

STATE OF NEW HAMPSHIRE Statement of Receipts and Expenditures for CANDIDATE for SPEAKER OF THE HOUSE OF REPRESENTATIVES December 5, 2018 - Election

Name of Committee			
	(print name)		
Address:			
	(street)	(town/city/state/zip)	
Name of Chairperson:			
Name of Fiscal Agent:	(print name)		
	(print name)		
REPORT ()F RECEIPTS AND EXPENDITURE F	FOR SPEAKER ELECTION	N
Date of Report:	November 14 November 28		
SUMMARY OF REC	EIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS			
A. Total amount of rec	eipts over \$25	\$	\$
B. Total amount of of	receipts unitemized (\$25 or less)	\$	\$
C. Number of Contribu	itors		
D. Number of receipts	unitemized (\$25 or less)		
E. Subtotal of non-mor	netary (in-kind) receipts	\$	\$
F. Subtotal of monetar	y receipts (A + B - E)	\$	\$
G. Total Surplus/Defic	it from previous campaign	\$	\$
TOTAL F	RECEIPTS (E + F + G)	\$	\$
EXPENDITURES			
H. Total amount of exp	enditures (excluding Ind. Exp. \$500 or more)	\$	\$
I. Total amount of Inde	pendent Expenditures \$500 or more	\$	\$
J. Number of Independ	ent Expenditures \$500 or more		
TOTAL F	EXPENDITURES (H + I)	\$	\$
PENDING EXPENDI	TURES - Promise of Payment	\$	\$

Page of	_Pages	Candidate or Comr	mittee Name:					
ITEMIZED RECEIPTS					Reporting pe	riod ending	201	8
Full Name of Contributor	Post Office Address	Amo of	Da		Aggregate* Contributions	is over \$100	list:	gate contribution
(Alphabetical Order)		Cont	tribution Re	ceived	to Date	Occupation	and	Place of Business
Total of receipts unitemized	(\$25 or under) in this report \$							
ITEMIZED EXPENDITU	RES				***Indicate to	which election expenditi	ure applies	
Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Prima	ry/General	Nature of Expenditure		

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