



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

VKL

**COMMITTEE INFORMATION**

**DATE: May 10, 2016**

Name of the Committee:	<b>Committee To Elect Ilyssa Sherman</b>	
Name of the Candidate:	<b>Ilyssa Sherman</b>	
Address (Number and Street):	<b>P.O. Box 115</b>	
City, State, and Zip:	<b>Rollinsford, NH 03869</b>	
Election Cycle: <b>2016 Election Cycle</b>	Party/Political Organization: <b>Democratic</b>	Office Sought: <b>State Representative, Strafford District: 18</b>
Email: <b>ijv2@wildcats.unh.edu</b>	Phone: <b>(603) 702-2095</b>	Website:
Purpose Of Committee:	<b>To elect Ilyssa Sherman to the House of Representatives</b>	

**CHAIRPERSON INFORMATION**

Name of the Chairperson:	<b>Ilyssa Sherman</b>
Address:	<b>P.O. Box 115</b>
City, State, and Zip:	<b>Rollinsford, NH 03869</b>
Occupation, Place Of Business:	<b>None, None</b>
Email:	<b>ijv2@wildcats.unh.edu</b>
Phone:	<b>(603) 702-2095</b>

**TREASURER INFORMATION** (Must be a N.H. Resident)

Name of the Treasurer:	<b>Kyle Charrette</b>
Address:	<b>P.O. Box 115</b>
City, State, and Zip:	<b>Rollinsford, NH 03869</b>
Occupation, Place Of Business:	<b>Air National Guard, Pease Air National Guard Newington, NH</b>
Email:	<b>03801 kylecharrette@gmail.com</b>
Phone:	<b>(603) 486-1702</b>

- 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 10, 2016**

Date

**Ilyssa Sherman**

Candidate Name

**Kyle Charrette**

Committee Treasurer Name