

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures 6-month report for CANDIDATES

after April 13, 2021 - Special Election

State Representative - Hillsborough County District No. 21

Name of Candidate:			
Address:			
	(street)	(town/city/state/zip)	
Party:	Office: State Representative - Hillsborough Co	ounty - District No. 21	
Name of Fiscal Agent:			
RE	PORT OF RECEIPTS AND EXPENDITURE	FOR SPECIAL ELE	CTION
Date of Report:	October 13, 2021	April 13, 2022	
SUMMARY OF REG	CEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS			
A. Total amount of re	ceipts over \$50	\$	\$
B. Total amount of re-	ceipts unitemized (\$50 or less)	\$	\$
C. Number of Contrib	outors		
D. Number of unitemi	ized receipts (\$50 or less)		
E. Subtotal of non-mo	onetary (in-kind) receipts	\$	\$
F. Subtotal of moneta	ry receipts (A + B - E)	\$	\$
G. Total Surplus/Defi	cit from previous campaign	\$	\$
TOTAL	RECEIPTS (E + F + G)	\$	\$
EXPENDITURES			
	penditures (excluding Ind. Exp. of \$1,000 or more)	\$	\$
	ependent Expenditures \$1,000 or more	\$	\$
	dent Expenditures \$1,000 or more		
TOTAL	EXPENDITURES (H + I)	\$	\$
PENDING EXPEND	ITURES - Promise of Payment	\$	\$
BALANCE (Total Re	eceipts minus Total Expenditures		\$
Signature of Candid	ate	Signature of Fiscal A	Agent

Page	of	Pages	Candidate or	Committee Nam	ne:					
ITEMIZI	ED RECEIPT	rs .				Reporting per	iod ending	202	21	
Full Name of Contributor Post Office A		Post Office Address	Amount of		Date	Aggregate* Contributions		If contribution or aggregate contribution is over \$100 list:		
(Alphabeti				Contribution	Received	to Date	Occupation	and	Place of Business	
Total of re	ceipts unitemize	ed (\$25 or under) in this report	\$							
ITEMIZED EXPENDITURES						***Indicate to which election expenditure applies				
Paid to Wh	nom	Post Office Address	Amoun of Expe		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.