

Signature of Committee Chairman

## STATE OF NEW HAMPSHIRE **Statement of Receipts and Expenditures**

## for POLITICAL COMMITTEES

May 23, 2017 - Special Election Carroll County District No. 6

	(print name)			
Address:(street)				
(street)	(town/city/state/zip)			
Name of Chairperson:				
Name of Fiscal Agent:	(print name)			
	(print name)			
REPORT OF RECEI	PTS AND EXPENDITURI	E FOR SPECIAL ELE	CCTION	
Date of Report: May 3	May 17	May 31	2011011	
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SUMMARY OF RECEIPTS AND EXPE	THIS PERIOD	TO DATE		
RECEIPTS				
A. Total amount of receipts over \$25	\$	\$		
B. Total amount of of receipts unitemized	\$	\$		
C. Number of Contributors				
D. Number of receipts unitemized (\$25 or	less)			
E. Subtotal of non-monetary (in-kind) rece	\$	\$		
F. Subtotal of monetary receipts ( A + B -	\$	\$		
G. Total Surplus/Deficit from previous car	\$	\$		
TOTAL RECEIPTS (E + F -	\$	\$		
EXPENDITURES				
H. Total amount of expenditures (excluding	\$	\$		
I. Total amount of Independent Expenditure	\$	\$		
J. Number of Independent Expenditures \$5	00 or more			
TOTAL EXPENDITURES (	H + I)	\$	\$	
PENDING EXPENDITURES - Promise	\$	\$		

Signature of Treasurer

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 v	vhich election expenditure	applies	
			Amount	Date					
Paid to Wh	om	Post Office Address	of Expe	nse Expended	d ***Prima	ry/General	Nature of Expenditure		
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<sup>\*</sup>List occupation and place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.