# Mandatory Financial Disclosure



| Joanna Kelley-Adams                   |
|---------------------------------------|
| Candidate Name                        |
|                                       |
| 555 F W Hartford Dr                   |
| Candidate Address                     |
| City council                          |
|                                       |
| Office for which you were a Candidate |
| 11/19/25                              |
| Date                                  |
| Candidate Signature                   |

# Mandatory Financial Disclosure



| Joanna Kelley-Adams                    |
|----------------------------------------|
| Candidate Name                         |
|                                        |
| FFF F WILL IS U.D.                     |
| 555 F W Hartford Dr                    |
| Candidate Address                      |
|                                        |
| 0:4                                    |
| City council                           |
| Office for which you were a Candidate  |
| ·                                      |
| 11/10/05                               |
| 11/19/25                               |
| Date   \                               |
|                                        |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
|                                        |
| Candidate Signature                    |
|                                        |
| V                                      |

| Candidate Name: RICK BECYSTED    | DATE: 11/18/25 | Signature:                | - |
|----------------------------------|----------------|---------------------------|---|
| Political Action Committee Name: | Date:          | Representative Signature: |   |

(Contributions received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

# Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, the following is a listing of any monetary contribution from any one person or entity in the amount of a cumulative total of \$50.00 or more.

| CONTRIBUTOR Individual or Entity* | *Nature of Entity (Voluntary Assoc., LLC, Corporation) | *Person/Persons acting on<br>behalf of Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address                      | Amount | Date     |
|-----------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|----------|
| WILLIAM S KAY WIENCE              | DEMATION                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 TAFT RD<br>POETSMOUTH, MH | \$ 250 | 14/29/35 |
|                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |        |          |
|                                   | -                                                      | y destination of the second of |                              |        |          |
|                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |        |          |
|                                   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |        |          |
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| andidate Name: RICK BECKSTED                            | DATE: 11/18/25      | Signature: ZAS                            |
|---------------------------------------------------------|---------------------|-------------------------------------------|
| olitical Action Committee Name:                         | Date:               | Representative Signature:                 |
| (Expenditures received 7 days property Man Nov 1 9 2025 | idatory Financial D | s succeeding the 11/4/2025 Election Date) |
| AFTER PRETY and Nov 4 era                               | ETIDA NIGHT \$30000 |                                           |
|                                                         |                     |                                           |
|                                                         |                     |                                           |
|                                                         |                     |                                           |

# **Mandatory Financial Disclosure**





| Annie Hapkins                                       |   |
|-----------------------------------------------------|---|
| Candidate Name                                      |   |
| 230 Crescent Way, Partsmuth No<br>Candidate Address | H |
| Candidate Address                                   |   |
| City Council                                        |   |
| Office for which you were a Candidate               |   |
| 11/19/25                                            |   |
| Date                                                | - |
| Shelbarin                                           |   |
| Candidate Signature                                 |   |

# Mandatory Financial Disclosure





| Annie Hopkins                                          |
|--------------------------------------------------------|
| Candidate Name                                         |
| 230 Crescent Way, Portsmooth, NI-<br>Candidate Address |
| Office for which you were a Candidate                  |
| 11 19 25                                               |
| Date duck                                              |
| Candidate Signature                                    |

# Mandatory Financial Disclosure





| Candidate Name                        |
|---------------------------------------|
| Candidate Name                        |
| 230 Thurston St                       |
| Candidate Address                     |
| Lity Council                          |
| Office for which you were a Candidate |
| 12/12/25                              |
| Date                                  |
|                                       |
| Candidate Signature                   |

| Candidate Name: Deuglin M'Eachern DATE: D/2/25 Signature: Signature:                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Political Action Committee Name: Date: Representative Signature:                                                                               |  |
| Post 11/04/25 Election Report  (Expenditures received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)        |  |
| Mandatory Financial Disclosure                                                                                                                 |  |
| Pursuant to Chapter 1, Article IX, Section 1.902, the following are reports of expenditures in the cumulative total of \$50.00 or more.    III |  |
|                                                                                                                                                |  |
|                                                                                                                                                |  |

| Candidate Name: Andrew (         | Bagley | DATE: 11-18-25 | Signature:                |
|----------------------------------|--------|----------------|---------------------------|
| Political Action Committee Name: |        | Date:          | Representative Signature: |

