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**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**  
**(RSA 664)**  
**September 9, 2014 - Primary Election**

I, KRISTI SAINT LAURENT <sup>St. Laurent</sup> of 32 RANGE ROAD  
(print name) (street)  
WINDHAM NH 03087, candidate for the office of SENATE  
(town/city zip code)

County of ROCKINGHAM District No. 19 for the DEMOCRATIC party,

report that I have expenditures exceeding \$500 for the primary election and do submit, with my fiscal agent, the following report of receipts and expenditures.

**SUMMARY OF RECEIPTS AND EXPENDITURES FOR PRIMARY ELECTION**

Date of Report: August 20  September 3  September 17

**Receipts:**

- |  |                       |
|--|-----------------------|
| 1) Total of all receipts in this report                                  | 1) \$ <u>-0-</u>      |
| 2) Total of all receipts in previous reports                             | 2) \$ <u>2,280.00</u> |
| 3) Total of all primary election receipts to date<br>(Add lines 1 and 2) | 3) \$ <u>2,280.00</u> |

**Expenditures:**

- |  |                                    |
|--|------------------------------------|
| 4) Total expenditures in this report   | 4) \$ <u>144.78</u>                |
| 5) Total of expenditures in previous reports                                 | 5) \$ <u>411.85</u>                |
| 6) Total of all primary election expenditures to date<br>(Add lines 4 and 5) | 6) \$ <u>556.63</u>                |
| 7) Balance if SURPLUS  | 7) \$+ <u>1,723.37</u>             |
| 8) Balance if DEFICIT  | 8) \$- <u>                    </u> |

SEP 16 2014  
 NEW HAMPSHIRE  
 DEPARTMENT OF STATE

Kristi St. Laurent  
 Signature of Candidate  
 Kristi St. Laurent

[Signature]  
 Signature of Fiscal Agent

**ITEMIZED RECEIPTS**

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>NONE</u>					

Total of receipts unitemized (\$25 or under) in this report \$ \_\_\_\_\_

\*\*\* Indicate to which election expenditure applies

**ITEMIZED EXPENDITURES**

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***Primary/General	Nature of Expenditure
<u>STAPLES</u>	<u>176 SOUTH BRADWAY SALMON NH 03074</u>	<u>\$ 143.78</u>	<u>9/5/2014</u>	<input checked="" type="checkbox"/>	<u>LITERATURE</u>
<u>TD BANK</u>	<u>P.O. BOX 1377 LEWISTON ME</u>	<u>\$ 1.00</u>	<u>9/1/2014</u>	<input checked="" type="checkbox"/>	<u>BANK FEE</u>
				<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