STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
6-Month Report
for CANDIDATE COMMITTEES, POLITICAL COMMITTEES AND POLITICAL ADVOCACY ORGANIZATIONS
After 2016 General Election

I, _____ Chairperson, and I, _____
(print name) (print name)

Treasurer of the _____

Committee, located at _____ _____ _____
(mailing address) (town/city) (state) (zip code)

which was registered for the 2016 Election Cycle, do submit the following report of receipts and expenditures.

6 - MONTH REPORT OF RECEIPTS AND EXPENDITURE AFTER 2016 GENERAL ELECTION

Date of Report: May 8, 2017 ☐ November 8, 2017 ☐
May 8, 2018 ☐ November 8, 2018 ☐

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD		TO DATE
RECEIPTS			
A. Total amount of receipts over $25	$		$
B. Total amount of receipts unitemized ($25 or less)	$		$
C. Number of Contributors			
D. Number of unitemized receipts ($25 or less)			
E. Subtotal of non-monetary (in-kind) receipts	$		$
F. Subtotal of monetary receipts (A + B - E)	$		$
G. Total Surplus/Deficit from previous campaign	$		$
TOTAL RECEIPTS (E + F + G)	$		$

EXPENDITURES			
H. Total amount of expenditures (excluding Ind. Exp. of $500 or more)	$		$
I. Total amount of Independent Expenditures $500 or more	$		$
J. Number of Independent Expenditures $500 or more			
TOTAL EXPENDITURES (H + I)	$		$
PENDING EXPENDITURES - Promise of Payment	$		$

RSA 664:6, 7. Any candidate or political committee which has any outstanding debt, obligation or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisified or surplus deleted, at which time a final report shall be filed.

_____ _____
Signature of Candidate Signature of Fiscal Agent

Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301
Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://sos.nh.gov

Page_____ of _____Pages Candidate or Committee Name:_____

ITEMIZED RECEIPTS Reporting period ending _____ 2017

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution **or aggregate contribution** is over $100 list: Occupation and Place of Business

Total of receipts unitemized **($25 or under**) in this report $_____

ITEMIZED EXPENDITURES ****Indicate to which election expenditure applies***

Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Primary/General		Nature of Expenditure
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

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