(Contributions received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

### Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, the following is a listing of any monetary contribution from any one person or entity in the amount of a cumulative total of \$50.00 or more.

| CONTRIBUTOR Individual or Entity*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *Nature of Entity<br>(Voluntary Assoc., LLC,<br>Corporation) | *Person/Persons acting on<br>behalf of Entity | Address        | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| John Maher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pers on                                                      |                                               | Portsmouth, WH | 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10/15                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                               | ×              | The second secon |                       |
| And Analysis and A |                                                              |                                               | hame           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | er                    |

| Candidate Name: Andrew Bagley                               | DATE: 11-17-25                                                               | Signature:                   | 2/               |
|-------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------|------------------|
| Political Action Committee Name:                            | Date:                                                                        | Representative Signature:    |                  |
| (Expenditures received 7 days price                         | t 11/04/25 Election<br>or to the Election. Due 14 days<br>datory Financial D | succeeding the 11/4/2025 I   | Election Date)   |
|                                                             |                                                                              | 149                          | 82.5             |
| Pursuant to Chapter 1, Article IX, Section \$50.00 or more. | 1.902, the following are report                                              | s of expenditures in the cum | ulative total of |
| none ~ \$12,00 For                                          | sign totems                                                                  |                              |                  |
|                                                             |                                                                              |                              |                  |
|                                                             |                                                                              |                              |                  |
|                                                             |                                                                              |                              |                  |
|                                                             |                                                                              |                              |                  |
|                                                             |                                                                              |                              |                  |

| Candidate Name: Thum             | 3055, | DATE: 10 NOV ZUZS Signature: JM |
|----------------------------------|-------|---------------------------------|
| Political Action Committee Name: | NIA   | Date: Representative Signature: |

Contributions received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date

#### Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, the following is a listing of any monetary contribution from any one person or entity in the amount of a cumulative total of \$50.00 or more.

| CONTRIBUTOR Individual or Entity* | *Nature of Estity<br>(Voluntary Assec., LLC,<br>Corporation) | *Person/Persons acting on<br>behalf of Eatity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address     | Amount | Date                                    |
|-----------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|-----------------------------------------|
| David Speltz                      |                                                              | D. Spulrz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Partsman Ty | 700    | 11/3                                    |
|                                   | · · · · · · · · · · · · · · · · · · ·                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L           |        |                                         |
|                                   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        | *************************************** |
|                                   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |                                         |
|                                   | -                                                            | Land to the second seco |             |        |                                         |
|                                   |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        | _                                       |

| Candidate Name: Thom Rossi DATE: 10-NOV-ZULS Signature: 0 M.                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| Political Action Committee Name: Date: Representative Signature:                                                                        |
| Post 11/04/25 Election Report                                                                                                           |
| (Expenditures received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)                                |
| Mandatory Financial Disclosure                                                                                                          |
|                                                                                                                                         |
| Pursuant to Chapter 1, Article IX, Section 1.902, the following are reports of expenditures in the cumulative total of \$50.00 or more. |
| Mailer _ 93,112.02 Spentrym Marketing Co.                                                                                               |
| 0                                                                                                                                       |
|                                                                                                                                         |
|                                                                                                                                         |
|                                                                                                                                         |
|                                                                                                                                         |
|                                                                                                                                         |
|                                                                                                                                         |

8 2 - 2

| Candidate Name: Tay o Voca                                       | _ DATE:                      | Signature: Jusan Jargo Lac                 |
|------------------------------------------------------------------|------------------------------|--------------------------------------------|
| Political Action Committee Name:                                 | Date: 17/2                   | Representative Signature:                  |
|                                                                  | 1/04/25 Election             |                                            |
|                                                                  |                              | ucceeding the 11/4/2025 Election Date)     |
| <u>Mandat</u>                                                    | ory Financial Dis            | sclosure<br>NOV 1 9 2025                   |
| Pursuant to Chapter 1, Article IX, Section 1.90 \$50.00 or more. | 2, the following are reports | of expenditures in the cumulative total of |
| Mailing USFS                                                     | \$ 00.                       | Flyers                                     |
|                                                                  |                              |                                            |
|                                                                  |                              |                                            |
|                                                                  |                              |                                            |
|                                                                  |                              |                                            |
|                                                                  |                              |                                            |
| £                                                                |                              |                                            |

# (Post-Election)

(due 2 weeks after Election Day)

# Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, I wish to inform you that I did not receive any Contributions from any one person or entity in the amount of a cumulative total of \$50.00 or more in any calendar year.

