

STATE OF NEW HAMPSHIRE Statement of Receipts and Expenditures for CANDIDATES

September 11, 2018 - State Primary Election

Name of Candidate		
(print name)		
Address:(street)	(1,	
	(town/city/state/zip)	
Party: Office: (print name)		
, and the second		
Name of Fiscal Agent: (print name)		
REPORT OF RECEIPTS AND EXPENDITUR	E FOR PRIMARY ELEC	CTION
Date of Report: August 22, 2018 September 5,	, 2018 September	er 19, 2018
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 receipts unitemized (\$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. \$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 Committee Chairman	Signature of Treasi	urer

Page	of	Pages	Candidate or 0	Committee Nam	e:				
ITEMIZE	ED RECEIPT	TS .				Reporting peri	od ending	201	.7
Full Name	of Contributor	Post Office Address		Amount	Date	Aggregate* Contributions	If contribution of is over \$100 list		gate contribution
(Alphabetic	cal Order)			Contribution	Received	to Date	Occupation	and	Place of Business
Total of rec	ceipts unitemize	ed (\$25 or under) in this report	\$						
ITEMIZED EXPENDITURES						***Indicate to which election expenditure applies			
			Amount	Date					
Paid to Wh	om	Post Office Address	of Expe	nse Expended	d ***Prima	ry/General	Nature of Expenditure		
									_

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