4427-23 <input type="checkbox"/> DEPOSITED TO BANK						
3-29-95	BANK	340.71	3-29-95	340.71	57.92	282.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OTHER CHECK NO. 4769-91 <input type="checkbox"/> DEPOSITED TO BANK						
4-5-95	BANK	340.71	4-5-95	340.71	57.92	282.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OTHER CHECK NO. 5110-60 <input type="checkbox"/> DEPOSITED TO BANK						
4-12-95	BANK	340.71	4-12-95	340.71	57.92	282.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OTHER CHECK NO. 5403-36 <input type="checkbox"/> DEPOSITED TO BANK						
4-19-95	BANK	340.71	4-19-95	340.71	57.92	282.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OTHER CHECK NO. 5792-07 <input type="checkbox"/> DEPOSITED TO BANK CHECK NO. 5451-36						
4-27-95	BANK	340.71	4-27-95	340.71	57.92	282.79
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> OTHER CHECK NO. 6132-78 <input type="checkbox"/> DEPOSITED TO BANK						
TOTAL				2044.29	347.52	1696.74

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JOINT FEDERAL AND NON-FEDERAL
ACTIVITY SCHEDULE

FORM NO.	50
REV.	08-80
FORM NO. 10	

NAME OF COMPANY: _____

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME AND ADDRESS OF EMPLOYER	EMPLOYEE'S TITLE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
RAYMOND BRISLEY 161 FAITH LANE MANCHESTER, NH 03103	ADM/SALAR	4-27-98	340.71	57.98	282.73
TYPE OF SERVICE: <input checked="" type="checkbox"/> CIVIL SERVICE EMPLOYEE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DIRECT EMPLOYEE SERVICE					
SAME	SAME	5-11-98	340.71	57.98	282.73
TYPE OF SERVICE: <input checked="" type="checkbox"/> CIVIL SERVICE EMPLOYEE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DIRECT EMPLOYEE SERVICE					
SAME	SAME	5-11-98	340.71	57.98	282.73
TYPE OF SERVICE: <input checked="" type="checkbox"/> CIVIL SERVICE EMPLOYEE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DIRECT EMPLOYEE SERVICE					
SAME	SAME	5-20-98	340.71	57.98	282.73
TYPE OF SERVICE: <input checked="" type="checkbox"/> CIVIL SERVICE EMPLOYEE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DIRECT EMPLOYEE SERVICE					
SAME	SAME	5-22-98	340.71	57.98	282.73
TYPE OF SERVICE: <input checked="" type="checkbox"/> CIVIL SERVICE EMPLOYEE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DIRECT EMPLOYEE SERVICE					
SAME	SAME	5-28-98	340.71	57.98	282.73
TYPE OF SERVICE: <input checked="" type="checkbox"/> ADMINISTRATIVE EMPLOYEE <input type="checkbox"/> MANAGER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DIRECT EMPLOYEE SERVICE					
TOTAL FEDERAL SHARE: 8177.04 <input type="checkbox"/> OTHER FEDERAL SHARE					
TOTAL AMOUNT OF ALL FEDERAL AND NON-FEDERAL ACTIVITY: MICHAEL...			2044.25	347.53	1696.71
TOTAL FEDERAL SHARE: THE FEDERAL SHARE IS THE SUM OF FEDERAL AND NON-FEDERAL SHARES (SEE INSTRUCTIONS)					
TOTAL AMOUNT OF ALL FEDERAL AND NON-FEDERAL ACTIVITY: (SEE INSTRUCTIONS)					

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JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

1. FULL NAME, MAILING ADDRESS (SEE PAGE 1)	2. FUND SOURCE	3. DATE	4. TOTAL AMOUNT	5. FEDERAL SHARE	6. NON-FEDERAL SHARE
RAYMOND BUCKLEY 161 FAITH LANE MANCHESTER, NH 03103	ADMIN/SALARIES	6-7-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCING <input type="checkbox"/> OTHER DISBURSED TO DATE: 0 <input type="checkbox"/> DIRECT CANDIDATE EXPENSE					
SAME	SAME	6-12-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCING <input type="checkbox"/> OTHER DISBURSED TO DATE: 0 <input type="checkbox"/> DIRECT CANDIDATE EXPENSE					
SAME	SAME	6-20-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCING <input type="checkbox"/> OTHER DISBURSED TO DATE: 0 <input type="checkbox"/> DIRECT CANDIDATE EXPENSE					
SAME	SAME	6-28-95	340.71	57.92	282.79
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCING <input type="checkbox"/> OTHER DISBURSED TO DATE: 0 <input type="checkbox"/> DIRECT CANDIDATE EXPENSE					
SAME	ADM/REIMB EXPENSES	1-28-96	1029.58	380.93	648.65
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCING <input type="checkbox"/> OTHER DISBURSED TO DATE: 0 <input type="checkbox"/> DIRECT CANDIDATE EXPENSE					
SAME	SAME	2-18-96	245.73	41.77	203.96
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCING <input type="checkbox"/> OTHER DISBURSED TO DATE: 0 <input type="checkbox"/> DIRECT CANDIDATE EXPENSE					
TOTAL OF ALL FEDERAL/STATE/LOCAL FEDERAL ACTIVITY THIS YEAR			2836.13	654.38	1981.75
1. FEDERAL SHARE OF FEDERAL ACTIVITY (SEE INSTRUCTIONS TO CANDIDATES)					
2. FEDERAL SHARE OF FEDERAL ACTIVITY (SEE INSTRUCTIONS TO CANDIDATES)					

JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE

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NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

1. FULL NAME AND PHYSICAL ADDRESS	2. PAYEE TYPE	3. DATE	4. TOTAL AMOUNT	5. FEDERAL SHARE	6. NON-FEDERAL SHARE
RAYMOND BUCKLEY 181 PALER LANE MANCHESTER, NH 03106	ADM REIMB POSTAGE	3-24-98	87.00	14.75	72.25
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
SAME	ADM/REIMB SUPPLIES	3-24-98	286.47	48.69	237.78
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
SAME	TRAVEL EXP GAS	5-22-98	116.41	19.78	96.63
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
SAME	TRAVEL EXP GAS	5-28-98	253.55	43.10	210.45
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
CATEGORY <input type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
CATEGORY <input type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
CATEGORY <input type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EVENT DIRECT OR INDIRECT SUPPORT <input type="checkbox"/>					
SUB-TOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE...			743.43	126.36	617.07
TOTAL FEDERAL SHARE (page 1) (page 2) (page 3) (page 4) (page 5) (page 6) (page 7) (page 8) (page 9) (page 10)					
TOTAL NON-FEDERAL SHARE (page 1) (page 2) (page 3) (page 4) (page 5) (page 6) (page 7) (page 8) (page 9) (page 10)					