Candidate Name

Candidate Address

Office for which you were a Candidate

Date

Candidate Signature

# Mandatory Financial Disclosure



| Colorest Sillivari                    |
|---------------------------------------|
| Candidate Name                        |
| TDO LPSZIE DA                         |
| Candidate Address ~ ,                 |
| alti Correct                          |
| Office for which you were a Candidate |
| 11675                                 |
| Date                                  |
|                                       |
| Candidate Signature                   |

# **Mandatory Financial Disclosure**



Pursuant to Chapter 1, Article IX, Section 1.902, I wish to inform you that I did not receive any Contributions from any one person or entity in the amount of a cumulative total of \$50.00 or more in any calendar year.

|                | FPt    | 5,     | ) IU   | 2 H |   |
|----------------|--------|--------|--------|-----|---|
| Candidate Na   | ame    |        |        |     |   |
| 281            | ) (    | 1054   | 9      | P   | R |
| Candidate Ad   | ldress |        |        |     |   |
| \              |        |        | 1      |     |   |
| () ty          |        | OUN    | $c_1$  |     |   |
| Office for whi | ch yo  | were a | Candid | ate |   |
| 11             | 6      | 75     |        |     |   |
| Date           | 7      |        |        |     |   |
| X              | 1      |        | )      |     |   |

Candidate Signature

# (Post-Election)

(due 2 weeks after Election Day)

# Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, I wish to inform you that I did not receive any Contributions from any one person or entity in the amount of a cumulative total of \$50.00 or more in any calendar year.

| 10.00 11.V        | NEIHN        |           |
|-------------------|--------------|-----------|
| Candidate Name    |              | 11/ = >00 |
| 100 GATES Street  | or lorsmoath | NH 0380/  |
| Candidate Address | •            |           |

Office for which you were a Candidate

Roter A /1/2/01

Candidate Signature

Date

# Mandatory Financial Disclosure Page 2



| CONTRIBUTOR Individual or Entity* | *Nature of Entity<br>(Voluntary Assoc., LLC,<br>Corporation) | *Person/Persons acting on<br>behalf of Entity | Address | Amount | Date |
|-----------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------|--------|------|
|                                   |                                                              |                                               | 0015    |        |      |
|                                   |                                                              | Latert                                        |         |        |      |
|                                   |                                                              | JON TIC.                                      | -07     |        |      |
|                                   | NO                                                           | Gen                                           | D. C.   |        |      |
|                                   | 1                                                            | Gelf 1                                        | pgt     |        |      |
|                                   |                                                              | ) namy                                        |         |        |      |
|                                   |                                                              |                                               |         |        |      |
|                                   |                                                              |                                               |         |        |      |
|                                   |                                                              |                                               |         |        |      |

| Candidate Name: FERR A LENGAN                  | DATE:///7/    | 25 Signature: FIFTUNE                                      |
|------------------------------------------------|---------------|------------------------------------------------------------|
| Political Action Committee Name:               | Date:         | Representative Signature:                                  |
| Post 1  (Expenditures received 7 days prior to | 1/04/25 Elec  | ction Report  days succeeding the 11/4/2025 Election Date) |
|                                                | tory Financia |                                                            |
|                                                |               |                                                            |
| 50.00 or more.                                 |               | reports of expenditures in the cumulative total of         |
| USPS - Mailing CAMPAGE                         | u fifedatere  | 4/8500                                                     |
| META - FACEBOOK ADS -                          | Politicas A   | 175,25                                                     |
| USPS - Mailing CAMPAGE                         | Literatere #  | 185.00                                                     |
|                                                |               |                                                            |
|                                                |               |                                                            |
|                                                |               |                                                            |
|                                                |               |                                                            |
|                                                |               |                                                            |

# Mandatory Financial Disclosure





| Tetra Huda                            |
|---------------------------------------|
| Candidate Name                        |
|                                       |
| 280 South ST                          |
| Candidate Address                     |
| City Councis!                         |
| Office for which you were a Candidate |
| 11 18 26                              |
| Date                                  |
| Potra Hala                            |
| Candidate Signature                   |

