

STATE OF NEW HAMPSHIRE

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

OF REI RESENTATIVES

December 5, 2018 - Election

Name of Committee Dick Hinch for	DEALER								
Address: 14 Tonal ad DA. MSDE (street)	(town/city/state/zip)	4 03024							
Name of Chairperson: (print name)									
Name of Fiscal Agent:									
REPORT OF RECEIPTS AND EXPENDITURE FOR SP. Date of Report: November 14 November 28	December 19	N							
Date of Report. November 14 November 28	December 19								
SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE							
RECEIPTS	6 1CG 00	11.00							
A. Total amount of receipts over \$25	\$ 150.=	\$ 1105							
B. Total amount of of receipts unitemized (\$25 or less)	\$	\$							
C. Number of Contributors									
D. Number of receipts unitemized (\$25 or less)									
E. Subtotal of non-monetary (in-kind) receipts	\$	\$							
F. Subtotal of monetary receipts (A + B - E)	\$	\$							
G. Total Surplus/Deficit from previous campaign	\$	\$							
TOTAL RECEIPTS (E + F + G)	s 150 000	\$ 110500							
EXPENDITURES		0.0							
H. Total amount of expenditures (excluding Ind. Exp. \$500 or more)	\$ 150	\$ 1105							
I. Total amount of Independent Expenditures \$500 or more	\$	\$							
J. Number of Independent Expenditures \$500 or more									
TOTAL EXPENDITURES (H + I)	s 150 m	\$ 110500							
PENDING EXPENDITURES - Promise of RECEIVED	\$	\$							
NOV 28 2018 Charles Rengells NEW HAMPSHIRE DEPARTMENT OF STATE Signature of Candidate/Committee Chairman	Sherma Signature of Treas	m Puckuel							

Page	of	_Pages	Candi	date or Comr	mittee Name	·				
ITEMIZEI	D RECEIPT	S					Reporting period	d ending	201	8
Full Name o	of Contributor	Post (Office Address	Amo of Cont		Date Received	Aggregate* Contributions to Date	If contributi is over \$100 Occupation	list:	gate contribution Place of Business
Sichae	w. H	ich M	W Tohalos DE			1-5478	110500	2518	CAOl	
Total of rece	eipts unitemize	d (\$25 or unde	er) in this report \$		·					
ITEMIZED EXPENDITURES					***Indicate to which election expenditure applies					
Paid to Who	om	Post (Office Address	Amount of Expense	Date Expended	***Primary	y/General	Nature of Expenditu	re	M
U.S.	Postni	Device	SIO D.W. Hay	15000	11-24-18			Pastage		
					•					
										900
7		***************************************								1111
	··········				-					
*List occupa	ation and place	of business if	total exceeds \$100 for prima	ry or general el	ection. RSA 6	64:6, I.				