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

I, __Gary Levy__ _____ Chairperson, and I, __Lori Risman__ _____
   (print name)   (print name)

Treasurer of the __New Hampshire First__ _____

Committee, located at __3613 Lafayette Rd__ __Portsmouth__ __NH__ __03801__ _____
                   (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 ☐
                   Amended

Receipts:

1) Total of all _receipts_ in this report   1) $ 5,000.00

2) Total of all _receipts_ in previous reports   2) $ -0-

3) Total of all _primary election receipts_ to date   3) $ 5,000.00
    (Add lines 1 and 2)

Expenditures:

4) Total _expenditures_ in this report   4) $ -0-

5) Total of _expenditures_ in previous reports   5) $ -0-

6) Total of all _primary election expenditures_ to date **RECEIVED**   6) $ -0-

    (Add lines 4 and 5)   JUN 24 2014

7) Balance if **SURPLUS**   NEW HAMPSHIRE   7) $+ 5,000.00

8) Balance if **DEFICIT**   DEPARTMENT OF STATE   8) $-

_____   _____
    Signature of Chairman   Signature of Treasurer

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

Candidate or Committee Name __New Hampshire First__

Reporting Period ending _____ 2014

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
State Street Discount	3613 Lafayette Rd Portsmouth NH	$5,000	6/16/14	$5,000	Retail Business Portsmouth, NH

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
				☐ ☐	
				☐ ☐	
				☐ ☐	
				☐ ☐	
				☐ ☐	
				☐ ☐	
				☐ ☐	
				☐ ☐	

*** Indicate to which election expenditure applies

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