Post 11/04/25 Election Report

(Expenditures received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

### Mandatory Financial Disclosure



| 18/25 (Meta Social Media charges | - \$175.28 Paid for by Petha Huda |
|----------------------------------|-----------------------------------|
|                                  |                                   |
|                                  |                                   |
|                                  |                                   |
|                                  |                                   |
|                                  |                                   |

### **Mandatory Financial Disclosure**



| Beth Moreau                           |
|---------------------------------------|
| Candidate Name                        |
| 81 Langdon Street Portsmouth NH 03801 |
| Candidate Address                     |
| City Councilor                        |
| Office for which you were a Candidate |
| November 6, 2025                      |
| Date                                  |
| Candidate Signature                   |

| Candidate Name: Beth Moreau                     | DATE: November 6, 2025        | Signature:                                      |
|-------------------------------------------------|-------------------------------|-------------------------------------------------|
| Political Action Committee Name:                | Date:                         | Representative Signature:                       |
| Doct 1                                          | 1/04/05 Flootic               | on Donard                                       |
|                                                 | 1/04/25 Election              |                                                 |
|                                                 |                               | ays succeeding the 11/4/2025 Election Date      |
| Mandal                                          | tory Financial                | Disclosure                                      |
| Pursuant to Chapter 1, Article IX, Section 1.90 | 02, the following are repo    | orts of expenditures in the cumulative total of |
| \$50.00 or more.                                |                               |                                                 |
| purchase six LED lights for totem pole evening  | lighting on Voting Day \$101. | 1.97                                            |
|                                                 |                               |                                                 |
|                                                 |                               |                                                 |
|                                                 |                               |                                                 |
|                                                 |                               |                                                 |
|                                                 |                               |                                                 |
|                                                 |                               |                                                 |
|                                                 |                               |                                                 |

| Candidate Name: MIChel           | k flynn                                                                                                        | DATE: 11   3   2 | 5 Signature: MM          | where it the manufacture that the state of t |
|----------------------------------|----------------------------------------------------------------------------------------------------------------|------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ·                                | 1                                                                                                              | ,                | O                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Political Action Committee Name: | NAMES AND ASSESSMENT WAS A STREET AS A | Date:            | Representative Signature | a a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

(Contributions received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

### Mandatory Financial Disclosure



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| CONTRIBUTOR Individual or Entity*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *Nature of Entity<br>(Voluntary Assoc., LLC,<br>Corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | *Person/Persons acting on<br>behalf of Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address                            | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Nick+Lec Aesch/man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 238 Miller Ave<br>Aprt 1           | 50-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Euranne Griffiths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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Announcement September 2003), 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The first of the f | k järkelein. 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### Mandatory Financial Disclosure



| Rich Blalock                           |
|----------------------------------------|
| Candidate Name                         |
| 922 Greenland Rd, Portsmouth, NH 03801 |
| Candidate Address                      |
| City Council                           |
| Office for which you were a Candidate  |
| 11 13 2025                             |
| Date                                   |
| PMESSE                                 |
| Candidate Signature                    |

| Candidate Name: Rich Blaloc                            | DATE:_                                                  | 11 13 2025        | Signature:                | Solv             |
|--------------------------------------------------------|---------------------------------------------------------|-------------------|---------------------------|------------------|
| Political Action Committee Name:                       |                                                         | Oate:             | Representative Signature: |                  |
| (Expenditures received 7 day                           | Post 11/04/2<br>ys prior to the Electic<br>landatory Fi | on. Due 14 days : | succeeding the 11/4/202   | 5 Election Date) |
|                                                        |                                                         |                   |                           |                  |
| Pursuant to Chapter 1, Article IX, Se \$50.00 or more. |                                                         |                   |                           |                  |
| \$2,747.8°                                             | on Postcard                                             | s from A          | Allegra Portsmouth        | 10 29 2025       |
| ·                                                      |                                                         |                   |                           |                  |
|                                                        |                                                         |                   |                           |                  |
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|                                                        |                                                         |                   |                           |                  |



222 International Drive, Suite 140 Portsmouth, New Hampshire 03801 (603) 433-4680 Fax (603) 427-0680 www.AllegraPortsmouth.com

**Rich Blalock** Blalock, Rich Portsmouth NH 03801



INVOICE NUMBER:

**Invoice 76192** 10/29/25

SHIP TO:

