



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for CANDIDATES
July 18, 2017 - Special Election
Merrimack County District No. 18

Name of Candidate: _____
 (print name)

Address: _____
 (street) (town/city/state/zip)

Party: _____ Office: _____

County: _____ District No. _____

Name of Fiscal Agent: _____

REPORT OF RECEIPTS AND EXPENDITURE FOR SPECIAL ELECTION

Date of Report: June 28 July 12 July 26

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS		
A. Total amount of receipts over \$25	\$	\$
B. Total amount of receipts unitemized (\$25 or less)	\$	\$
C. Number of Contributors		
D. Number of unitemized receipts (\$25 or less)		
E. Subtotal of non-monetary (in-kind) receipts	\$	\$
F. Subtotal of monetary receipts (A + B - E)	\$	\$
G. Total Surplus/Deficit from previous campaign	\$	\$
TOTAL RECEIPTS (E + F + G)	\$	\$

EXPENDITURES		
H. Total amount of expenditures (excluding Ind. Exp. of \$500 or more)	\$	\$
I. Total amount of Independent Expenditures \$500 or more	\$	\$
J. Number of Independent Expenditures \$500 or more		
TOTAL EXPENDITURES (H + I)	\$	\$
PENDING EXPENDITURES - Promise of Payment	\$	\$

 Signature of Candidate

 Signature of Fiscal Agent

ITEMIZED RECEIPTS

Reporting period ending _____ 2017

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 Expended	***Primary/General	Nature of Expenditure
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*List occupation and place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.