

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures for POLITICAL COMMITTEES

Candidate Committees and Political Advocacy Organizations March 10, 2020 - Special Election

State Representative - Merrimack District 24

Address:	Name of Committee					_
Name of Chairperson:	(I	print name)				
Name of Chairperson:						_
Name of Treasurer:	(street)			(town/city/state/zip)		
Name of Treasurer:	Name of Chairperson:					-
REPORT OF RECEIPTS AND EXPENDITURE FOR GENERAL ELECTION Date of Report: February 19, 2020 March 4, 2020 March 18, 2020 SUMMARY OF RECEIPTS AND EXPENDITURES THIS PERIOD TO DATE RECEIPTS 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) TOTAL RECEIPTS (E + F + G) EXPENDITURES H. Total amount of expenditures (excluding Ind. Exp. \$500 or more) J. Number of Independent Expenditures \$500 or more TOTAL EXPENDITURES (H + I) S PENDING EXPENDITURES - Promise of Payment \$ \$ \$		(prii	nt name)			
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TOTAL EXPENDITURES (H + I) \$ \$ PENDING EXPENDITURES - Promise of Payment \$ \$						
PENDING EXPENDITURES - Promise of Payment \$						
	TOTAL EXPENDITURES (H	+ I)		\$	\$	
BALANCE (Total Receipts minus Total Expenditures)			\$			
	BALANCE (Total Receipts minus Total Ex	xpenditures)	TO 1 1	i do 00 I (li		
If your balance is \$0.00 - Is this your final report?			If your balance	e is \$0.00 - Is this yo	our final	report?
	Signature of Committee Chairman	nairman Signature of Treasurer				

Page	of	Pages	Cano	didate or Comm	nittee Name:						
ITEMIZED	RECEIP	TS					Reporting	g period ending		20	
Full Name of Co		Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date		following f	ion or aggregate c or the contributor: e Name of Employ			
											_
Total of massin	ta unitamia	zed (\$25 or under) in th	is mamout \$								
ITEMIZED E			is report \$				***Indica	te to which electi	on expenditur	e applies	
Paid to Whom		Post Office A	Address	Amount of Expense	Date Expended	***Pre-Pr	rimary/Primar	y/General	Nature of E	xpenditure	

^{*}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.