Blalock, Rich Portsmouth NH 03801

| Account No. 5089 | Ordered By<br>Rich Blalock | Phone    | Fax | Purchase Order No. | Prepared By Cary | Sales Rep |
|------------------|----------------------------|----------|-----|--------------------|------------------|-----------|
| QUANTITY         | M. Service Holling         | DESCRIPT | ION | PLUT BELLEVIE      | UNIT PRICE       | PRICE     |
| 4,000 P          | Postcards                  |          |     |                    |                  | 1,394.14  |

Pd Chech #463

| Received by | Date |
|-------------|------|
|             |      |

Terms Subtotal Shipping Postage Tax C.O.D. 1,394.14 0.00 1,353.66 0.00

2,747.80 Allegra Marketing Print Mail offers 10% OFF to support local non-profit organizations. Balance

- 0 -

Total

Paid

-2,747.80

1,394.14



# **Mandatory Financial Disclosure**



| Joanna Kelley-Adams                   |
|---------------------------------------|
| Candidate Name                        |
| 555 F W Hartford Dr                   |
| Candidate Address<br>City council     |
| ony ocurion                           |
| Office for which you were a Candidate |
| 11/19/25                              |
| Date                                  |
| Candidate Signature                   |

### Mandatory Financial Disclosure



| Joanna Kelley-Adams                        |
|--------------------------------------------|
| Candidate Name                             |
|                                            |
|                                            |
| 555 F W Hartford Dr                        |
| Candidate Address                          |
|                                            |
| -1.00 H                                    |
| City council                               |
| Office for which you were a Candidate      |
| ·                                          |
| 114005                                     |
| 11/19/25                                   |
| Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|                                            |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\     |
| Candidate Signature                        |
| Carididate Signature                       |
|                                            |
| V                                          |

| Candidate Name:     | Kate Cook      | DATE:_ | 11/19/2025 | Signature:     | galel. OFF |
|---------------------|----------------|--------|------------|----------------|------------|
|                     |                |        |            |                |            |
| Political Action Co | ommittee Name: |        | Date:      | Representative | Signature: |

QUETE B.

(Contributions received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

#### Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, the following is a listing of any monetary contribution from any one person or entity in the amount of a cumulative total of \$50.00 or more.

| CONTRIBUTOR<br>Individual or Entity* | *Nature of Entity<br>(Voluntary Assoc., LLC,<br>Corporation) | *Person/Persons acting on<br>behalf of Entity | Address | Amount | Date |
|--------------------------------------|--------------------------------------------------------------|-----------------------------------------------|---------|--------|------|
| None                                 |                                                              |                                               |         |        |      |
|                                      |                                                              |                                               |         |        |      |
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|                                      |                                                              |                                               |         |        |      |

\*Note: Total Fundraising this Municipal Election was \$3033.00, diclosed on prior reporting form. Candidate began election cycle with \$468.13 in their election account from fundraising in prior Municipal Election in 2023.

| Candidate Name:      | Kate Cook     | DATE: | 11/19/2025 | Signature:    | 7000.001     | _ |
|----------------------|---------------|-------|------------|---------------|--------------|---|
| Political Action Com | nmittee Name: | D     | ate:       | Representativ | e Signature: |   |

2+15 Care

(Expenditures received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

#### Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, the following are reports of expenditures in the cumulative total of \$50.00 or more.

| Printing - Thank you Cards - \$144.99                                    |  |
|--------------------------------------------------------------------------|--|
| Stamps - \$93.60                                                         |  |
| Otamps - \$50.00                                                         |  |
|                                                                          |  |
| TOTAL Expenditures from 7 days prior to election: \$238.59               |  |
|                                                                          |  |
| *Note: Total Expenditures for this Municipal Election: \$3369.28         |  |
| The majority of expenditures were disclosed on the prior reporting form. |  |
|                                                                          |  |
| - Auto-                                                                  |  |

