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SEP 18 2017



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for CANDIDATES

September 19, 2017 - Special Primary Election
State Representative - Hillsborough District 15

NEW HAMPSHIRE
DEPARTMENT OF STATE

Name of Candidate: Andy Parent
(print name)

Address: 117 Brady Circle Man. NH 03109
(street) (town/city/state/zip)

Party: R Office: State Representative - Hillsborough District 15

Name of Fiscal Agent: Andy Parent

REPORT OF RECEIPTS AND EXPENDITURE FOR SPECIAL PRIMARY ELECTION

Date of Report: August 30 September 13 September 27

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS		
A. Total amount of receipts over \$25	\$ 100.00	\$ 2,635.00
B. Total amount of receipts unitemized (\$25 or less)	\$ 0	\$ 0
C. Number of Contributors	1	3
D. Number of receipts unitemized (\$25 or less)	0	0
E. Subtotal of non-monetary (in-kind) receipts	\$ 0	\$ 0
F. Subtotal of monetary receipts (A + B - E)	\$ 100.00	\$ 2,635.00
G. Total Surplus/Deficit from previous campaign	\$	\$
TOTAL RECEIPTS (E + F + G)	\$ 100.00	\$ 2,635.00

EXPENDITURES		
H. Total amount of expenditures (excluding Ind. Exp. \$500 or more)	\$ 699.98	\$ 2,310.51
I. Total amount of Independent Expenditures \$500 or more	\$	\$
J. Number of Independent Expenditures \$500 or more		
TOTAL EXPENDITURES (H + I)	\$ 699.98	\$ 2,310.51
PENDING EXPENDITURES - Promise of Payment	\$	\$

Andy Parent
Signature of Candidate

Andy Parent
Signature of Fiscal Agent

Candidate or Committee Name: Andy Parent

ITEMIZED RECEIPTS

Reporting period ending Sept 13, 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
<u>Ryan Cashin</u>	<u>109 So. Taylor Men. NH</u>	<u>100.⁰⁰</u>	<u>9/6/17</u>	<u>100.⁰⁰</u>			

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
				<input type="checkbox"/>	<input type="checkbox"/>	
<u>Talent Action Group</u>	<u>104 Falbin Dr. Man. NH 03103</u>	<u>699.95</u>	<u>9/6/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Printing + Mailing</u>
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

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