# STATE OF NEW HAMPSHIRE
## Candidate Committee Registration
## RSA 664

**COMMITTEE INFORMATION** **DATE: May 27, 2016**

| | | |
|---|---|---|
| Name of the Committee: | **Joe Casey for NH** | |
| Name of the Candidate: | **Joe Casey** | |
| Address (Number and Street): | **243 Walnut Street** | |
| City, State, and Zip: | **Rochester, NH 03867** | |
| Election Cycle:<br>**2016 Election Cycle** | Party/Political Organization: | Office Sought: |
| Email: | Phone:<br>**(603) 391-5898** | Website: |
| Purpose Of Committee: | **To elect Joe Casey** | |

**CHAIRPERSON INFORMATION**

| | |
|---|---|
| Name of the Chairperson: | **Howell Montgomery** |
| Address: | **16 Beacon Street** |
| City, State, and Zip: | **Concord, NH 03301** |
| Occupation, Place Of Business: | **consultant, GraniteRoots Public Solutions** |
| Email: | |
| Phone: | |

**TREASURER INFORMATION**

| | |
|---|---|
| Name of the Treasurer: | **Laura Hainey** |
| Address: | **34 Park Street** |
| City, State, and Zip: | **Rochester, NH 03867** |
| Occupation, Place Of Business: | **n/a, n/a** |
| Email: | |
| Phone: | |

☑ I hereby certify, under the pains and penalties of perjury, that the information provided is true and accurate to the best of my knowledge, information and belief.By checking this box, no signature is needed and you agree to the terms and conditions under RSA 664 of New Hampshire law.

☑ By checking this box the Candidate indicates his/her consent to the organization of the committee. A written consent of the candidate or his/her fiscal agent is on the file with the secretary of state.

| | | |
|---|---|---|
| **May 27, 2016** | **Joe Casey** | **Laura Hainey** |
| Date | Candidate Name | Committee Treasurer Name |

# STATE OF NEW HAMPSHIRE

## 2016 Political Committee Registration - RSA 664:3

**AMENDMENT FORM**

Committee Name: Joe Casey for NH

Address: 243 Walnut Street, Rochester, NH 03867

Phone: _____

**Indicate the change and specify the new information:**

Change of Committee Name: _____

Change of Address: _____

Change of Phone Number: _____ Fax Number: _____

Change of Purpose: To Candidate Committee

**Change of Chairperson – Name and Address _____

** Change of Treasurer – Name and Address _____

****For a change of Chairperson or Treasurer a resignation letter of the previous officer or the committee minutes effecting the change must accompany this amendment form.**

6/10/16

Signature of Chairperson Date

Signature of Treasurer Date

***RSA 664:3. The committee shall file an amendment to its registration within 14 days of any change in the officers or purpose of the committee.***

*Return to:*

***Secretary of State's Office, State House Room 204, Concord, New Hampshire 03301***

***Phone: 603-271-3242 Fax: 603-271-6316***

JOE CASEY for NH
243 Walnut Street
Rochester, NH 03867

June 10, 2016

William Gardner
Secretary of State
New Hampshire Secretary of State's Office
Election Division – Administration
State House, Room # 204
107 North Main Street
Concord, NH 03301

RE: Joe Casey For NH Candidate Committee

To Whom It May Concern,

Please accept the attached form as an amendment to my current committee "Joe Casey for NH." Joe Casey for NH will be used as my candidate committee.

If you have any questions about this change, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

**Joe Casey**
*International Representative for Business Development*
*International Brotherhood of Electrical Workers*