### **Mandatory Financial Disclosure**



Pursuant to Chapter 1, Article IX, Section 1.902, I wish to inform you that I did not receive any Contributions from any one person or entity in the amount of a cumulative total of \$50.00 or more in any calendar year. (post election) Candidate Name SJ. Pleasury Point Darc Candidate Address Office for which you were a Candidate John Tahor Date

| Candidate Name: John Takor                                       | DATE: ///14/15                | Signature:                                   | _ |
|------------------------------------------------------------------|-------------------------------|----------------------------------------------|---|
| Political Action Committee Name:                                 | Date:                         | Representative Signature:                    |   |
| (Expenditures received 7 days prior to                           |                               | succeeding the 11/4/2025 Election Date)      |   |
| <u>Mandat</u>                                                    | tory Financial Di             | <u>isclosure</u>                             |   |
| Pursuant to Chapter 1, Article IX, Section 1.90 \$50.00 or more. | 02, the following are reports | s of expenditures in the cumulative total of |   |
| Local I Q 10/31                                                  | mail piece                    | \$3,746.46                                   |   |
| Totail                                                           |                               | \$ 3,746.46                                  | _ |
|                                                                  |                               |                                              | _ |
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| Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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# Mandatory Financial Disclosure



| Jenn Orlump                           |
|---------------------------------------|
| Candidate Name                        |
| 3 Princeton 8+ Portsmonth             |
| Candidate Address                     |
| School Board                          |
| Office for which you were a Candidate |
| 11/14/2025                            |
| Date                                  |
|                                       |
| Candidate Signature                   |
|                                       |

### Mandatory Financial Disclosure



| Jenn Shump                        |           |
|-----------------------------------|-----------|
| Candidate Name                    |           |
| 3 Princeton St.                   | Portsmont |
| Candidate Address                 |           |
| School Board                      |           |
| Office for which you were a Candi | date      |
| 11/14/2028                        |           |
| Date                              |           |
|                                   |           |
| Candidate Signature               |           |



#### Mandatory Financial Disclosure



| Candidate Name                                      |
|-----------------------------------------------------|
| 9 Schurman Ave, Portsmouth, NH<br>Candidate Address |
| School Board Office for which you were a Candidate  |
| 11/12/2025<br>Date                                  |
| Candidate Signature                                 |





| Genevieve Becksted Muske              |
|---------------------------------------|
| Candidate Name                        |
|                                       |
| 9 Schurman Ave. Portsmouth, NH        |
| Candidate Address                     |
|                                       |
| School Board                          |
|                                       |
| Office for which you were a Candidate |
|                                       |
| 11/12/2025                            |
| Date                                  |
| 7/ //                                 |
| MADY                                  |
| Candidate Signature                   |
|                                       |

## **Mandatory Financial Disclosure**



| Mancy Novelline Clayburgh<br>Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Candidate Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| School Board Office for which you were a Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Candidate Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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### **Mandatory Financial Disclosure**



| Nancy Novelline Clayburgh<br>Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Office for which you were a Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date  Manufacture  Date  Date |





## Mandatory Financial Disclosure



| Candidate Name                                  |
|-------------------------------------------------|
| 41 PDKW NE ANT PONBMUST NE<br>Candidate Address |
| Setter Boars                                    |
| Office for which you were a Candidate           |
| 11/10/25                                        |
| Date /                                          |
|                                                 |
| Candidate Signature                             |
| Candidate Signature                             |

## Mandatory Financial Disclosure

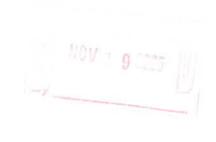


| Candidate Name                        |
|---------------------------------------|
| 205 FW Hartford Dr. Candidate Address |
| Office for which you were a Candidate |
| 72//2/5/<br>Date                      |
| Candidate Signature                   |

| Candidate Name: Brian Perch                                      | DATE: 12/12/25                   | Signature:                  | 2                 |
|------------------------------------------------------------------|----------------------------------|-----------------------------|-------------------|
| Political Action Committee Name:                                 | Date:                            | Representative Signature:   | O <sub>F</sub>    |
|                                                                  | 11/04/25 Election                |                             | Floation Data     |
| (Expenditures received 7 days prior                              | latory Financial D               |                             | Election Date)    |
|                                                                  |                                  |                             |                   |
| Pursuant to Chapter 1, Article IX, Section 1<br>\$50.00 or more. | 1.902, the following are reports | s of expenditures in the cu | mulative total of |
|                                                                  |                                  | *11                         |                   |
| -100ne -                                                         |                                  |                             |                   |
|                                                                  |                                  |                             |                   |
|                                                                  |                                  |                             |                   |
|                                                                  |                                  |                             |                   |
| -                                                                |                                  |                             |                   |

