

## STATE OF NEW HAMPSHIRE

## Statement of Receipts and Expenditures for CANDIDATE for SPEAKER OF THE HOUSE OF REPRESENTATIVES

## November 30, 2017 - Election

Name of Committee						
	(print name)					
Address:						
	(street)	(town/city/state/zip)				
Name of Chairperson:						
Name of Fiscal Agent:	(print name)					
	(print name)					
REPORT OF	RECEIPTS AND EXPENDITURE FOR	SPEAKER ELECTIO	N			
Date of Report:	November 15 November 29	December 13				
SUMMARY OF RECE	IPTS AND EXPENDITURES	THIS PERIOD	TO DATE			
RECEIPTS						
A. Total amount of recei	pts over \$25	\$	\$			
B. Total amount of of red	ceipts unitemized (\$25 or less)	\$	\$			
C. Number of Contribute	ors					
D. Number of receipts un	nitemized (\$25 or less)					
E. Subtotal of non-mone	tary (in-kind) receipts	\$	\$			
F. Subtotal of monetary	receipts (A + B - E)	\$	\$			
G. Total Surplus/Deficit	from previous campaign	\$	\$			
TOTAL RE	CCEIPTS (E + F + G)	\$	\$			
EXPENDITURES						
H. Total amount of exper	nditures (excluding Ind. Exp. \$500 or more)	\$	\$			
I. Total amount of Indepe	endent Expenditures \$500 or more	\$	\$			
J. Number of Independen	t Expenditures \$500 or more					
TOTAL EX	(PENDITURES ( H + I)	\$	\$			
PENDING EXPENDIT	URES - Promise of Payment	\$	\$			
Signature of Candidate	z/Committee Chairman	Signature of Treasurer				

Page	of	Pages	Candidate or 0	Committee Nam	e:				
ITEMIZE	ED RECEIPT	TS .				Reporting peri	od ending	201	.7
Full Name	of Contributor	Post Office Address		Amount	Date	Aggregate* Contributions	If contribution of is over \$100 list		gate contribution
(Alphabetic	cal Order)			Contribution	Received	to Date	Occupation	and	Place of Business
Total of rec	ceipts unitemize	ed (\$25 or under) in this report	\$						
ITEMIZED EXPENDITURES						***Indicate to which election expenditure applies			
			Amount	Date					
Paid to Wh	om	Post Office Address	of Expe	nse Expended	d ***Prima	ry/General	Nature of Expenditure		
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<sup>\*</sup>List occupation and place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.