STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
(RSA 664)
September 11, 2012 - Primary Election

I, LAURA QUINN (print name) Chairperson, and I, MATTHEW BRAUN (print name)
Treasurer of the CATALIST FOR CHANGE
Committee, located at 1090 VERMONT AVE NW STE 300 WASHINGTON DC 20005
(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 20 ☐ August 22 ☐ September 5 ☐ September 19 ☒

Receipts:

1) Total of all *receipts* in this report	1)	$ Ø
2) Total of all *receipts* in previous reports	2)	$ 30,810.-
3) Total of all *primary election receipts* to date (Add lines 1 and 2)	3)	$ 30,810.-

Expenditures:

4) Total *expenditures* in this report	4)	$ Ø
5) Total of *expenditures* in previous reports	5)	$ 25,117.30
6) Total of all *primary election expenditures* to date (Add lines 4 and 5)	6)	$ 25,117.30
7) Balance if SURPLUS	7)	$+ 5,692.70
8) Balance if DEFICIT	8)	$- -

Signature of Chairman

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

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301
Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://www.sos.nh.gov
email: elections@sos.state.nh.us

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SEP 19 2012
NEW HAMPSHIRE
DEPARTMENT OF STATE

Candidate or Committee Name: CATALYST FOR CHANGE

Reporting period ending SEPT 11 2012

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
NONE					

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

ITEMIZED EXPENDITURES

***Indicate to which election expenditure applies

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
NONE				O O	
				O O	
				O O	
				O O	
				O O	
				O O	
				O O	
				O O	

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

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