



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
(RSA 664)
November 5, 2002 General Election

I, Lucian Szmyd, MD Chairperson, and I, Andre d'Hemecourt, MD
(print name) (print name)
Treasurer of the NH Eye Physicians & Surgeons Eye Care Committee
Committee, located at 7 N. State St., Concord NH 03301-4018
(mailing address) (town/city) (state) (zip code)

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

SUMMARY OF RECEIPTS AND EXPENDITURES FOR GENERAL ELECTION

Date of Report: October 16 [] October 30 [X] November 13 []

1) Amount brought forward from Primary (Required only on first report filed for General Election) 1) \$ (Indicate Surplus or Deficit)

Receipts:

2) Total of all general election receipts in this report 2) \$
3) Total of all receipts previously reported for general election 3) \$ 3,794.00
4) Total of all general election receipts to date 4) \$ 4,888.62
(Add lines 1, 2 and 3)

Expenditures:

5) Total general election expenditures in this report 5) \$ 208.00
6) Total of general election expenditures previously reported 6) \$ 4,490.00
7) Total of expenditures to date for general election 7) \$ 4,698.00
(Add lines 5 and 6)
8) Balance if SURPLUS 8) \$ + 190.62
9) Balance if DEFICIT 9) \$ -

RECEIVED
OCT 29 2002
NEW HAMPSHIRE
SECRETARY OF STATE

Lucian Szmyd, MD (JMS)
Signature of Committee Chairperson

Andre d'Hemecourt, MD (JMS)
Signature of Committee Treasurer

nh eye

Candidate or Committee Name: NH Eye Physicians + Surgeons

Reporting period ending Oct 30 2002

GENERAL ELECTION 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 \$ 1 00 list:	
					Occupation	and Place of Business

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

GENERAL ELECTION 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
				<input type="checkbox"/>	<input type="checkbox"/>	
<u>Bank of NH</u>	<u>Concord, NH</u>	<u>8.00</u>	<u>Oct</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Bank fee</u>
<u>Joseph Kenney</u>	<u>Union, NH</u>	<u>200.00</u>	<u>Oct 28</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>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"/>	
				<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, 1.

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TOTAL P.02