

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

Name of Candidate						
	(print name)					
Address:(drest)						
	(street)	(town/city/state/zip)				
Party:	Office:	(print name)				
		(print name)				
Name of Fiscal Agent	:					
		(print name)				
REPC	ORT OF RECEIPTS ANI) EXPENDITURE F	OR GENERAL E	L	ECTION	
Date of Report	October 19, 2022	November 2, 2022	November	r 16	5, 2022	
SUMMARY OF REG	CEIPTS AND EXPENDITU	JRES	THIS PERIOD		TO DATE	
RECEIPTS						
A. Total amount of re	ceipts over \$50	\$		\$		
B. Total amount of re	ceipts unitemized (\$50 or les	s)	\$		\$	
C. Number of Contrib	outors					
D. Number of receipt	s unitemized (\$50 or less)					
E. Subtotal of non-mo	onetary (in-kind) receipts		\$		\$	
F. Subtotal of moneta	ry receipts (A + B - E)		\$		\$	
G. Total Surplus/Defi filed for this election cyc	cit from previous campaign (ele)	insert on the first report	>		\$	
TOTAL	RECEIPTS (E + F + G)		\$		\$	
			-	-		
EXPENDITURES						
H. Total amount of ex	penditures (excluding Ind. Ex	(p. \$1,000 or more)	\$		\$	
I. Total amount of Ind	ependent Expenditures \$1,00	0 or more				
J. Number of Independ	dent Expenditures \$1,000 or 1	more				
TOTAL	EXPENDITURES (H + I)		\$		\$	
PENDING EXPEND	ITURES - Promise of Payn	nent	\$		\$	
BALANCE (Total	Receipts minus Total Exper	<i>,</i>	>		\$	
		If your balance	is \$0.00 - Is this ye	our	· final report?	

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

Page of	Pages	Canc	lidate or Comn	nittee Name:_						
ITEMIZED RECEIF	PTS					Reporting	g period ending	5	20	_
Full Name of Contributor (Alphabetical Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date		following fo	ion or aggregate or the contributor: e Name of Emplo			
Total of receipts unitemi	ized (\$25 or under) in th	is report \$								
Total of receipts unitemi		is report \$				***Indica	te to which elect	tion expenditu	re applies	
-		-	Amount of Expense	Date Expended	***Pre-Pri	*** Indica mary/Primary		_	<i>re applies</i> Expenditure	
ITEMIZED EXPENDI	TURES	-			***Pre-Pri			_		
ITEMIZED EXPENDI	TURES	-				mary/Primary	y/General	_		
ITEMIZED EXPENDI	TURES	-				mary/Primary	y/General	_		
ITEMIZED EXPENDI	TURES	-				mary/Primary	y/General	_		
ITEMIZED EXPENDI	TURES	-				mary/Primary	y/General	_		
ITEMIZED EXPENDI	TURES	-				mary/Primary	y/General	_		
ITEMIZED EXPENDI	TURES	-				mary/Primary	y/General	_		

*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.