Statement for PO Candidate Commit Octobe	STATE OF NEW HAMPSHIRE Statement of Receipts and Expenditures for POLITICAL COMMITTEES Candidate Committees and Political Advocacy Organizati October 26, 2021 - Special Election State Representative - Cheshire County District No. 9							
Name of Committee(print name)								
Address: (street)	(town/city/state/zip)							
Name of Chairperson:								
(print name)								
Name of Fiscal Agent:(print name)								
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REPORT OF RECEIPTS AND EXPENDITU Date of Report: October 6 October 20	November 3	CHON						
SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE						
RECEIPTS								
A. Total amount of receipts over \$25	\$	\$						
B. Total amount of 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	\$	\$						
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?	Yes No						

Signature of Committee Chairman

Signature of Treasurer

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

Page	of	Pages	Candidate or Comr	nittee Name:				
ITEMIZEI) RECEIPT	S				Reporting period	d ending	2021
Full Name of	f Contributor	Post Office Address	Amo of		Date	Aggregate* Contributions	If contribution o is over \$100 list	r aggregate contribution
(Alphabetical	l Order)		Cont	ribution I	Received	to Date	Occupation	and Place of Busines
Total of rece	ipts unitemize	d (\$25 or under) in this report \$						
ITEMIZED EXPENDITURES						***Indicate to which election expenditure applies		
			Amount	Date				
Paid to Whor	m	Post Office Address	of Expense	Expended	***Prima	ry/General	Nature of Expenditure	

*List occupation and place of business if total exceeds \$100 for primary or general election. RSA 664:6, I.