STATE OF NEW HAMPSHIRE

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

OF REPRESENTATIVES

November 30, 2017 - Election

STATE

Name of Committee Lauric Sanborn	for Speaker	<u> </u>
Name of Committee Lauric Sanborn (print name) Address: 7 Fagle Dr (street)	Red Food (town/city/state/zip)	VH-03110
Name of Chairperson: Laure Sanborn (print name)		
Name of Fiscal Agent: 6/21 Corde//	10-10-10-10-10-10-10-10-10-10-10-10-10-1	RECEIVED
REPORT OF RECEIPTS AND EXPENDITURE FOI	R SPEAKER ELECTIO	NOV 2 9 2017
Date of Report: November 15 November 29	December 13	NEW HAMPSHIRE DEPARTMENT OF STATE
SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS		
A. Total amount of receipts over \$25	\$ / 600	\$
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)	\$ 1,000	\$
EXPENDITURES		
H. Total amount of expenditures (excluding Ind. Exp. \$500 or more)	\$	\$
I. Total amount of Independent Expenditures \$500 or more	\$	\$
J. Number of Independent Expenditures \$500 or more		
TOTAL EXPENDITURES (H + I)	\$ 862.77	\$
PENDING EXPENDITURES - Promise of Payment	\$	\$
And I		·
Signature of Candidate/Committee Chairman	Signature of Treas	urer

Page	of	Pages	Candidate or Cor	mmittee Name	e:		-			
ITEMIZE	D RECEIPTS	S				Reporting pe	riod endi	ng	201	7
	f Contributor	Post Office Address	Ar of	mount	Date	Aggregate* Contributions	. ,	is over \$100 list	or aggre	gate contribution
(Alphabetic	al Order)		Co	ontribution	Received	to Date		Occupation	and	Place of Busines
				_						
•			- 1							
							*****	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·					t.			· · · · · · · · · · · · · · · · · · ·
				*** (6)*						***
Total of rece	eints unitemized	1 (\$25 or under) in this report	 \$							
	EXPENDITU		·			***Indicate to	which ele	ection expenditure	applies	
			Amount	Date				F	11	
Paid to Who	m	Post Office Address	of Expense			y/General	Nature	of Expenditure		
						[.]			4	
					Ū	D				
				-		C)				
					J	U			=	
					n					
							_			
					[]	Ω				
						Π				

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

				7	$\frac{1}{29}$
ITEMIZED RECEIP	TS			Reporting Per	2017
Full Name of Contributor (Alphabetical Order)	Post Office Address Humphrey Po Box	Amount of Contribution 1461 / 000,00	Received	Contributions i	If contribution or aggregate contribution is over \$100 list: Occupation and Place of Business
•	zed (\$25 or under) in this report	\$		*** Indicate to which	h election expenditure applies
Total of receipts unitemi ITEMIZED EXPEN Paid to Whom		Amount of	Date of	*** Indicate to which ***Primary/General	
ITEMIZED EXPEN	DITURES		Date of Expense		
ITEMIZED EXPEN	DITURES Post Office Address	Amount of Expense	_		Nature of Expenditure
ITEMIZED EXPEN	Post Office Address Concord NH	Amount of Expense	_	***Primary/General	Nature of Expenditure
ITEMIZED EXPEN	Post Office Address Concod NH Concod NH	Amount of Expense 720.03	_	***Primary/General	Nature of Expenditure
ITEMIZED EXPEN	Post Office Address Concod NH Concod NH	Amount of Expense 720.03	_	***Primary/General	Nature of Expenditure
ITEMIZED EXPEN	Post Office Address Concod NH Concod NH	Amount of Expense 720.03	_	***Primary/General	Nature of Expenditure
ITEMIZED EXPEN	Post Office Address Concod NH Concod NH	Amount of Expense 720.03	_	***Primary/General	Nature of Expenditure

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