



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**  
**November 8, 2022 - State General Election**

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

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

Party: \_\_\_\_\_ Office: \_\_\_\_\_  
 (print name)

Name of Fiscal Agent: \_\_\_\_\_  
 (print name)

**REPORT OF RECEIPTS AND EXPENDITURE FOR GENERAL ELECTION**

Date of Report      October 19, 2022          November 2, 2022          November 16, 2022   

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 (insert on the first report filed for this election cycle)	<del> </del>	\$
<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>	<del> </del>	\$
If your balance is \$0.00 - Is this your final report? <input type="checkbox"/>		

\_\_\_\_\_  
 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 \_\_\_\_\_ 20\_\_\_\_

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

\*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.