



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**  
**October 26, 2021 - Special Election**  
**State Representative - Cheshire County District No. 9**

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

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

Party: \_\_\_\_\_ Office: State Representative - Cheshire County - District No. 9

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

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

Date of Report:            October 6               October 20               November 3  

<b>SUMMARY OF RECEIPTS AND EXPENDITURES</b>	<b>THIS PERIOD</b>	<b>TO DATE</b>
<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 unitemized receipts (\$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. of \$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>	\$
<b>If your balance is \$0.00 - Is this your final report? Yes ___ No ___</b>		

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Signature of Fiscal Agent

