## 

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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			4 Office Use Only AMI 1:58
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER
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ADDRESS (number and street)	P O B O X 2 5 8	6 1 1 1 1 1 1 1 1	
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COMMITTEE'S E-MAIL ADDR	ESS		
☐	tfahey@nh	n b a n k e r s . c o	> m .
	Optional Second E-Mail Ac	ddress	
COMMITTEE'S WEB PAGE A	DDRESS (URL)		
☐ ◀ (Check if address is changed)	·	nikleirisi.icioimi i	
• ,	<u> </u>	<del></del>	
2. DATE 0 1 0	) 8		
3. FEC IDENTIFICATION I	NUMBER ▶ C ₀	0 1 0 9 6 7 8	
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bes	st of my knowledge and belief	t is true, correct and complete.
Type or Print Name of Treasu	rer Thomas F. Fahey		
Signature of Treasurer	J-Ramos F	John	Date 01 08 2015
NOTE: Submission of false, erro		n may subject the person signing	this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	FFL. FLJKM I

F	FEC Fo	m 1 (Revised 02/2009)	Page 2
		DMMITTEE	
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	•
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
Cand Party	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Part	ty Con	mittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
			•
		Membership Organization X Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	1.		<del>*************************************</del>
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	FEC FOITH I (Nevised C	12/2009)					age 3
٧	Write or Type Committee Name						
	New Hampshire Banl	kers Association Fe	deral Ba	nkPAC			<del></del>
6.	Name of Any Connected C	rganization, Affiliated Comm	ittee, Joint F	undraising Rep	resentative, o	r Leadership PAG	C Sponsor
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		CITY			STATE	ZIP CO	DDE
	Relationship: X Connected	d Organization Affiliated Co	mmittee	Joint Fundraising	Representati	ve Leadership	PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone	number op	itional) and posit	ion of the per	son in possession	n of committee
	in hor	nae F. Fahe:	v				ı
		nas F. Fahe					
	Mailing Address	Niew Hampsi		B <sub>anke</sub>	r <sub>i</sub> s <sub>i</sub> A <sub>i</sub> s	S  O  C   1   a	t <sub>i</sub> l <sub>i</sub> o n
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	Title or Position	CITY			STATE	ZIP CO	DDE
	T  r  e  a   s  u  r  e  ŋ			Telephone nur	mber <u>[6 1</u> 0	3 - 2,2,4	- 5 3 7 3
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number o assistant treasurer).	ptional) of the	e treasurer of the	e committee;	and the name and	address of
	Full Name of Treasurer	n <sub> </sub> a <sub> </sub> s <sub> </sub> F. <sub>   </sub> F <sub> </sub> a <sub> </sub> h <sub> </sub> e <sub> </sub>	Y			<del>                                      </del>	
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	Title or Position	CITY			STATE	ZIP CC	DDE
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							8

9.

Full Name of Designated Agent	S <sub>i</sub> a <sub>i</sub> n <sub>i</sub> d <sub>i</sub> r <sub>i</sub> a <sub>i   Ti</sub> r <sub>i</sub> aq <u>y</u>				
Mailing Address	N <sub> </sub> e <sub> </sub> w <sub> </sub> Hamp <sub> </sub> s <sub> </sub> h <sub> </sub> i <sub> </sub> r <sub> </sub> e <sub> </sub> Ban <sub> </sub> k	lers A	s p p c   i   a   t   i   o   n		
	P <sub>1</sub> O <sub>1</sub> B <sub>1</sub> O <sub>1</sub> X <sub>1</sub>   2 <sub>1</sub> 5 <sub>1</sub> 8 6				
	Clolufciol Life CITA	N <sub>H</sub> STATE	0 3 3 0 2 - 2 5 8 6 ZIP CODE		
Title or Position	tլaլոլtլ լTլrլeլaլsլuլrլeլդ Telephon	e number 6 [6]	0   3   -   2   2   4   -   5   3   7   3		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
	$M_1e_1r_1r_1i_1m_1a_1q_k_1C_1o_1u_1n_1t_1y_1S_1a_1v_1i_1$	n <sub>i</sub> g <sub>i</sub> s <sub>i B</sub> aj	$n_1 k_1 + \cdots + k_n k_n$		
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	$C_{101}n_1c_1o_1r_1d_1$	NH	0 3 3 0 2 - 2 8 2 6		
	CITY	STATE	ZIP CODE		
Name of Bank,	Depository, etc.				
Mailing Address					
<del></del>	CITY	STATE	ZIP CODE		

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999 EAST STREET N.W. WASHINGTON, DC 20463

CENTER PEC HAIL





03302-2586 (603)224-5373

P.O. Box 2586, Concord, N.H.

## First Class

(8/2013)

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