



Report of Contributions and Expenditures for the City of Manchester

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Candidate's Election Filing | <input checked="" type="checkbox"/> Disclosure Report, ten days preceding election | <input type="checkbox"/> General Election |
| <input type="checkbox"/> Political Committee's Election Filing | <input type="checkbox"/> Disclosure Report, ten days following election | <input type="checkbox"/> Primary Election |
| <input type="checkbox"/> Incumbent's Report for ___ Quarter Ending: ___ Mar. ___ June ___ Sept. ___ Dec. 20___ | | |

FOR CANDIDATE FILING:

I, Leslie Want, candidate for the office of BOSC Ward A
 or I, _____, fiscal agent, **do not have** contributions or expenditures equal to or exceeding \$500 for the reporting period indicated above.

FOR COMMITTEE FILING:

I, _____ chairman of the _____
 Committee, or I, _____, treasurer, **do not have** contributions or expenditures equal to or exceeding \$500 for the reporting period indicated above.

FOR INCUMBENT FILING:

I, _____, incumbent for the office of _____
do not have contributions or expenditures equal to or exceeding \$500 for the period indicated above.

I, Leslie Want, candidate/fiscal agent/treasurer/committee chair/incumbent, hereby swear that the information contained herein is true and correct to the best of my knowledge and belief.

Signed: L. Want
 Candidate or Campaign Chairman/Treasurer
 Committee Chairman/Treasurer
 Incumbent

Date: 12/11/23

Signed: Angela M. Carey
 Justice of the Peace
 Notary Public - New Hampshire
 My Commission Expires April 7, 2026

Date: 12/11/23



UNITED STATES PUBLIC HEALTH SERVICE

FOR THE DIRECTOR, PUBLIC HEALTH SERVICE

FOR INFORMATIONAL PURPOSES:

State for the following general information:

Organization of

organization for the coordination of activities and to the extent of the

FOR ADMINISTRATIVE PURPOSES:

State for the following general information:

Organization of

organization for the coordination of activities and to the extent of the

FOR STATISTICAL PURPOSES:

No statistical data are being reported. Data are being reported. Data are being reported. Data are being reported. Data are being reported. Data are being reported.

Statistical data are being reported.

Statistical data are being reported.

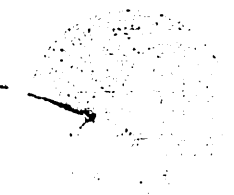
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Statistical data are being reported.



UNITED STATES PUBLIC HEALTH SERVICE