

STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
6-Month Report
for CANDIDATES
After 2016 General Election

Name of Candidate:			
	(print name)		
Address:			
	(street)	(town/city/state/zip)	
Party:	Office:		
	County:	District No	
Name of Fiscal Agent:			
6 - MONT	H REPORT OF RECEIPTS AND EXPENDI	FURE AFTER 2016 GENER	AL ELECTION
Date of Report:	May 8, 2017	November 8, 2017 [
	May 8, 2018	November 8, 2018	
SUMMARY OF REG	CEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS			
A. Total amount of re	ceipts over \$25	\$	\$
B. Total amount of re	ceipts unitemized (\$25 or less)	\$	\$
C. Number of Contrib	putors		
D. Number of unitem	ized receipts (\$25 or less)		
E. Subtotal of non-mo	onetary (in-kind) receipts	\$	\$
F. Subtotal of moneta	ry receipts (A + B - E)	\$	\$
G. Total Surplus/Defi	icit from previous campaign	\$	\$
TOTAL RECEIPTS (E + F + G)		\$	\$
EXPENDITURES			
U Total amount of av	ponditures (evaluating Ind. Exp. of \$500 or more) ¢	¢

EAIENDIIURES		
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 Com	nmittee Name	:				
ITEMIZED RECEIPT	ſS				Reporting per	iod ending	2017	
Full Name of Contributor	Post Office Address	Am of	ount	Date	Aggregate* Contributions	If contribution o is over \$100 list		e contribution
(Alphabetical Order)		Cor	ntribution	Received	to Date	Occupation	and I	Place of Business
Total of receipts unitemize	ed (\$25 or under) in this report S	\$						
ITEMIZED EXPENDIT	URES				***Indicate to	which election expenditure	applies	
Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Prima	ury/General	Nature of Expenditure		

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