

**INVESTMENT ADVISER QUARTERLY REPORT
OF
POLITICAL CONTRIBUTIONS**

Firm Name: _____

Report Period: _____

I. POLITICAL CONTRIBUTIONS made to State Official(s) (please identify each recipient and all contributors separately)

Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exemption applies to this contribution as permitted under the Restrictions section of the Policy: ____
Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exemption applies to this contribution as permitted under the Restrictions section of the Policy: ____
Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exemption applies to this contribution as permitted under the Restrictions section of the Policy: ____
(1) Refer to Policy Concerning Political Contributions and Prohibitions on Investment Management Business for description of exemptions		

II. PAYMENTS made to a Political Party or Political Action Committee organized in the State of New Hampshire

Name (including city/county/state or other political subdivision) of Political party/PAC: _____ _____ _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exemption applies to this payment as permitted under the Restrictions section of the Policy: ____
Name (including city/county/state or other political subdivision) of Political party/PAC: _____ _____ _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exemption applies to this payment as permitted under the Restrictions section of the Policy: ____
Name (including city/county/state or other political subdivision) of Political party/PAC: _____ _____ _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exemption applies to this payment as permitted under the Restrictions section of the Policy: ____
(1) Refer to Policy Concerning Political Contributions and Prohibitions on Investment Management Business for description of exemptions		

III. THIRD PARTY SOLICITORS (please complete Attachment to Report of Political Contributions for each Third Party Solicitor listed)

Names of Third Party Solicitor(s) representing Investment adviser:

Signature: _____ **Date:** _____

Name: _____

Title: _____

Address: _____

Phone: _____

Please submit with Attachments, if applicable, to:

**New Hampshire Retirement System
Attention: Legal Compliance Department
54 Regional Drive
Concord, New Hampshire 03301**

ATTACHMENT TO REPORT OF POLITICAL CONTRIBUTIONS

(Please complete for each Third Party Solicitor listed under section III in Report of Political Contributions)

Name of Third Party Solicitor (“Solicitor”): _____

Solicitor’s Business Address: _____

Services provided by Solicitor to Adviser: _____

Compensation Arrangement with Solicitor:

Total Dollar Amount Paid to Solicitor by Adviser During Reporting Period: \$ _____