

**NHRS INVESTMENT ADVISOR QUARTERLY REPORT
OF
POLITICAL CONTRIBUTIONS**

Firm Name: _____

Report Period: _____

Firm Name: _____

Quarterly 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 exception applies to this contribution as permitted under the Policy: ____
Recipient Name: _____ Recipient Title: _____	Contributor Name: _____ Contributor Address: _____ _____ Date of Contribution: _____ Amount of Contribution: \$ _____	Please check if an exception applies to this contribution as permitted under the Policy: ____

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 exception applies to this payment as permitted under the Policy: ____
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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 exception applies to this payment as permitted under 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 exception applies to this payment as permitted under the Policy: ____

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 Advisor:

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 Advisor:

Compensation Arrangement with Solicitor:

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