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JOINT FEDERALIZATION FEDERAL
 ACTIVITY SCHEDULE

Page	8
Date	10/26
Time	1:12

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

FULL NAME AND COMPLETE ADDRESS MARY JANE THORP 57 OAK ST WASHING, NH 03090	PURPOSE EVENT SALARY	DATE 2-22-98	TOTAL AMOUNT 68.27	FEDERAL SHARE 11.60	NON-FEDERAL SHARE 56.67
EMPLOYER <input checked="" type="checkbox"/> ADMINISTRATIVE SERVICES <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER EMPLOYER'S ADDRESS _____ <input type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE					
FULL NAME AND COMPLETE ADDRESS SAME	PURPOSE EVENT SAME	DATE 3-3-98	TOTAL AMOUNT 68.27	FEDERAL SHARE 11.60	NON-FEDERAL SHARE 56.67
EMPLOYER <input checked="" type="checkbox"/> ADMINISTRATIVE SERVICES <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER EMPLOYER'S ADDRESS _____ <input type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE					
FULL NAME AND COMPLETE ADDRESS SAME	PURPOSE EVENT SAME	DATE 3-10-98	TOTAL AMOUNT 68.27	FEDERAL SHARE 11.60	NON-FEDERAL SHARE 56.67
EMPLOYER <input checked="" type="checkbox"/> ADMINISTRATIVE SERVICES <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER EMPLOYER'S ADDRESS _____ <input type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE					
FULL NAME AND COMPLETE ADDRESS SAME	PURPOSE EVENT SAME	DATE 3-15-98	TOTAL AMOUNT 68.27	FEDERAL SHARE 11.60	NON-FEDERAL SHARE 56.67
EMPLOYER <input checked="" type="checkbox"/> ADMINISTRATIVE SERVICES <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER EMPLOYER'S ADDRESS _____ <input type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE					
FULL NAME AND COMPLETE ADDRESS SAME	PURPOSE EVENT SAME	DATE 3-22-98	TOTAL AMOUNT 68.27	FEDERAL SHARE 11.60	NON-FEDERAL SHARE 56.67
EMPLOYER <input checked="" type="checkbox"/> ADMINISTRATIVE SERVICES <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER EMPLOYER'S ADDRESS _____ <input type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE					
FULL NAME AND COMPLETE ADDRESS SAME	PURPOSE EVENT SAME	DATE 3-29-98	TOTAL AMOUNT 68.27	FEDERAL SHARE 11.60	NON-FEDERAL SHARE 56.67
EMPLOYER <input checked="" type="checkbox"/> ADMINISTRATIVE SERVICES <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER EMPLOYER'S ADDRESS _____ <input type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE					
TOTAL FEDERAL SHARE			408.62	68.60	340.02
TOTAL NON-FEDERAL SHARE (including any amount for which Federal share is not available)					
TOTAL FEDERAL SHARE (including any amount for which Federal share is not available)					

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JOINT FEDERAL UNION LEAF
ACTIVITY SCHEDULE

Page	1 of 2
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NAME OF LEAF UNIT

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME OF LEAF MEMBER	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MARY JANE THORP 87 LUX ST NASHUA, NH 03105	SALARY	4-5-68	68.27	11.60	56.67
PAYMENT <input checked="" type="checkbox"/> BY DEBIT CARD / <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DEBIT CARD NUMBER: 0					
DATE OF LAST PAYMENT RECEIVED	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	4-12-68	68.27	11.60	56.67
PAYMENT <input checked="" type="checkbox"/> BY DEBIT CARD / <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DEBIT CARD NUMBER: 0					
DATE OF LAST PAYMENT RECEIVED	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	4-19-68	68.27	11.60	56.67
PAYMENT <input checked="" type="checkbox"/> BY DEBIT CARD / <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DEBIT CARD NUMBER: 0					
DATE OF LAST PAYMENT RECEIVED	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	4-27-68	68.27	11.60	56.67
PAYMENT <input checked="" type="checkbox"/> BY DEBIT CARD / <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DEBIT CARD NUMBER: 0					
DATE OF LAST PAYMENT RECEIVED	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	5-4-68	68.27	11.60	56.67
PAYMENT <input checked="" type="checkbox"/> BY DEBIT CARD / <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DEBIT CARD NUMBER: 0					
DATE OF LAST PAYMENT RECEIVED	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	5-11-68	68.27	11.60	56.67
PAYMENT <input checked="" type="checkbox"/> BY DEBIT CARD / <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DEBIT CARD NUMBER: 0 22782, 46					
TOTAL			409.62	69.60	340.02
TOTAL FEDERAL SHARE: (Less than total share if amount shown below is zero)					
TOTAL NON-FEDERAL SHARE: (Less than total share if amount shown below is zero)					

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JOINT FEDERAL / NON-FEDERAL
 ACTIVITY SCHEDULE

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NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

