



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

Name of Committee _____
 (print name)

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

Name of Chairperson: _____
 (print name)

Name of Treasurer: _____
 (print name)

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)	\$	\$
I. Total amount of Independent Expenditures \$500 or more		
J. Number of Independent Expenditures \$500 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? <input type="checkbox"/>		

 Signature of Committee Chairman

 Signature of Treasurer

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 \$100 list the following for the contributor:		
					Occupation	Job Title	Name of Employer City/town of Principal Place of Business

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

ITEMIZED EXPENDITURES

****Indicate to which election expenditure applies*

Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Pre-Primary/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"/>	<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, 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.