



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for POLITICAL COMMITTEES**  
**(RSA 664)**  
**September 9, 2014 - Primary Election** ✓

I, John Easton Chairperson, and I, Jayne Millerick  
(print name) (print name)  
 Treasurer of the Kelly PAC

Committee, located at 901 N Washington Street, Suite 700, Alexandria, VA, 22314  
(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 18       August 20       September 3       September 17

**Receipts:**

- |  |                        |
|--|------------------------|
| 1) Total of all receipts in this report                                  | 1) \$ <u>0.00</u>      |
| 2) Total of all receipts in previous reports                             | 2) \$ <u>34,601.01</u> |
| 3) Total of all primary election receipts to date<br>(Add lines 1 and 2) | 3) \$ <u>34,601.01</u> |

**Expenditures:**

- |  |                                    |
|--|------------------------------------|
| 4) Total expenditures in this report   | 4) \$ <u>0.00</u>                  |
| 5) Total of expenditures in previous reports                                 | 5) \$ <u>19,730.00</u>             |
| 6) Total of all primary election expenditures to date<br>(Add lines 4 and 5) | 6) \$ <u>19,730.00</u>             |
| 7) Balance if SURPLUS  | 7) \$+ <u>14,871.01</u>            |
| 8) Balance if DEFICIT  | 8) \$- <u>                    </u> |

John Easton  
 Signature of Chairman

Jayne Millerick  
 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://sos.nh.gov>

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SEP 17 2014

NEW HAMPSHIRE  
 DEPARTMENT OF STATE

**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
N/A					

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

**ITEMIZED EXPENDITURES**

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
N/A				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

\*\*\* Indicate to which election expenditure applies

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