



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
6-Month Report
for CANDIDATES
After 2020 General Election

Name of Candidate: _____

(print name)

Address: _____

(street)

(town/city/state/zip)

Party: _____ Office: _____

County: _____ District No. _____

Name of Fiscal Agent: _____

6 - MONTH REPORT OF RECEIPTS AND EXPENDITURE AFTER 2020 GENERAL ELECTION

Date of Report: May 3, 2021

November 3, 2021

May 3, 2022

November 3, 2022

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD		TO DATE
RECEIPTS			
A. Total amount of receipts over \$50	\$		\$
B. Total amount of receipts unitemized (\$50 or less)	\$		\$
C. Number of Contributors			
D. Number of unitemized receipts (\$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. of \$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)	\$		\$

RSA 664:6, 7. Any candidate or political committee which has any outstanding debt, obligation or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisfied or surplus deleted, at which time a final report shall be filed.

Signature of Candidate

Signature of Fiscal Agent

Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301

Phone: 603-271-3242 -- Fax: 603-271-6316 -- <http://sos.nh.gov>

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 or aggregate contribution is over \$200 list: Occupation and Place of Business

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"/>	
				<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 and place of business if total exceeds \$100 for primary **or** general election. RSA 664:6, I.