



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
(RSA 664)
September 9, 2014 - Primary Election

I, Thomas E. Wilhelmson Chairperson, and I, Henry D. Lipman
(print name) (print name)
 Treasurer of the Advocates for New Hampshire Patients
 Committee, located at 76 Sarah Circle Laconia, NH 03246
(mailing address) (town/city) (state) (zip code)

report that the Committee has receipts or expenditures exceeding \$500 for the primary election and do submit the following report of receipts and expenditures.

SUMMARY OF RECEIPTS AND EXPENDITURES FOR PRIMARY ELECTION

Date of Report: *June 18 August 20 September 3 September 17

Receipts:

- | | |
|---|------------------------|
| 1) Total of all <i>receipts</i> in this report | 1) \$ <u>10,050.00</u> |
| 2) Total of all <i>receipts</i> in previous reports | 2) \$ <u>28,869.98</u> |
| 3) Total of all <i>primary election receipts</i> to date
(Add lines 1 and 2) | 3) \$ <u>38,919.98</u> |

Expenditures:

- | | |
|---|-------------------------|
| 4) Total <i>expenditures</i> in this report | 4) \$ <u>2000.00</u> |
| 5) Total of <i>expenditures</i> in previous reports | 5) \$ <u>21882.37</u> |
| 6) Total of all <i>primary election expenditures</i> to date
(Add lines 4 and 5) | 6) \$ <u>23882.37</u> |
| 7) Balance if SURPLUS | 7) \$+ <u>15,037.61</u> |
| 8) Balance if DEFICIT | 8) \$- _____ |

Thomas E. Wilhelmson
 Signature of Chairman

Henry D. Lipman
 Signature of Treasurer

*This report not required by Political Committee of a Political Party or by a Political Committee of a Candidate. RSA 664:6

ITEMIZED RECEIPTS

Reporting Period ending September 3, 2014

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution or aggregate contribution is over \$100 list: Occupation and Place of Business
<u>Erica Bodwell</u>	<u>6 Hampton St Concord, NH 03301</u>	<u>\$150</u>	<u>8/26/14</u>	<u>\$150</u>	<u>Management So NH Medical Center</u>
<u>Robert J. Carbonneau</u>	<u>79 Spindle Wick Dr Assisikon, NH 03862-4532</u>	<u>\$100</u>	<u>8/22/14</u>	<u>\$100</u>	<u>Management So NH Medical Center</u>
<u>Thomas A. Clarrant</u>	<u>587 South Road Burlington, NH 03220-4411</u>	<u>\$1000</u>	<u>8/26/14</u>	<u>\$1000</u>	<u>Retired N/A</u>
<u>Corin Dickrice</u>	<u>19 Sherrybrook Lane Amherst, NH 03031</u>	<u>\$500</u>	<u>8/25/14</u>	<u>\$500</u>	<u>Physician So NH Foundation</u>
<u>Peter Devereux</u>	<u>30 Oakmont Dr Concord, NH 03301</u>	<u>\$250</u>	<u>8/26/14</u>	<u>\$250</u>	<u>Robstown PNO Associates</u>
<u>Edward L. Dudley III</u>	<u>3 W. 99th St Chapel's Ford, NH 01824</u>	<u>\$500</u>	<u>8/22/14</u>	<u>\$500</u>	<u>Management Catholic Medical Center</u>
<u>Rachel Duguay</u>	<u>63 Boxwood Circle Mt. Ford, NH 03055-3001</u>	<u>\$250</u>	<u>8/15/14</u>	<u>\$250</u>	<u>Management So NH Medical Center</u>

Total of receipts unitemized (\$25 or under) in this report \$ —

*** Indicate to which election expenditure applies

ITEMIZED EXPENDITURES

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
<u>Maggie Lasson for Gov</u>	<u>Po Box 1464 Manchester NH 03101</u>	<u>\$1000</u>	<u>August 19, 2014</u>	<input checked="" type="checkbox"/>	<u>Campaign Donation</u>
<u>Job Bradley for NH Senate</u>	<u>645 South Main St Wolfboro, NH 03894</u>	<u>\$1000</u>	<u>August 19, 2014</u>	<input checked="" type="checkbox"/>	<u>Campaign Donation</u>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

*List occupation and place of business if total exceeds \$100 for primary or general election. RSA 664:6

ITEMIZED RECEIPTS

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution or aggregate contribution is over \$100 list: Occupation and Place of Business
Wayne Bean	109 Co. 1, Kingston Manchester, NH 03252	\$100	8/18/14	\$100	Physician CR HealthCare
Freddie Fernald	114 P. West St Suffield, NH 03249-245	\$100	8/21/14	\$100	Physician Lacenia C.M.C.
Mara Friedman	73 Longhill Rd Hollis, NH 03049	\$200	8/27/14	\$200	Management So NH Medical Center
Adrienne Greenlaw	261 Saganore Rd Gilford, NH 03249	\$500	8/20/14	\$500	Physician Lakes City Radiology
Matthew Levine	16 Elmwood Rd Hollis, NH 03049	\$200	8/18/14	\$200	Physician So NH Radiology
Henry A Lipman	P.O. Box 1607 Laconia, NH 03247	\$1000	8/31/14	\$1000	Management LRF Healthcare
Margaret J Nocheval	18 Pines Hill Rd Reading, NH 03247	\$200	8/20/14	\$200	Management So NH Foundation

Total of receipts unitemized (\$25 or under) in this report \$

*** Indicate to which election expenditure applies

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_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

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Joseph Pepe	55 River Branch Manchester, NH 03102	\$1000	8/27/14	\$1000	Management	Catholic Medical Center
Barbara Richards	Po Box 10017 Boston, NH 03110	\$150	8/28/14	\$150	Physician	So NH Foundation
Rachael Rowe	815 Jewett Rd Lispenhamp, NH 03209	\$1000	8/11/14	\$1000	Management	Granite Health Network
Robert Steigmeier	4 Woodbury Drive Bow, NH 03304	\$1000	8/26/14	\$1000	Management	Concord Hospital
Kristine Terrero	300 Bedford St Manchester, NH 03101	\$300	8/23/14	\$300	Management	Concord Hospital
Michael Rozu	42 Anthony Dr Londonderry, NH 03053	\$300	8/17/14	\$300	Management	So NH Medical Center
Peter Walscull	16 Grady's Lane Dover, NH 03820	\$250	8/18/14	\$250	Management	Wentworth Douglas Hosp
Stephanie Wolf-Reinblum	47 Beckwith St Manchester, NH 03104	\$1000	8/18/14	\$1000	Physician	So NH Foundation

Total of receipts unitemized (\$25 or under) in this report \$ _____

*** Indicate to which election expenditure applies

ITEMIZED EXPENDITURES

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

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