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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE 10 Water St ADDRESS (number and street) (Check if address is changed) Concord 03301-4844 NH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS elliot@nhrsc.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.nh.gop is changed) DATE 03 2023 C00136457 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Glassman, Alan, , , Type or Print Name of Treasurer Glassman, Alan, , , [Electronically Filed] 03 28 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

е			For further information contact:
			Federal Election Commission
,			Toll Free 800-424-9530 Local 202-694-1100
,	e e		

FEC	Form	1 (Revised 03/2022)	Page <b>2</b>		
	TYPE C	OF COMMITTEE:			
Candidate 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. (Complete the information below.)	ne candidate		
	Name Candid				
	Candid Party	date Office Sought: House Senate President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  Name of Candidate					
	(d) <b>x</b>	This committee is a STA (National, State PED (Democrati	c, , etc.) Party		
-		or subordinate) committee of the			
	Politica	al Action Committee (PAC):			
(	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:		
		Corporation Corporation w/o Capital Stock Labor C	Organization		
		Membership Organization Trade Association Coopera	_		
		In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)			
(	(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
(	(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P.	AC).		
		In addition, this committee is a Lobbyist/Registrant PAC.			
-	laint C	Sundraining Dange contative			
•	JOINL F	Fundraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political		
(	(i)	committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
	Com	nmittees Participating in Joint Fundraiser			
	1.	C			

Title or Position ▼

Treasurer

•	FEC Form 1 (R	evised 02/2009)				Page <b>3</b>
٧	Vrite or Type Committe	e Name				<del>-</del>
	<b>NEW HAM</b>	PSHIRE REPUBL	ICAN STA	TE COM	<b>MITTE</b>	E
6.		ected Organization, Affiliated Co	nmittee, Joint Fund	raising Represen	tative, or L	eadership PAC Sponsor
	Trump Victory				1 1 1 1	
	Mailing Address	138 Conant St				
		C/O Red Curve Solutions				
		Beverly		N	1A   (	01915-
		C	ITY ▲	STA	 TE ▲	ZIP CODE ▲
	Relationship: Co			int Fundraising Rep		Leadership PAC Sponso
	riciationship.	Allillated	organization 2	int rundraising rich	nesemative	Leadership 1 Ao Oponse
	Full Name  Mailing Address	10 Water St.  Concord			H _ (	03301-4844
		C	ITY ▲	STA	TE 📥	ZIP CODE ▲
	Title or Position ▼					
	Custodian of Records		т	elephone number	603	225 9341
8.		ame and address (phone number t (e.g., assistant treasurer).	optional) of the tre	easurer of the com	nmittee; and	the name and address of
	Full Name GI	assman, Alan, , ,				
	of Treasurer					
	Mailing Address	PO Box 14				
		Gilmanton Iron Works		<u></u>	NH   (	03837-0014
			ITY ▲	QTA	 TE ▲	ZIP CODE ▲
		U		01/	— —	0055 —

9341

603

Telephone number

225

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Full Name of Designated Agent		
Mailing Address		
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits ses or maintains funds.	s funds, holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	Citizens Bank One Capital Plaza	
	Concord	03301
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amending to remove terminated JF Reps

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Take Back The H	ouse 2022		
1			
Mailing Address	PO Box 30844		
	Bethesda	ı MD ı	20824-0844
Relationship:	CITY ▲	STATE A	ZIP CODE A
rielationship.	CITY	SIAIE	ZIP CODE A
	d Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the serious part of the serious	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Wells	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  Fargo	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  Fargo	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g) o	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected Protect The House	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 30844		
		Bethesda	MD MD	20824-0844
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
		CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	V CITY A	SIAIE	ZIP CODE
		Tele	ephone Number	
9.				
	safety deposit boxes or ma	ries: List all banks or other depositories in which th intains funds.  S Bank	ne committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma  Name of Bank, Citizen	intains funds.	ne committee deposit	s funds, holds accounts, rents
	Name of Bank, Citizen Depository, etc.	intains funds.	ne committee deposit	s funds, holds accounts, rents
	Name of Bank, Citizen Depository, etc.	intains funds.	ne committee deposit	s funds, holds accounts, rents