DATE	RECEIPT FROM	DATE	TOTAL AMOUNT	FEDERAL AMOUNT	NON-FEDERAL AMOUNT
	MARY JANE THORP 37 OXY ST NASHUA, NH 03066	5-20-98	68.27	11.60	56.67
CATEGORY <input checked="" type="checkbox"/> FEDERAL POLITICAL CONTRIBUTION <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER FINANCIAL SOURCE <input type="checkbox"/> FEDERAL CONTRIBUTION <input type="checkbox"/> OTHER CONTRIBUTION					
	REIMBURSEMENT SAME	2-9-98	13.69	2.32	11.37
CATEGORY <input checked="" type="checkbox"/> FEDERAL POLITICAL CONTRIBUTION <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER FINANCIAL SOURCE <input type="checkbox"/> FEDERAL CONTRIBUTION <input type="checkbox"/> OTHER CONTRIBUTION					
	REIMBURSEMENT SAME	5-22-98	263.05	44.71	218.34
CATEGORY <input checked="" type="checkbox"/> FEDERAL POLITICAL CONTRIBUTION <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER FINANCIAL SOURCE 1 13092.92 <input type="checkbox"/> FEDERAL CONTRIBUTION <input type="checkbox"/> OTHER CONTRIBUTION					
	REIMBURSEMENT SAME	5-28-98	263.05	44.71	218.34
CATEGORY <input checked="" type="checkbox"/> FEDERAL POLITICAL CONTRIBUTION <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER FINANCIAL SOURCE 1 <input type="checkbox"/> FEDERAL CONTRIBUTION <input type="checkbox"/> OTHER CONTRIBUTION					
	REIMBURSEMENT SAME	8-7-98	268.05	44.71	218.34
CATEGORY <input checked="" type="checkbox"/> FEDERAL POLITICAL CONTRIBUTION <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER FINANCIAL SOURCE 1 13081.57 <input type="checkbox"/> FEDERAL CONTRIBUTION <input type="checkbox"/> OTHER CONTRIBUTION					
	TOTAL FEDERAL CONTRIBUTIONS		894.11	181.95	712.16
TOTAL NON-FEDERAL CONTRIBUTIONS (including non-federal portion of federal contributions)					
TOTAL CONTRIBUTIONS (including federal and non-federal portions of federal contributions)					

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FEDERAL REGISTRATION OF FEDERAL
 ACTIVITY SCHEDULE

FORM 11
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 FEDERAL REG.

EMPLOYER'S NAME

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

EMPLOYER'S NAME	PAY TYPE	DATE	TOTAL AMOUNT	FEDERAL TAX	STATE TAX
HEATHEN QUINN PARSONS RD BARNSTEAD, NH 03218	SALARY	6-12-93	263.05	44.71	218.34
PAYOR <input checked="" type="checkbox"/> EMPLOYER'S PAYROLL <input type="checkbox"/> PAYOR'S PAYOR'S NAME: _____ <input type="checkbox"/> PAYOR'S <input type="checkbox"/> PAYOR'S NAME: _____					
HEATHEN QUINN	SAME	6-20-93	263.05	44.71	218.34
PAYOR <input checked="" type="checkbox"/> EMPLOYER'S PAYROLL <input type="checkbox"/> PAYOR'S PAYOR'S NAME: _____ <input type="checkbox"/> PAYOR'S <input type="checkbox"/> PAYOR'S NAME: _____					
HEATHEN QUINN	SAME	6-28-93	263.05	44.71	218.34
PAYOR <input checked="" type="checkbox"/> EMPLOYER'S PAYROLL <input type="checkbox"/> PAYOR'S PAYOR'S NAME: _____ <input type="checkbox"/> PAYOR'S <input type="checkbox"/> PAYOR'S NAME: _____					
ELAINE DORAN PO BOX 505 S BOSTON, NH 03273	SALARY	1-9-98	69.27	11.77	57.50
PAYOR <input checked="" type="checkbox"/> EMPLOYER'S PAYROLL <input type="checkbox"/> PAYOR'S PAYOR'S NAME: _____ <input type="checkbox"/> PAYOR'S <input type="checkbox"/> PAYOR'S NAME: _____					
ELAINE DORAN	SAME	1-15-98	69.27	11.77	57.50
PAYOR <input checked="" type="checkbox"/> EMPLOYER'S PAYROLL <input type="checkbox"/> PAYOR'S PAYOR'S NAME: _____ <input type="checkbox"/> PAYOR'S <input type="checkbox"/> PAYOR'S NAME: _____					
ELAINE DORAN	SAME	1-23-98	69.27	11.77	57.50
PAYOR <input checked="" type="checkbox"/> EMPLOYER'S PAYROLL <input type="checkbox"/> PAYOR'S PAYOR'S NAME: _____ <input type="checkbox"/> PAYOR'S <input type="checkbox"/> PAYOR'S NAME: _____					
			936.99	169.44	827.52
Total amount of all registered federal activities during the reporting period: _____					
Total amount of all unregistered federal activities during the reporting period: _____					

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DISBURSEMENT SCHEDULE
 FORM 1042-ES

CONFEDERATION LIBERAL
 ACTIVELY SUPPORTER

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NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME OF CONTRIBUTOR	ADDRESS	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
ELAINE BOGREN PO BOX 503 E SUTTON, NH 03273	SALARY	1-26-95	69.27	11.77	57.50
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> ADMINISTRATION EXPENSES <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FRANCHISE <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> FEDERAL SHARE					
SAVE	SAME	2-10-95	69.27	11.77	57.50
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> ADMINISTRATION EXPENSES <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FRANCHISE <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> FEDERAL SHARE					
SAVE	SAME	2-16-95	69.27	11.77	57.50
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> ADMINISTRATION EXPENSES <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FRANCHISE <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> FEDERAL SHARE					
SAVE	SAME	2-22-95	69.27	11.77	57.50
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> ADMINISTRATION EXPENSES <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FRANCHISE <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> FEDERAL SHARE					
FIRST NH BANK BOX 6416 MANCHESTER, NH 03108	941 DEPOS	1-9-95	368.38	62.57	305.81
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> ADMINISTRATION EXPENSES <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FRANCHISE <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> FEDERAL SHARE					
SAVE	SAME	1-23-95	280.00	47.60	232.40
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> ADMINISTRATION EXPENSES <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FRANCHISE <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> FEDERAL SHARE					
			925.15	157.25	767.91
TOTAL FEDERAL SHARE (Do not include out-of-state contributions)					
TOTAL NON-FEDERAL SHARE (Do not include out-of-state contributions)					

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JOINT FEDERAL /NON-FEDERAL
ACTIVITY SCHEDULE

Form	1041-101
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Activity Schedule	

