STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
(RSA 664)
November 4, 2014 - General Election

I, Michael J Norris (print name) Chairperson, and I, George Messenger (print name)
Treasurer of the New Hampshire Veterinary Medical Association PAC
Committee, located at 285 White Mountain Highway Milton, NH 03851
(mailing address) (town/city) (state) (zip code)

report that the Committee has *receipts or expenditures exceeding $500* for the general election and do submit the following report of receipts and expenditures.

SUMMARY OF RECEIPTS AND EXPENDITURES FOR GENERAL ELECTION

Date of Report: October 15 ☐ October 29 ☒ November 12 ☐

1) Amount brought forward from Primary Election (Required only *on first report* filed for General Election)	1)	$ _____ (indicate Surplus or Deficit)
Receipts:		
2) Total of all *general election receipts* in this report	2)	$ 0
3) Total of all *receipts* previously reported for general election	3)	$ 200.00
4) Total of all *general election receipts* to date (Add lines 1,2 and 3)	4)	$ 200.00
Expenditures:		
5) Total *general election expenditures* in this report	5)	$ 0
6) Total of *general election expenditures* previously reported	6)	$ 530
7) Total of *expenditures* to date for general election (Add lines 5 and 6)	7)	$ 530
8) Balance if **SURPLUS**	8)	$+ 46.50
9) Balance if **DEFICIT**	9)	$- _____

Signature of Committee Chairman

Signature of Treasurer

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301
Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://sos.nh.gov

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Page 1 of 1 Pages

Candidate or Committee Name New Hampshire Veterinary Medical Assoc PAC

ITEMIZED RECEIPTS

Reporting Period ending Oct 28 2014

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
None					

Total of receipts unitemized ($25 or under) in this report $ 0

*** *Indicate to which election expenditure applies*

ITEMIZED EXPENDITURES

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary	***General	Nature of Expenditure
None				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

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