24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Strong NH Action	
	C C00627638
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Arena Online	M M / D D / Y Y Y Y
Mailing Address 1780 West Sequoia Vista Circle	11 02 2016 Amount
City State Zip Code	55000.00
Salt Lake City UT 84104	Transaction ID : SE.4112 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Category/ Type 004	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
HASSAN, MARGARET WOOD, , ,	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary ★ General Other (specify) ▶
Full Name of Payee King Strategic Communications, Inc.	Date of Public Distribution/Dissemination 11 02 2016
Mailing Address 750 Cross Pointe Blvd.	11 02 2010
Suite N	Amount
City State Zip Code	25041.62
Gahanna OH 43230	Transaction ID : SE.4113 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	11 03 / 2016
Name of Federal Candidate Support Office	ce Sought: House District:
HASSAN, MARGARET WOOD, , ,	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	80041.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Chesley, David, , , [Electronically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
o-gsa	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Strong NH Action	C C00627638
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report 1	
Full Name of Payee	Date of Public Distribution/Dissemination
RightVoter, LLC	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
Suite B 101	
City State Zip Code	65077.25
	Transaction ID : SE.4114 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:
HASSAN MARGARET WOOD	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office S	Sought: House District:
	President Senate State:
Galoridat Toda To Bato	sement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	65077.25
L.	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	145118.87
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Chesley, David, , , [Electronically Filed] Date Signature	03 / 2016
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