



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
June 8, 2021 - Special Election
State Representative - Merrimack County District No. 23
6-month report due after Special Election

Name of Committee _____
 (print name)

Address: _____
 (street) (town/city/state/zip)

Name of Chairperson: _____
 (print name)

Name of Fiscal Agent: _____
 (print name)

REPORT OF RECEIPTS AND EXPENDITURE FOR SPECIAL ELECTION

Date of Report: December 8, 2021 June 8, 2022

| SUMMARY OF RECEIPTS AND EXPENDITURES | THIS PERIOD | TO DATE |
|--|--------------|-----------|
| RECEIPTS | | |
| A. Total amount of receipts over \$50 | \$ | \$ |
| B. Total amount of of receipts unitemized (\$50 or less) | \$ | \$ |
| C. Number of Contributors | | |
| D. Number of receipts unitemized (\$50 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 | \$ | \$ |
| TOTAL RECEIPTS (E + F + G) | \$ | \$ |
| EXPENDITURES | | |
| H. Total amount of expenditures (excluding Ind. Exp. \$1,000 or more) | \$ | \$ |
| I. Total amount of Independent Expenditures \$1,000 or more | \$ | \$ |
| J. Number of Independent Expenditures \$1,000 or more | | |
| TOTAL EXPENDITURES (H + I) | \$ | \$ |
| PENDING EXPENDITURES - Promise of Payment | \$ | \$ |
| BALANCE (Total Receipts minus Total Expenditures) | | \$ |
| If your balance is \$0.00 - Is this your final report? Yes ___ No ___ | | |

 Signature of Committee Chairman

 Signature of Treasurer

ITEMIZED RECEIPTS

Reporting period ending _____ 2021

| 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 \$200 list: Occupation and Place of Business |
|--|---------------------|------------------------------|------------------|--|--|
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Total of receipts unitemized (**\$50 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"/> | |
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*List occupation and place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.