

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"/>	

*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.