



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**6-month report for for CANDIDATES**  
**after June 8, 2021 - Special Election**  
**State Representative - Merrimack County District No. 23**

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

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

Party: \_\_\_\_\_ Office: State Representative - Merrimack County - District No. 23

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

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

Date of Report: December 8, 2021  June 8, 2022

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
<b>RECEIPTS</b>		
A. Total amount of receipts over \$50	\$	\$
B. Total amount of receipts unitemized (\$50 or less)	\$	\$
C. Number of Contributors		
D. Number of unitemized receipts (\$50 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>\$</b>	<b>\$</b>

<b>EXPENDITURES</b>		
H. Total amount of expenditures (excluding Ind. Exp. of \$1,000 or more)	\$	\$
I. Total amount of Independent Expenditures \$1,000 or more	\$	\$
J. Number of Independent Expenditures \$1,000 or more		
<b>TOTAL EXPENDITURES ( H + I)</b>	<b>\$</b>	<b>\$</b>
<b>PENDING EXPENDITURES - Promise of Payment</b>	<b>\$</b>	<b>\$</b>
<b>BALANCE (Total Receipts minus Total Expenditures)</b>	<del>_____</del>	<b>\$</b>
<b>If your balance is \$0.00 - Is this your final report? Yes ___ No ___</b>		

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

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

**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 or aggregate contribution is over \$100 list: Occupation and 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	***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"/>	

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