Residence: CAMARON

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

DATE, TIME, LOCATION AND PHONE NO.	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
FIRST NB BANK BOX 641B NASHVILLE, NH 03108	94L DEP	1-28-98	140.00	23.80	116.20
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCIAL <input type="checkbox"/> OTHER CONTRIBUTOR: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> POLITICAL PARTY					
SAVE	SAME	2-16-98	280.00	47.60	232.40
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCIAL <input type="checkbox"/> OTHER CONTRIBUTOR: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> POLITICAL PARTY					
SAVE	SAME	2-22-98	280.00	47.60	232.40
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCIAL <input type="checkbox"/> OTHER CONTRIBUTOR: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> POLITICAL PARTY					
SAVE	SAME	3-3-98	275.00	46.75	228.25
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCIAL <input type="checkbox"/> OTHER CONTRIBUTOR: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> POLITICAL PARTY					
SAVE	SAME	3-10-98	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCIAL <input type="checkbox"/> OTHER CONTRIBUTOR: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> POLITICAL PARTY					
SAVE	SAME	3-15-98	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FINANCIAL <input type="checkbox"/> OTHER CONTRIBUTOR: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> POLITICAL PARTY					
			16838.69		
TOTAL FEDERAL SHARE (see page 1041-101)			1235.00	208.95	1026.05
TOTAL NON-FEDERAL SHARE (see page 1041-101)					
TOTAL THOMPSON FOR THE PUBLIC LEVEL (see page 1041-101)					

23038534999

JOINT FEDERAL AND NON-FEDERAL
 ACTIVITY SCHEDULE

Year: 14
 of 26
 Page 1 of 26

NAME OF ENTITY:

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

DATE OF PAYMENT OR DISBURSEMENT	DESCRIPTION OF PAYMENT OR DISBURSEMENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
1/15/93	1993 NEW HAMPSHIRE STATE COMMITTEE FIRST NH BANK PO BOX 641B MANCHESTER, NH 03108	8-22-93	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER DISBURSEMENT TYPE: <input type="checkbox"/> DIRECT SALARY DISBURSEMENT					
1/15/93	SAME	3-29-93	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER DISBURSEMENT TYPE: <input type="checkbox"/> DIRECT SALARY DISBURSEMENT					
1/15/93	SAME	4-5-93	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER DISBURSEMENT TYPE: <input type="checkbox"/> DIRECT SALARY DISBURSEMENT					
1/15/93	SAME	4-12-93	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER DISBURSEMENT TYPE: <input type="checkbox"/> DIRECT SALARY DISBURSEMENT					
1/15/93	SAME	4-19-93	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER DISBURSEMENT TYPE: <input type="checkbox"/> DIRECT SALARY DISBURSEMENT					
1/15/93	SAME	4-27-93	130.00	22.10	107.90
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> OTHER DISBURSEMENT TYPE: <input type="checkbox"/> DIRECT SALARY DISBURSEMENT					
			17618.69		
TOTAL OF DISBURSEMENTS FOR FEDERAL AND NON-FEDERAL ACTIVITY			789.00	132.60	647.40
I hereby certify that the foregoing is a true and correct copy of the records of the entity for the period covered by this report.					
I am a member of the entity and I am not a candidate for election to any office (excluding the office of judge) in any political subdivision of the State.					

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JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

FORM 15	2022
PAGE 1	

REPORT YEAR: 2022

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

FUND NAME AND ACCOUNT NUMBER	FUND TYPE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
FIRST NH BANK	941 DEPOSIT	5-4-98	1361.00	22.10	107.90
FUNDING: <input checked="" type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE FUNDING SOURCE: 1 <input type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> OTHER					
SAME	SAME	5-11-98	1361.00	22.10	107.90
FUNDING: <input checked="" type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE FUNDING SOURCE: <input type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> OTHER					
SAME	SAME	5-20-98	1200.00	20.40	98.60
FUNDING: <input checked="" type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE FUNDING SOURCE: 1 <input type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> OTHER					
SAME	SAME	5-23-98	175.00	29.75	145.25
FUNDING: <input checked="" type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE FUNDING SOURCE: 2 <input type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> OTHER					
SAME	SAME	5-28-98	175.00	29.75	145.25
FUNDING: <input checked="" type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE FUNDING SOURCE: 3 <input type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> OTHER					
SAME	SAME	6-7-98	175.00	29.75	145.25
FUNDING: <input checked="" type="checkbox"/> FEDERAL BUDGETARY FUNDS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE FUNDING SOURCE: 4 18523.89 <input type="checkbox"/> FEDERAL BUDGETARY FUNDS					
			906.00	153.85	751.15
(Total amount for all accounts for this report year)					
(Total amount for all accounts for all report years)					

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JOINT FEDERAL NON-FEDERAL
 ACTIVITY SCHEDULE

FORM NO.	1041-104
DATE	6-78
ISSUE	1041-104

OMB NO. 1545-0047

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

TO NAME (NAME OF CONTRIBUTOR)	ADDRESS	DATE	AMOUNT	REMARKS	NET RECEIPT
FIRST NH BANK PO BOX 6418 MANCHESTER, NH 03301	941 DEPOSIT	6-12-93	175.00		145.25
TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER FEDERAL ID NO. 3 <input type="checkbox"/> FEDERAL ID NO. 3					
SAME	SAME	6-20-93	175.00		145.25
TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER FEDERAL ID NO. 3 <input type="checkbox"/> FEDERAL ID NO. 3					
SAME	SAME	6-28-93	175.00		145.25
TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER FEDERAL ID NO. 3 19048.69 <input type="checkbox"/> FEDERAL ID NO. 3					
MIRN BAIN REALTY TRUST 1147 BROADWAY SUNNYSIDE, MA 02144	RENT	1-8-93	625.00		518.75
TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER FEDERAL ID NO. 3 <input type="checkbox"/> FEDERAL ID NO. 3					
SAME	RENT	3-10-93	625.00		518.75
TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER FEDERAL ID NO. 3 <input type="checkbox"/> FEDERAL ID NO. 3					
SAME	RENT	3-22-93	1250.00		787.50
TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER FEDERAL ID NO. 3 21548.69 <input type="checkbox"/> FEDERAL ID NO. 3					
			3025.00	764.25	2260.75
TOTAL RECEIPTS FROM ALL SOURCES (SEE INSTRUCTIONS) (SUMMARY PAGE)					

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JOINT FEDERALIZATION FUNDING ACTIVITY SCHEDULE

17	28
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NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

