



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
(RSA 664)
September 9, 2014 - Primary Election



I, Jennifer Horn Chairperson, and I, Eileen Smiglowksi
(print name) (print name)
 Asst. Treasurer of the New Hampshire Republican State Committee
 Committee, located at 10 Water St., Concord, NH 03301
(mailing address) (town/city) (state) (zip code)

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

SUMMARY OF RECEIPTS AND EXPENDITURES FOR PRIMARY ELECTION

Date of Report: *June 18 August 20 September 3 September 17

Receipts:

- | | |
|--|-------------------------|
| 1) Total of all receipts in this report | 1) \$ <u>0</u> |
| 2) Total of all receipts in previous reports | 2) \$ <u>186,199.55</u> |
| 3) Total of all primary election receipts to date
(Add lines 1 and 2) | 3) \$ <u>186,199.55</u> |

Expenditures:

- | | |
|--|-------------------------|
| 4) Total expenditures in this report | 4) \$ <u>850.00</u> |
| 5) Total of expenditures in previous reports | 5) \$ <u>169,940.33</u> |
| 6) Total of all primary election expenditures to date
(Add lines 4 and 5) | 6) \$ <u>170,790.33</u> |

- | | |
|-----------------------|-------------------------|
| 7) Balance if SURPLUS | 7) \$+ <u>15,409.22</u> |
| 8) Balance if DEFICIT | 8) \$- _____ |

RECEIVED

SEP 17 2014

NEW HAMPSHIRE
 DEPARTMENT OF STATE

Jennifer M. Horn
 Signature of Chairman

Eileen P. Smiglowksi
 Signature of Treasurer (Asst.)

*This report not required by Political Committee of a Political Party or by a Political Committee of a Candidate. RSA 664:6

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	***Primary/General	Nature of Expenditure
So. NH University	2500 No. River Rd. Manchester, NH 03106	\$850.00	9/2/14	<input type="checkbox"/>	Meeting Expense
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
				<input type="checkbox"/>	

*** Indicate to which election expenditure applies

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

ITEMIZED RECEIPTS

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	Occupation and Place of Business	If contribution or aggregate contribution is over \$100 list:
Alexander J. Walker	857 Chestnut St Manchester, NH 03104-2522	\$1000	9/4/14	\$1000	Management	Catholic Medical Center
Gregory Walker	139 Woods Run Rollingford, NH 03868	\$1200	9/7/14	\$1200	Management	Wrightworth Douglas Hospital
Gregory Wheeler	5 Century Pines Dr Dorchester, NH 03825	\$150	9/7/14	\$150	Management	Wrightworth Douglas Hospital

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

*** Indicate to which election expenditure applies

ITEMIZED EXPENDITURES	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
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				<input type="checkbox"/>	

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