

**Political Organization  
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning 9-12, 2002 and ending 10-18, 2002

B Check applicable boxes:  Initial report  Change of address  Amended report  Final report

1 Name of organization Choice in Healthcare Committee Employer identification number 01-0711089

2 Mailing address (P.O. Box or number, street, and room or suite number)  
11 Washington Place

City or town, state, and ZIP code  
Bedford NH 03110

3 E-mail address of organization JLaduke@bedfordsurgical.com 4 Date organization was formed 6-7-02

5a Name of custodian of records Judith LaDuke 5b Custodian's address  
11 Washington Place  
Bedford NH 03110

6a Name of contact person Judith LaDuke 6b Contact person's address  
11 Washington Place  
Bedford NH 03110

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  
 City or town, state, and ZIP code

8 Type of report (check only one box)

a  First quarterly report (due by April 15)

b  Second quarterly report (due by July 15)

c  Third quarterly report (due by October 15)

d  Year-end report (due by January 31)

e  Mid-year report (Non-election year only-due by July 31)

f  Monthly report for the month of: \_\_\_\_\_  
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

g  Pre-election report (due by the 12th or 15th day before the election)  
 (1) Type of election: General  
 (2) Date of election: 11-5-02  
 (3) For the state of: N.H.

h  Post-general election report (due by the 30th day after general election)  
 (1) Date of election: \_\_\_\_\_  
 (2) For the state of: \_\_\_\_\_

9 Total amount of reported contributions (total from all attached Schedules A). . . . . 9 \$ 1500.00

10 Total amount of reported expenditures (total from all attached Schedules B). . . . . 10 \$ 5075.00

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here Judith M. LaDuke Date 10-17-02  
 Signature of authorized official

SCANNED OCT 29 2002



Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization <i>Choice in Healthcare Committee</i>		Employer identification number <i>01-0711089</i>
Contributor's name, mailing address and ZIP code <i>Lance Macey MD 128 Merrimack St Hooksett NH 03106</i>	Name of contributor's employer <i>SELF</i>	Amount of contributions reported for this period  <i>\$ 1,000.00</i>
	Contributor's occupation <i>M.D.</i>	
	Aggregate contributions year-to-date . . . ▶ \$ <i>1000.00</i>	
Contributor's name, mailing address and ZIP code <i>Anthony Marino MD 23 Hemlock St. Londonderry NH 03053</i>	Name of contributor's employer <i>SELF</i>	Amount of contributions reported for this period  <i>\$ 500.00</i>
	Contributor's occupation <i>M.D.</i>	
	Aggregate contributions year-to-date . . . ▶ \$ <i>500.00</i>	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶		<i>\$ 1,500.00</i>

Schedule B Itemized Expenditures		Schedule B page	of
Name of organization		Employer identification number	
Choice in Healthcare Committee		01-0711089	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
Friends of Jane O'Hearn 7 Pope Circle Nashua NH 03063	N/A		
	Recipient's occupation	\$ 1000.00	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
Judith LaDuke 535 Vinton St Manchester NH 03103	Bedford Ambulatory Surgical Center		
	Recipient's occupation	\$ 500.00	
	VP - Operations		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
NH Republican State Committee 134 N. Main St. Concord NH 03301	N/A		
	Recipient's occupation	\$ 2500.00	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
Martel for Senate 237 Riverdale Ave Manchester NH 03103	N/A		
	Recipient's occupation	\$ 1000.00	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
Committee to Elect Frank Sapareto 14 Oxbow Lane Derry NH 03038	N/A		
	Recipient's occupation	\$ 75.00	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
	Recipient's occupation	\$	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
	Recipient's occupation	\$	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
	Recipient's occupation	\$	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period	
	Recipient's occupation	\$	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 5075.00	