ACCOUNT NAME	ACCOUNT TYPE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
DOREEN MARY BEAVER TRUST 1147 BROADWAY SONNERSVILLE, MA 02144	REMIT	3-22-93	375.62	83.86	311.76
PAYEE: <input checked="" type="checkbox"/> ALL OTHERS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE					
DIRECTOR'S NAME: _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> DIRECTORIAL SUPPORT					
DORIS MARY BEAVER TRUST	CHECK NAME	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	4-15-93	650.00	71.83	578.17
PAYEE: <input checked="" type="checkbox"/> ALL OTHERS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE					
DIRECTOR'S NAME: _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> DIRECTORIAL SUPPORT					
DORIS MARY BEAVER TRUST	CHECK NAME	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	5-4-93	650.00	71.83	578.17
PAYEE: <input checked="" type="checkbox"/> ALL OTHERS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE					
DIRECTOR'S NAME: _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> DIRECTORIAL SUPPORT					
DORIS MARY BEAVER TRUST	CHECK NAME	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	6-10-93	650.00	71.83	578.17
PAYEE: <input checked="" type="checkbox"/> ALL OTHERS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE					
DIRECTOR'S NAME: _____ 23874.31 <input type="checkbox"/> FEDERAL <input type="checkbox"/> DIRECTORIAL SUPPORT					
NEW ENGLAND TELEPHONE PO BOX 9000 MANCHESTER, NH 03105	CHECK NAME	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
TELEPHONE	TELEPHONE	3-18-93	54.13	9.20	44.93
PAYEE: <input checked="" type="checkbox"/> ALL OTHERS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE					
DIRECTOR'S NAME: _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> DIRECTORIAL SUPPORT					
DORIS MARY BEAVER TRUST	CHECK NAME	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SAME	SAME	5-18-93	59.36	10.06	49.30
PAYEE: <input checked="" type="checkbox"/> ALL OTHERS <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE					
DIRECTOR'S NAME: _____ 23987.80 <input type="checkbox"/> FEDERAL <input type="checkbox"/> DIRECTORIAL SUPPORT					
TOTAL AMOUNT FOR ALL FEDERALIZATION ACCOUNTS: _____			2438.11	298.84	2140.27
TOTAL AMOUNT FOR ALL FEDERALIZATION ACCOUNTS: _____					
TOTAL AMOUNTS FOR THE NON-FEDERAL SHARE (using the 10/14/93 distribution year): _____					

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JOINT FEDERAL / NON FEDERAL
 ACTIVITY SCHEDULE

Year	19
18	88 86
Filing Date	

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME OF CONTRIBUTOR	TYPE OF CONTRIBUTION	DATE	TOTAL AMOUNT	REPORTED	NON-FEDERAL
NEW ENGLAND TELEPHONE SERVICE NEW ENGLAND TELEPHONE PO BOX 9000 MANCHESTER, NH 03108	TELEPHONE	8-22-86	752.28	167.88	584.39
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> OTHER CONTRIBUTOR TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION					
SAME	SAME	4-30-88	1054.79	179.32	875.47
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> OTHER CONTRIBUTOR TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION					
SAME	SAME	5-4-88	500.00	85.00	415.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> OTHER CONTRIBUTOR TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION					
SAME	SAME	5-18-88	521.75	105.70	516.05
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> OTHER CONTRIBUTOR TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION					
SAME	SAME	6-10-88	535.84	91.09	444.75
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> OTHER CONTRIBUTOR TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION					
SAME	1992 TELEPHONE	6-10-88	500.00	185.00	315.00
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> OTHER CONTRIBUTOR TYPE: <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> ORGANIZATION					
TOTAL FOR ALL CONTRIBUTIONS REPORTED BY THIS COMMITTEE			3584.86	774.00	3190.86
TOTAL FOR ALL CONTRIBUTIONS REPORTED BY THIS COMMITTEE					
TOTAL FOR ALL CONTRIBUTIONS REPORTED BY THIS COMMITTEE					

JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE

FILE NO.	13
DATE	08-28-98
FEDERAL FILE NO.	

NAME OF CONTRIBUTOR

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME OF CONTRIBUTOR	ACCOUNT NAME	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
FIRST NH BANK PO BOX 5418 MANCHESTER, NH 03108	940 DEPOSIT	1-9-98	150.00	25.50	124.50
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> CONTRIBUTION IN CASH <input type="checkbox"/> IN KIND <input type="checkbox"/> OTHER <input type="checkbox"/> DIRECT CONTRIBUTION FROM INDIVIDUAL <input type="checkbox"/> DIRECT CONTRIBUTION FROM ORGANIZATION					
CONCORD ELECTRIC 1 MCQUEE ST CONCORD, NH 03301	UTILITY	1-23-98	139.78	23.75	116.03
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> CONTRIBUTION IN CASH <input type="checkbox"/> IN KIND <input type="checkbox"/> OTHER <input type="checkbox"/> DIRECT CONTRIBUTION FROM INDIVIDUAL <input type="checkbox"/> DIRECT CONTRIBUTION FROM ORGANIZATION					
SAME	SAME	3-17-98	165.67	28.13	137.54
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> CONTRIBUTION IN CASH <input type="checkbox"/> IN KIND <input type="checkbox"/> OTHER <input type="checkbox"/> DIRECT CONTRIBUTION FROM INDIVIDUAL <input type="checkbox"/> DIRECT CONTRIBUTION FROM ORGANIZATION					
SAME	SAME	5-18-98	65.27	11.13	54.14
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> CONTRIBUTION IN CASH <input type="checkbox"/> IN KIND <input type="checkbox"/> OTHER <input type="checkbox"/> DIRECT CONTRIBUTION FROM INDIVIDUAL <input type="checkbox"/> DIRECT CONTRIBUTION FROM ORGANIZATION					
INTERNAL REVENUE SERVICE ANDOVER, NH 03501	941 TAXES	1-30-98	427.00	167.99	259.01
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> CONTRIBUTION IN CASH <input type="checkbox"/> IN KIND <input type="checkbox"/> OTHER <input type="checkbox"/> DIRECT CONTRIBUTION FROM INDIVIDUAL <input type="checkbox"/> DIRECT CONTRIBUTION FROM ORGANIZATION					
STATE OF NH-DC BOX 2058 CONCORD, NH 03302	DC TAX	1-30-98	218.79	37.18	181.61
TYPE OF CONTRIBUTION: <input checked="" type="checkbox"/> CONTRIBUTION IN CASH <input type="checkbox"/> IN KIND <input type="checkbox"/> OTHER <input type="checkbox"/> DIRECT CONTRIBUTION FROM INDIVIDUAL <input type="checkbox"/> DIRECT CONTRIBUTION FROM ORGANIZATION					
TOTAL FEDERAL AND NON-FEDERAL ACTIVITY DURING YEAR			1166.45	283.69	882.76
TOTAL FEDERAL SHARE (Do not include non-federal share)					
TOTAL NON-FEDERAL SHARE (Do not include federal share)					

