



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**  
**September 8, 2020 - State Primary Election**

Name of Candidate \_\_\_\_\_  
 (print name)

Address: \_\_\_\_\_  
 (street) (town/city/state/zip)

Party: \_\_\_\_\_ Office: \_\_\_\_\_  
 (print name)

Name of Fiscal Agent: \_\_\_\_\_  
 (print name)

**REPORT OF RECEIPTS AND EXPENDITURE FOR PRIMARY ELECTION**

Date of Report: August 19, 2020  September 2, 2020  September 16, 2020

<b>SUMMARY OF RECEIPTS AND EXPENDITURES</b>	<b>THIS PERIOD</b>	<b>TO DATE</b>
<b>RECEIPTS</b>		
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 (insert on the first report filed for this election cycle)	<del>                    </del>	\$
<b>TOTAL RECEIPTS (E + F + G)</b>	\$	\$

<b>EXPENDITURES</b>		
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		
<b>TOTAL EXPENDITURES ( H + I)</b>	\$	\$
<b>PENDING EXPENDITURES - Promise of Payment</b>	\$	\$
<b>BALANCE (Total Receipts minus Total Expenditures)</b>	<del>                    </del>	\$

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Signature of Fiscal Agent

**ITEMIZED RECEIPTS**

Reporting period ending \_\_\_\_\_ 20\_\_\_\_

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution <b>or aggregate contribution is over \$100</b> list the following for the contributor:		
					Occupation	Job Title	Name of Employer

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	***Pre-Primary/Primary/General			Nature of Expenditure
				<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"/>	<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, job title, name of employer and city or town of principal place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.