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

I, Emily Sandblade Chairperson, and I, JR Hoell
(print name) (print name)
 Treasurer of the NH constitutional leadership PAC.
 Committee, located at 32 Ordway Road Dunbarton NH 03046
(mailing address) (town/city) (state) (zip code)

which was registered for the 2014 State Primary and General Election, 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 from last report | 1) \$ <u>470</u> |
| 2) Total of all receipts since last report if a deficit was brought forward from General Election | 2) \$ <u>0-</u> |
| 3) Total of all expenditures since last report if a surplus was brought forward from General Election | 3) \$ <u>12-</u> |
| 4) Balance if SURPLUS | 4) \$+ <u>458-</u> |
| 5) Balance if DEFICIT | 5) \$- _____ |

Emily Sandblade Signature of Committee Chairman
JR Hoell Signature of Treasurer

RSA 664:6, 7. Any 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 satisfied or surplus deleted, at which time a final report shall be filed.

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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 NOV 04 2015
 NEW HAMPSHIRE
 DEPARTMENT OF STATE

Candidate or Committee Name: NH ~~BA~~ Constitutional Leadership
 Reporting period ending NOV 4 2015

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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 | |
| Triangle CU | 33 Franklin Street Nashua | \$ 12 | - | 0 | * | 6 x \$2 monthly bank fee |
| | | | | 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.