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JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE F

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1/1/14-1/1/14	

UNIVERSITY OF NEW HAMPSHIRE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

DATE	DESCRIPTION	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
4-29-98	STATE OF NH-DC BOX 2058 CONCORD, NH 03302	NO TAXES	124.20	21.23	103.68
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FOREIGN TRAVEL <input type="checkbox"/> EXEMPT DIRECT CONTRIBUTIONS <input type="checkbox"/> DIRECT CONTRIBUTIONS REPORT					
1-9-98	WILLIAM COSSIN 154 WINTER ST MANCHESTER, NH 03102	REIMBURSE TELEPHONE	178.45	66.03	112.43
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FOREIGN TRAVEL <input type="checkbox"/> EXEMPT DIRECT CONTRIBUTIONS <input type="checkbox"/> DIRECT CONTRIBUTIONS REPORT					
1-9-98	PERK 1000 ELM ST MANCHESTER, NH 03101	PHONE EVENT UTILITY	206.37	35.08	171.29
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FOREIGN TRAVEL <input type="checkbox"/> EXEMPT DIRECT CONTRIBUTIONS <input type="checkbox"/> DIRECT CONTRIBUTIONS REPORT					
1-9-98	A-PLUS TELEPHONE EXCHANGE CRYSTAL AVE DERBY, NH 03805	PHONE EVENT TELEPHONE INSTALLAT	145.00	24.82	121.18
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FOREIGN TRAVEL <input type="checkbox"/> EXEMPT DIRECT CONTRIBUTIONS <input type="checkbox"/> DIRECT CONTRIBUTIONS REPORT					
3-3-98	CONTINENTAL CABLEVISION 8 COMMERCIAL ST CONCORD, NH 03301	PHONE EVENT UTILITY	112.95	19.20	93.75
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FOREIGN TRAVEL <input type="checkbox"/> EXEMPT DIRECT CONTRIBUTIONS <input type="checkbox"/> DIRECT CONTRIBUTIONS REPORT					
5-18-98	STATE	SAME	54.45	3.26	45.20
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES <input type="checkbox"/> FOREIGN TRAVEL <input type="checkbox"/> EXEMPT DIRECT CONTRIBUTIONS <input type="checkbox"/> DIRECT CONTRIBUTIONS REPORT					
TOTAL			623.15	175.53	617.53
(List all other disbursements on separate sheets, and attach to this page.)					
(List all other disbursements on separate sheets, and attach to this page.)					

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JOINT FEDERAL/STATE/LOCAL
ACTIVITY SCHEDULE

1992	CI
21	2876
FEDERAL ID:	

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME OF CONTRIBUTOR	TYPE OF CONTRIBUTION	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
ALLIANCE NATIONAL INSURANCE GROUP CONCORD STEAM CORP BOX 1377 CONCORD, NH 03302	UTILITY	2-16-99	563.33	95.77	467.56
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER FUNDRAISING CODE: F <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
CONCORD STEAM CORP	UTILITY	3-22-99	336.13	57.14	278.99
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER FUNDRAISING CODE: S <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
CONCORD STEAM CORP	UTILITY	5-3-99	425.04	72.35	352.78
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER FUNDRAISING CODE: S <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
ALGI PO BOX 2605 BRIEFORD PARK, IL 60499	TELEPHONE	2-16-99	116.87	19.89	96.98
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER FUNDRAISING CODE: F <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
ALGI	TELEPHONE	4-17-99	328.20	55.80	272.40
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER FUNDRAISING CODE: F <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
ALGI	TELEPHONE	5-4-99	219.59	37.32	182.27
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> OTHER FUNDRAISING CODE: S 31930.99 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUB-TOTAL DISBURSEMENTS (INCLUDE FEDERAL ACTIVITY THROUGHOUT THIS PAGE)			1993.99	338.12	1655.81
TOTAL (Include only the amount of disbursements for which you are seeking a refund)					
TOTAL (Include only the amount of disbursements for which you are seeking a refund)					

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DISBURSEMENT SCHEDULE FOR
1995

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

FORM 22	OF 26 28
FISCAL YEAR	

NAME OF COMMITTEE

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

DISBURSEMENT INFORMATION	PURPOSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING	COPIER RENTAL	3-3-95	113.35	19.27	94.08
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING	SAME	4-17-95	113.35	19.27	94.08
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING	SAME	5-4-95	113.35	19.27	94.08
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING	REIMBURSE TRAVEL & EXPENSES	3-18-95	400.52	68.09	332.43
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING	SAME	5-18-95	1500.00	255.00	1245.00
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING	RECEIPTS	1-9-95	222.00	37.74	184.26
DEPT 838028001, (N) 80271 CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSES DATE OF DISBURSEMENT 8 DISBURSEMENT INFORMATION: <input type="checkbox"/> TRAVEL <input type="checkbox"/> PER DIEM <input type="checkbox"/> MEALS AND LODGING			3493.56		
TOTAL FEDERAL SHARE			2482.57	419.64	2063.93

