



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
(RSA 664:6)
6-Month Report for CANDIDATES After
2014 General Election

I, "SAM" CATALDO of 120 HURNETOWN RD
(print name) (street)
FARMINGTON, candidate for the office of STATE SENATE
(town/city zip code)

County of STRAFFORD District No. 6 for the REPUBLICAN party,

And I, _____ fiscal agent, do submit the following report of receipts and expenditures.

SUMMARY OF RECEIPTS AND EXPENDITURES
6-MONTH REPORT AFTER 2014 GENERAL ELECTION

Date of Report: May 4, 2015 November 4, 2015
 May 4, 2016 November 4, 2016

- | | |
|---|-----------------------|
| 1) Surplus or deficit brought forward since last report | 1) \$ <u>4641.41</u> |
| 2) Total of all receipts since last report if a deficit was brought forward from General Election | 2) \$ <u>480.00</u> |
| 3) Total of all expenditures since last report if a surplus was brought forward from General Election | 3) \$ <u>-0-</u> |
| 4) Balance if SURPLUS | 4) \$+ <u>9441.41</u> |
| 5) Balance if DEFICIT | 5) \$- _____ |

RECEIVED

MAY 05 2015

NEW HAMPSHIRE
 DEPARTMENT OF STATE

Sam Cataldo
 Signature of Candidate

Sam Cataldo
 Signature of Fiscal Agent

RSA 664:5, 7. Any candidate who 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 satisfied or surplus deleted, at which time a final report shall be filed.

ITEMIZED RECEIPTS

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
✓ <u>REHMANS PRESENT</u>	<u>Box 215-7</u>	<u>100</u>			
✓ <u>NH NORTON TEAMWORK</u>	<u>PO Box 3898 CONCORD NH</u>	<u>250</u>	<u>2-10-15</u>		
✓ <u>HEG1 STATUTE SOLUTIONS LLC</u>	<u>P.O. BOX 107 24 BEDFORD NH 03110</u>	<u>250</u>	<u>2-9-15</u>		
✓ <u>ORR & RENO</u>	<u>45-5, MAIN ST CONCORD NH 03302</u>	<u>250</u>	<u>2-9-15</u>		
✓ <u>DEWERS/BRYS DEW</u>	<u>23 N. MAIN ST CONCORD NH 03301</u>	<u>250</u>	<u>2-10-15</u>		
✓ <u>DEWERS & BOUREY LLC</u>	<u>17 DEBROT ST CONCORD NH 03301</u>	<u>250</u>	<u>2-3-15</u>		
✓ <u>NH OTTOPRE PAC</u>	<u>21 GARDEN ST CONCORD NH</u>	<u>250</u>	<u>2-24-15</u>		
Total of receipts itemized (\$25 or under) in this report \$					

ITEMIZED EXPENDITURES

***Indicate to which election expenditure applies

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	Primary/General	Nature of Expenditure
<u>B.T. BEERY</u>	<u>2</u>	<u>226.00</u>	<u>2-10-15</u>	<u>0</u>	<u>FLYERS</u>
<u>TANDY'S</u>	<u>CONCORD NH</u>	<u>138.50</u>	<u>2-10-15</u>	<u>0</u>	<u>TANDY'S</u>
		<u>0</u>		<u>0</u>	
		<u>0</u>		<u>0</u>	
		<u>0</u>		<u>0</u>	
		<u>0</u>		<u>0</u>	
		<u>0</u>		<u>0</u>	
		<u>0</u>		<u>0</u>	

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

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

ATTI	SYRACUSE NY	250	2-10-15		
NH HOSPITAL	126 RIVERST AD BEDFORD, NH	250	2-10-15		
ASSOC	P.O BOX 2337 CONCORD NH 03302	500	2-8-15		
MURAC	TWO BRADLE ST CONCORD NH 03301	250	2-8-15		
SHRIMAN	P.O BOX 2586 CONCORD NH 03301	250	2-8-15		
PHILIPBY	23 SOUTH ST CONCORD, NH 03301	100	2-10-15		
NH BIA -PAC					
NH DENTAR PAC					
NH DENTAR PAC					

Total of receipts unitemized (\$25 or under) in this report \$ 2350

ITEMIZED EXPENDITURES

***Indicate to which election expenditure applies

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	Primary/General	Nature of Expenditure
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	

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

ITEMIZED RECEIPTS

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
CATT, DAVID	ONE CAPITAL HILL RD CONCORD, NH	250	2-9-15		
BOYD, BOB	110 AIRLINE RD CONCORD, NH 03301	100	2-8-15		
NOE, PAUL	780 N. COMMERCE ST MANCHESTER, NH 03105	100	2-8-15		
BOYD, BOB	45 SHANNON ST CONCORD, NH	250	2-9-15		
JONES, JAMES	18 CENTRE ST CONCORD, NH 03301	100	2-8-15		
TODD, E.	52 POINTE TRAIL STRAFFORD, NH 03884	100	2-8-15		
GRIFFIN, SHELBY	3440 PRESTON RD SUITE 300, AMHATA, VA	250	2-8-15		
Total of receipts unitemized (\$25 or under) in this report \$ _____					

ITEMIZED EXPENDITURES

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	
		0		0	

***Indicate to which election expenditure applies

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

ITEMIZED RECEIPTS

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
NH BENTON PAC	P.O. BOX NH 530 CONCORD	250			
ANTHEM BCBS	P.O. BOX 6808 CINCINNATI, OH	100			
NH SOCIETY PLAY & SORROWS	RICHARD CHASE MD 135 BORTHOUGH AVE PLYMOUTH NH	250			
NH MEDICAL SOCIETY	71 STARR ST CONCORD NH 03301	100			

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

ITEMIZED EXPENDITURES

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Indicate to which election expenditure applies		Nature of Expenditure
				Primary/General	Other	
		0		0	0	
		0		0	0	
		0		0	0	
		0		0	0	
		0		0	0	
		0		0	0	
		0		0	0	
		0		0	0	

*List occupation and place of business if total exceeds \$100 for primary or general election. RSA 664:6, 1.