

$\frac{\textbf{Report of Contributions and Expenditures for the City of Manchester}}{\textbf{Office of the City Clerk/ One City Hall Plaza' Manchester. NH 03101/ P: 603-624-6455 F: 603-624-6481}}$

Check those categories which apply:	
	ort, ten days preceding election ort, ten days following election
FOR CANDIDATE FILING:	
() I	, candidate for the office of
71	, fiscal agent, do not have contributions or expenditures equal to or exceeding
S500 for the reporting period indicated above.	
FOR COMMITTEE FILING:	
I,	ehairman of the
Committee, or I,	, treasurer, do not have contributions or expenditures equal to or exceeding
\$500 for the reporting period indicated above.	
FOR INCEMBENT FILING: I. 2-1-2-7	incumbent for the office of Silost board od indicated above.
that the information contained herein is true and correct to the best of my knowled Signed: Candidate or Campaign Chairman/Treasurer Committee Chairman/Treasurer Incumbent Date:///25/2	ge and belief. / Signed: Care Date: Date: ANGELA M. CAREY Notary Public - New Hampshire My Commission Expires April 7, 2026