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JOINT FEDERAL ELECTION ACTIVITY SCHEDULE

1992	1991
23	28-29
Fiscal Year 1992	

REPORT FOR THE YEAR 1991

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME OF CONTRIBUTOR	TYPE OF CONTRIBUTION	DATE	TOTAL AMOUNT	FEDERAL SHARE	NET CONTRIBUTION
ALLIANCE FOR BALANCE-BUDGET REFORM DORRA SCHIFF 91 ALEXANDER DR MANCHESTER, NH 03103	<input type="checkbox"/> CONTRIBUTION <input checked="" type="checkbox"/> REIMBURSE <input type="checkbox"/> SUPPLIES	1-9-92	291.95	5.10	24.85
TYPE OF CONTRIBUTOR: <input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> FEDERAL OFFICIAL <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEDERAL CONTRACTOR <input type="checkbox"/> FEDERAL AGENT <input type="checkbox"/> FEDERAL EMPLOYEE'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION <input type="checkbox"/> FEDERAL EMPLOYEE'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ASSOCIATION <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION'S ASSOCIATION					
ALLIANCE FOR BALANCE-BUDGET REFORM THOMAS KANE 48 HITCHING POST LN BEDFORD, NH 03110	<input type="checkbox"/> CONTRIBUTION <input checked="" type="checkbox"/> REIMBURSE <input type="checkbox"/> SUPPLIES	1-9-92	149.90	25.48	124.42
TYPE OF CONTRIBUTOR: <input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> FEDERAL OFFICIAL <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEDERAL CONTRACTOR <input type="checkbox"/> FEDERAL AGENT <input type="checkbox"/> FEDERAL EMPLOYEE'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION <input type="checkbox"/> FEDERAL EMPLOYEE'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ASSOCIATION					
ALLIANCE FOR BALANCE-BUDGET REFORM NEW ENGLAND TELEPHONE BOX 9000 MANCHESTER, NH 03108	<input type="checkbox"/> CONTRIBUTION <input checked="" type="checkbox"/> REIMBURSE <input type="checkbox"/> TELEPHONE	1-9-92	1589.07	589.45	999.62
TYPE OF CONTRIBUTOR: <input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> FEDERAL OFFICIAL <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEDERAL CONTRACTOR <input type="checkbox"/> FEDERAL AGENT <input type="checkbox"/> FEDERAL EMPLOYEE'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION <input type="checkbox"/> FEDERAL EMPLOYEE'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ASSOCIATION					
ALLIANCE FOR BALANCE-BUDGET REFORM SANE	<input type="checkbox"/> CONTRIBUTION <input checked="" type="checkbox"/> REIMBURSE <input type="checkbox"/> SUPPLIES	2-18-92	672.23	114.28	557.95
TYPE OF CONTRIBUTOR: <input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> FEDERAL OFFICIAL <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEDERAL CONTRACTOR <input type="checkbox"/> FEDERAL AGENT <input type="checkbox"/> FEDERAL EMPLOYEE'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION <input type="checkbox"/> FEDERAL EMPLOYEE'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ASSOCIATION					
ALLIANCE FOR BALANCE-BUDGET REFORM SANE	<input type="checkbox"/> CONTRIBUTION <input checked="" type="checkbox"/> REIMBURSE <input type="checkbox"/> SUPPLIES	3-3-92	491.00	83.47	407.53
TYPE OF CONTRIBUTOR: <input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> FEDERAL OFFICIAL <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEDERAL CONTRACTOR <input type="checkbox"/> FEDERAL AGENT <input type="checkbox"/> FEDERAL EMPLOYEE'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION <input type="checkbox"/> FEDERAL EMPLOYEE'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ASSOCIATION					
ALLIANCE FOR BALANCE-BUDGET REFORM THE COPY CENTER 2 CAPITOL PLAZA CONCORD, NH 03301	<input type="checkbox"/> CONTRIBUTION <input checked="" type="checkbox"/> REIMBURSE <input type="checkbox"/> SUPPLIES	2-9-92	62.47	10.61	51.86
TYPE OF CONTRIBUTOR: <input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> FEDERAL OFFICIAL <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEDERAL CONTRACTOR <input type="checkbox"/> FEDERAL AGENT <input type="checkbox"/> FEDERAL EMPLOYEE'S RELATIVE <input type="checkbox"/> FEDERAL EMPLOYEE'S ORGANIZATION <input type="checkbox"/> FEDERAL EMPLOYEE'S UNION <input type="checkbox"/> FEDERAL EMPLOYEE'S ASSOCIATION					
GRAND TOTAL: 37338.15			2944.59	809.39	2136.20
TOTAL FEDERAL SHARE: 809.39					
TOTAL NET CONTRIBUTION: 2136.20					

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JOINT FEDERAL / NON-FEDERAL
 ACTIVITY SCHEDULE

FORM NO.	1041-101
DATE	05-26
FORM LABEL 11	

UNIT NO. 160877

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

UNIT NO. 160877	DISBURSEMENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
UNIT NO. 160877 USPS PLEASANT ST CONCORD, NH 03301	POSTAGE	VARIOUS	870.00	147.90	722.10
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	<input type="checkbox"/> REPAIRS <input type="checkbox"/> FUEL/OIL/MAINTENANCE	<input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHER			
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	DISBURSEMENT SUPPLIES	DATE 5-22-93	TOTAL AMOUNT 84.28	FEDERAL SHARE 14.32	NON-FEDERAL SHARE 69.96
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	DISBURSEMENT TREASURER BOND	DATE 5-4-93	TOTAL AMOUNT 58.00	FEDERAL SHARE 9.28	NON-FEDERAL SHARE 48.72
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	DISBURSEMENT ADVERTISE	DATE 5-4-93	TOTAL AMOUNT 31.96	FEDERAL SHARE 5.11	NON-FEDERAL SHARE 26.85
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	DISBURSEMENT ADVERTISE	DATE 5-4-93	TOTAL AMOUNT 21.85	FEDERAL SHARE 3.49	NON-FEDERAL SHARE 18.36
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	DISBURSEMENT RENT/ REPAIRS	DATE 3-22-93	TOTAL AMOUNT 264.65	FEDERAL SHARE 44.95	NON-FEDERAL SHARE 219.66
UNIT NO. 160877 DISBURSEMENT TYPE: <input checked="" type="checkbox"/> ADMINISTRATIVE EXPENSE DISBURSEMENT CODE: 1	DISBURSEMENT 38668.87				
UNIT TOTALS (UNIT LEARN AND/OR BUREAU ACCOUNTS WITH THIS PAGE)			1330.73	225.09	1105.63
TOTAL FEDERAL SHARE (Total amount with included amounts, do not include state share)					
TOTAL NON-FEDERAL SHARE (Total amount with included amounts, do not include state share)					

