STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures
for CANDIDATES
(RSA 664)
September 11, 2012 - Primary Election

I, _____ of _____
(print name) (street)
_____, candidate for the office of _____
(town/city zip code)

County of _____ District No. _____ for the _____ party,

report that I have *expenditures exceeding $500* for the primary election and do submit, with my fiscal agent, the following report of receipts and expenditures.

SUMMARY OF RECEIPTS AND EXPENDITURES FOR PRIMARY ELECTION

Date of Report: August 22 ☐ September 5 ☐ September 19 ☐

Receipts:

1) Total of all *receipts* in this report	1)	$_____
2) Total of all *receipts* in previous reports	2)	$_____
3) Total of all *primary election receipts* to date (Add lines 1 and 2)	3)	$_____

Expenditures:

4) Total *expenditures* in this report	4)	$_____
5) Total of *expenditures* in previous reports	5)	$_____
6) Total of all *primary election expenditures* to date (Add lines 4 and 5)	6)	$_____
7) Balance if **SURPLUS**	7)	$+_____
8) Balance if **DEFICIT**	8)	$-_____

_____ _____
Signature of Candidate Signature of Fiscal Agent

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301
Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://www.sos.nh.gov
email: elections@sos.state.nh.us

Candidate or Committee Name: _____

Reporting period ending _____2012

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

Total of receipts unitemized ($25 or under) in this report $_____

ITEMIZED EXPENDITURES

******Indicate to which election expenditure applies***

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General		Nature of Expenditure
				O	O	
				O	O	
				O	O	
				O	O	
				O	O	
				O	O	
				O	O	
				O	O	

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