## **Mandatory Financial Disclosure**





| Tishand Camedur                       |
|---------------------------------------|
| Candidate Name                        |
| 176 That In Rd                        |
| Candidate Address                     |
| Fine Communion                        |
| Office for which you were a Candidate |
| 11/19/2025                            |
| Date                                  |
| Je. Tent                              |
| Candidate/Signature                   |

## (Post-Election)

(due 2 weeks after Election Day)

### Mandatory Financial Disclosure





Pursuant to Chapter 1, Article IX, Section 1.902, I wish to inform you that I did not receive any Expenditures from any one person or entity in the amount of a cumulative total of \$50.00 or more in any calendar year.

Candidate Name

176 Jhur e Rd

Candidate Address

Fine Ommission

Office for which you were a Candidate

Date

Candidate Signature

## Mandatory Financial Disclosure



| Jennifer Matthes                      |
|---------------------------------------|
| Candidate Name                        |
| 69 Sunset Rd                          |
| Candidate Address                     |
| Fire Commission                       |
| Office for which you were a Candidate |
| 11/20/25                              |
| Date                                  |
| ah pm                                 |
| Candidate Signature                   |

## Mandatory Financial Disclosure



| Jennifer Matthe                       |
|---------------------------------------|
| Candidate Name                        |
| 69 Sunset Rd                          |
| Candidate Address                     |
| Fire Commission                       |
| Office for which you were a Candidate |
| 11/20/25                              |
| Date                                  |
| AL am                                 |
| Candidate Signature                   |

## Mandatory Financial Disclosure



| BURZ Schare                                         |
|-----------------------------------------------------|
| Candidate Name                                      |
| 390 GAERNBAF AVZ., PONTSMOUT K<br>Candidate Address |
| Candidate Address                                   |
| Police Commissioner                                 |
| Office for which you were a Candidate               |
| 13/10/25                                            |
| Date /                                              |
| Biros Sul                                           |
| Canadate Signature                                  |

## **Mandatory Financial Disclosure**





| BUZZ SchERR                                     |
|-------------------------------------------------|
| Candidate Name                                  |
| 390 Gnzzwkat Avs., Portsmouth Candidate Address |
| Candidate Address                               |
| Police Commissions                              |
| Office for which you were a Candidate           |
| 12/10/25<br>Date                                |
| Date                                            |
| Bun Sel                                         |
| Candidate Signature                             |

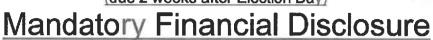
NOV 1 0 2025

## Mandatory Financial Disclosure



| Tay Lieberman                         |
|---------------------------------------|
| Candidate Name                        |
| 269 Wibird Street                     |
| Candidate Address                     |
| Police Commission                     |
| Office for which you were a Candidate |
| 11/10/25                              |
| Date                                  |
|                                       |
| Candidate Signature                   |
|                                       |







| Jay Lieberman                         |
|---------------------------------------|
| Candidate Name                        |
| 269 Wibird dreet                      |
| Candidate Address                     |
| Police Commission                     |
| Office for which you were a Candidate |
| 11/10/25                              |
| Date                                  |
| and i                                 |
| Candidate Signature                   |
|                                       |

| Candidate Name: 146ms 1 . An R   | 6 | DATE: (()(5) | × | Signature:  | Int            | H    |
|----------------------------------|---|--------------|---|-------------|----------------|------|
| Political Action Committee Name: |   | Date:        |   | Representat | ive Signature: | At . |

## Post 11/04/25 Election Report

(Contributions received 7 days prior to the Election. Due 14 days succeeding the 11/4/2025 Election Date)

#### Mandatory Financial Disclosure



Pursuant to Chapter 1, Article IX, Section 1.902, the following is a listing of any monetary contribution from any one person or entity in the amount of a cumulative total of \$50.00 or more.

