



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

**COMMITTEE INFORMATION**

**DATE: May 11, 2016**

Name of the Committee:	<b>NHOA-PAC</b>	
Address (Number and Street):	<b>NHOA-PAC c/o Dr. Anthony N. Sacco, 21Green Street</b>	
City, State, and Zip:	<b>Concord, NH 03301</b>	
Election Cycle:	<b>2016 Election Cycle</b>	
Email:	Phone:	Website:
<b>T-SACCO@comcast.net</b>	<b>(603) 224-0971</b>	
Purpose Of Committee:	<b>To help political candidates gain elected office</b>	

**CHAIRPERSON INFORMATION**

Name of the Chairperson:	<b>Eliot F. Lasky</b>
Address:	<b>NHOA-PAC c/o Dr. Anthony N. Sacco, 21Green Street</b>
City, State, and Zip:	<b>Concord, NH 03301</b>
Occupation, Place Of Business:	<b>Optometrist, 505 West Hollis St, Nashua, NH</b>
Email:	<b>elasky@drsp hl.com</b>
Phone:	<b>(603) 888-0311</b>

**TREASURER INFORMATION** (Must be a NH Resident)

Name of the Treasurer:	<b>Anthony N. Sacco</b>
Address:	<b>NHOA-PAC c/o Dr. Anthony N. Sacco, 21Green Street</b>
City, State, and Zip:	<b>Concord, NH 03301</b>
Occupation, Place Of Business:	<b>Optometrist, 21 Green St, Concord, NH</b>
Email:	<b>T-SACCO@comcast.net</b>
Phone:	<b>(603) 224-0971</b>

**STATEMENT OF INDEPENDENT EXPENDITURES**

<input checked="" type="checkbox"/> <b>The Committee will not be making independent expenditures.</b>
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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, you agree to the terms and conditions under RSA 664 of New Hampshire law.

Sign the form and submit to the Secretary of State along with your payment of \$50.00 payable to the State of New Hampshire

Mail To:

Office of the Secretary of State  
State House Room 204  
107 North Main Street  
Concord, NH 03301

**May 11, 2016**

Date

**Eliot F. Lasky**

Chairperson Name

**Anthony N. Sacco**

Committee Treasurer Name