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JOINT FEDERAL AND NON-FEDERAL
 ACTIVITY SCHEDULE

DATE	1
25	26 26
Page 17 of 18	

Name of the spender

NEW HAMPSHIRE DEMOCRATIC STATE COMMITTEE

NAME AND ADDRESS OF SPENDER	PURPOSE OF EXPENSE	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
GAIL WINNEY 58-4, BOX 335 BRIFIELD, NH 05746	CONSULTING FEE	5-18-98	4000.00	680.00	3320.00
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> TRAVEL <input type="checkbox"/> EQUIP FEDERAL SHARE 5					
GAIL WINNEY (same as above)	REPROGRAPHER COPIES & SUPPLIES	3-22-98	61.55	10.48	51.09
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> TRAVEL <input type="checkbox"/> EQUIP FEDERAL SHARE 5					
USPS PLEASANT ST CONCORD, NH 03301	POSTAGE	5-22-98	181.00	32.47	158.53
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> TRAVEL <input type="checkbox"/> EQUIP FEDERAL SHARE 5					
MATHIAS BASS DEPT 638 DENVER, CO 80271	COPIER RENTAL	5-18-98	115.35	18.13	95.22
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> TRAVEL <input type="checkbox"/> EQUIP FEDERAL SHARE 5					
AT&T BOX 2605 BEDFORD, PA, 16 50999	TELEPHONE	6-10-98	348.14	55.70	292.44
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> TRAVEL <input type="checkbox"/> EQUIP FEDERAL SHARE 5					
CONCORD ELECTRIC 1 SQUIRE ST CONCORD, NH 03301	UTILITY	6-10-98	96.83	15.48	81.35
CATEGORY <input checked="" type="checkbox"/> ADMINISTRATIVE SUPPORT <input type="checkbox"/> TRAVEL <input type="checkbox"/> EQUIP FEDERAL SHARE 5					
SUBTOTAL OF FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4810.88	812.25	3998.61
FEDERAL SHARE (20% of total amount) (do not include non-federal share)					
FEDERAL SHARE OF THE NON-FEDERAL SHARE (do not include non-federal share)					

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

NH DEMOCRATIC STATE COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
GSLF INDUSTRIAL DR CONCORD, NH 03301	NOV 91 CONVENTION SERVICES	1-30-93	203.88	122.52	81.56
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR TO DATE: \$ 203.88 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CREATIVE ED, INC. 8 COMMERCIAL ST CONCORD NH 03301	CLAREMONT DEBATE	5-22-93	250.00	250.00	-0-
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR TO DATE: \$ 250.00 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
IMAGES & DATA, INC	EXEMPT - 191 MAILING	1-9-93	165.70	61.30	104.40
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> EVENT YEAR TO DATE: \$ 165.70 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
KRIS E. DURMER 17 BERKLEY ST. NASHUA, NH 03060	EXEMPT - 1992 MAILING	1-9-93	57.00	21.09	35.91
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> EVENT YEAR TO DATE: \$ 222.70 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
JEANNE SHAHREN 73 PERKINS RD MAD RY, NH 03824	EXEMPT - 1992 MAILING	1-9-93	314.00	116.18	197.82
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input checked="" type="checkbox"/> EVENT YEAR TO DATE: \$ 536.70 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR TO DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			990.58	570.89	419.69
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a) and non-Fed. share to 21 b 1)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (use for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE	OF
27	28
FOR LINE 21a	

NAME OF COMMITTEE

NH DEMOCRATIC STATE COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
KEYSTONE PRESS OLD FALLS RD MANCHESTER, NH 03103	100 CLUB PRINTING	3-24-93 4-29-93	156.00 4,190.00	93.60 2514.00	62.40 1676.00
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ 4,346.00 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
HARBO TRUPHES 18 HANOVER ST MANCHESTER, NH 03101	100 CLUB PRINTING	4-29-93	437.32	262.37	174.93
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ 4,783.32 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
USPS PLEASANT ST CONCORD, NH	100 CLUB POSTAGE	4-17-93	719.68	431.80	287.88
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ 5503.00 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
CENTER OF NH 700 ELIX ST MANCHESTER, NH 03101	100 CLUB METALS	4-29-93	7492.00	4495.20	2996.80
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ 12,945.00 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
Ken McCallum 8 MAGNOLIA RD WINDHAM, NH 03038	100 CLUB ENTERTAINMENT	4-30-93	225.00	13.00	90.00
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ 13,220.00 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
C. ARTHUR SOWCY 91 ALEXANDER DR MANCHESTER, NH 03103	100 CLUB RECREATION	4-30-93	243.25	145.95	97.30
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ 13,463.25 DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE.....			13,463.25	8,077.94	5,385.31
TOTAL THIS PERIOD (last page for each line only); (Fed. share to 21 a) and non-Fed. share to 21 a) ii) ...					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 3c of the detailed summary page).....					

DEPARTMENT OF REVENUE
 STATE OF MASSACHUSETTS

NON-FEDERAL AND FEDERAL
 CHARITABLE CONTRIBUTION SCHEDULE

PAGE	OF
28 26	28 26
FOR LINE 21a	

NAME OF CONTRIBUTOR

NEW HAMPSHIRE NEW GRANTS STUD. COMMITTEE

NAME, ADDRESS AND CITY, STATE AND ZIP CODE	FEDERAL IDENTIFICATION NUMBER	CHARITABLE CONTRIBUTION	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
500 N. MASSACHUSETTS ST. 5th FLOOR BOSTON, MA 02116	000000000		8000.00	1110.00	1890.00

<input checked="" type="checkbox"/> FEDERAL SHARE <input type="checkbox"/> NON-FEDERAL SHARE	<input type="checkbox"/> FEDERAL SHARE <input checked="" type="checkbox"/> NON-FEDERAL SHARE	<input type="checkbox"/> FEDERAL SHARE <input checked="" type="checkbox"/> NON-FEDERAL SHARE	<input type="checkbox"/> FEDERAL SHARE <input checked="" type="checkbox"/> NON-FEDERAL SHARE	<input type="checkbox"/> FEDERAL SHARE <input checked="" type="checkbox"/> NON-FEDERAL SHARE	<input type="checkbox"/> FEDERAL SHARE <input checked="" type="checkbox"/> NON-FEDERAL SHARE
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NAME, ADDRESS AND CITY, STATE AND ZIP CODE	FEDERAL IDENTIFICATION NUMBER	CHARITABLE CONTRIBUTION	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CONTRIBUTOR	000000000				

**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.

Hand Delivered DATE OF RECEIPT
12/10/93

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

E.P.
PREPARER

12/10/93
DATE PREPARED

2 3 4 5 6 7 8 9 10