



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

I, Emily Sandbladh Chairperson, and I, JK Hoell
(print name) (print name)
 Treasurer of the NH constitutional leadership Pte.
 Committee, located at 32 Ordway Road Durham NH 03048
(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>458</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>446</u> |
| 5) Balance if DEFICIT | 5) \$- <u>N/A</u> |

RECEIVED
 MAY 05 2016
 NEW HAMPSHIRE
 DEPARTMENT OF STATE

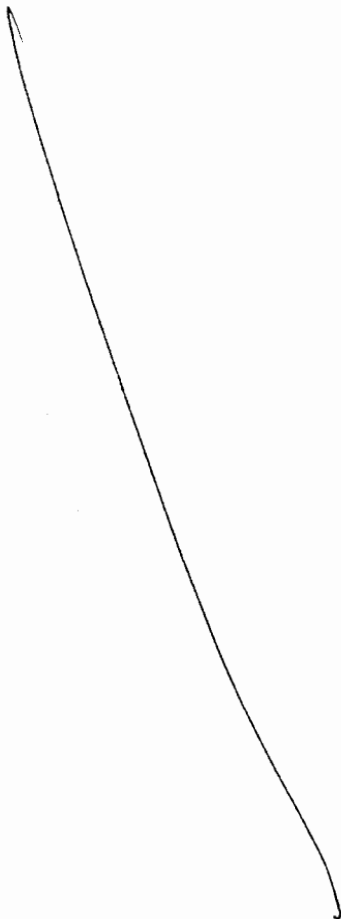
Emily Sandbladh
 Signature of Committee Chairman

[Signature]
 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.

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

***Indicate to which election expenditure applies

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
TCU	33 Franklin Street Nashua NH	\$12	*	0 N/A	* Monthly bank fee
		0	0	0	0
		0	0	0	0
		0	0	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, I.