# *STATE OF NEW HAMPSHIRE*

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

I, _____ Chairperson, and I, _____
(print name) (print name)
Treasurer of the _____

Committee, located at _____
(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 20 ☐ 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 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**

*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 |
|---|---|---|---|---|---|
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| | | | | | |

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.