



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**  
**September 7, 2021 - Special Primary Election**  
**State Representative - Cheshire District 9**

Name of Candidate: \_\_\_\_\_  
 (print name)

Address: \_\_\_\_\_  
 (street) (town/city/state/zip)

Party: \_\_\_\_\_ Office: State Representative - Cheshire District 9

Name of Fiscal Agent: \_\_\_\_\_

**REPORT OF RECEIPTS AND EXPENDITURE FOR SPECIAL PRIMARY ELECTION**

Date of Report: August 18  September 1  September 15

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
<b>RECEIPTS</b>		
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	\$	\$
<b>TOTAL RECEIPTS (E + F + G)</b>	\$	\$

<b>EXPENDITURES</b>		
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		
<b>TOTAL EXPENDITURES ( H + I)</b>	\$	\$
<b>PENDING EXPENDITURES - Promise of Payment</b>	\$	\$
<b>BALANCE (Total Receipts minus Total Expenditures)</b>	\$	\$
<b>If your balance is \$0.00 - Is this your final report? Yes ___ No ___</b>		

\_\_\_\_\_  
 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 \_\_\_\_\_ 2021

Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution <b>or aggregate contribution</b> is over \$100 list: Occupation and Place of Business
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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	***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"/>	

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