| CONTRIBUTOR Individual or Entity* | *Nature of Entity<br>(Voluntary Assoc., LLC,<br>Corporation) | *Person/Persons acting on<br>behalf of Entity | Address                        | Amount  | Date     |
|-----------------------------------|--------------------------------------------------------------|-----------------------------------------------|--------------------------------|---------|----------|
| DANIEL C. HOSTE                   |                                                              |                                               | 1275 Mythwood Ave<br>Porks. NH | \$99,00 | 10/09/25 |
|                                   |                                                              |                                               | Ports. NH                      |         |          |
|                                   |                                                              |                                               |                                |         |          |
|                                   |                                                              |                                               |                                |         |          |
|                                   |                                                              |                                               |                                |         |          |
|                                   |                                                              |                                               |                                |         |          |

| Candidate Name:                                 | DATE:                                    | Signature:                                         |
|-------------------------------------------------|------------------------------------------|----------------------------------------------------|
| Political Action Committee Name: BRISMOUTH DEMO | COMMITTEE Date: Nov. 14                  | 2025 Representative Signature: Small of Mayion     |
| (Expenditures received 7 days prior             | 11/04/25 Election. Due 14 atory Financia | days succeeding the 11/4/2025 Election Date)       |
| \$50.00 or more.                                |                                          | reports of expenditures in the cumulative total of |
|                                                 |                                          | OUNCIL, SCHOOL BOARD AND POLICE COMMIN             |
|                                                 |                                          |                                                    |
|                                                 |                                          |                                                    |

#### **DEMOCRATS RUNNING IN PORTSMOUTH CITY ELECTIO**

TUESDAY NOVEMBER 4, 2025

8:00 AM - 7:00 PM

#### **CITY COUNCIL**

CAN VOTE FOR UP TO 9
11 DEMOCRATS ARE RUNNING

JOANNA "JO" KELLEY

PETRA HUDA
ANNIE HOPKINS

MICHELLE FLYNN

KATE COOK

**RICH BLALOCK** 

**RICK BECKSTED** 

**ANDREW BAGLEY** 

**JOHN TABOR** 

**BETH MOREAU** 

**DEAGLAN McEACHERN** 

#### **SCHOOL BOARD**

CAN VOTE FOR UP TO 5
3 DEMOCRATS ARE RUNNING

JENNIFER SHUMP
STEVE ADLER

Take a picture of this postcard on your phone for reference later!

#### **POLICE COMMISSIO**

CAN VOTE FOR UP TO 2 3 DEMOCRATS ARE RUNNING

> BUZZ SCHERR GARY DOZIER JAY LIEBERMAN

DON'T FORGET TO VOTE FOR ALL DEMOCRATS FOR WARD OFFICIALS

#### WHY VOTE FOR DEMOCRATS IN CITY ELECTIONS

We encourage you to vote for Democrats for City Council, School Board, and Police Commission.

#### **VALUES**

One way to know if candidates for office share your values is by their party affiliation. If you think Democrats are more likely to share your values, vote for Democrats! Party affiliation is one important aspect, among many attributes, a candidate may bring to office.

#### **PIPELINE**

If you would like to see more Democrats in higher office, vote for them to get their start at the local level. Local elections are a pipeline for higher office.

To find your polling location, sample ballots and more voting information, visit: portsmouthnh.gov/cityclerk/voting-information

> Paid for by Portsmouth Democratic Committee Katie Kiernan Marble, Acting Chai



P.O. BOX 780 PORTSMOUTH, NH 03802 PRSRT STD US POSTAGE PAID PERMIT #2 DURHAM, NH

1 1



(due 2 weeks after Election Day)

### **Mandatory Financial Disclosure**



Maria

| RING mounder, Poli                    | hal Action Committee, per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Candidate Name                        | theodinance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PAC                                   | $\rho$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 24 Mourcy Street,                     | to smown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Candidate Address                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| I purchased 25 signs play             | eadin believered, to let puble                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Office for which you were a Candidate | Know to unhallog to - and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 11/9/25                               | MANIE CON LES CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR |
| Date                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Burs Mary                             | - did not so lieite ontoil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Candidate Signature                   | and phonologe did by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PAC Pearsontative                     | - and, there fore, did not make any Expenditure.  T spent \$361.89 of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                       | + SPW1+ 3301. 89 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                       | whom wouth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |





## **Mandatory Financial Disclosure**



| Candidate Name Political Action Com            | mittee, Der the Ordinano     |
|------------------------------------------------|------------------------------|
| Candidate Address PA                           |                              |
| Office for which you were a Candidate to which | ich word, to let public know |
| Date                                           | the bullot avesting.         |
| Candidate Signature PAR Representation         | and spent \$301 200          |
|                                                | whom wowsh.                  |