



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**  
**(RSA 664)**  
**September 9, 2014 - Primary Election**

✓

I, CAROLYN MELLO of 124 HERITAGE HILL RD.  
(print name) (street)  
HOLDERNESS 03245, candidate for the office of STATE SENATOR  
(town/city zip code)

County of GRAFTON District No. 2 for the DEMOCRATIC party,

report that I have expenditures exceeding \$500 for the primary election and do submit, with my fiscal agent, the following report of receipts and expenditures.

**SUMMARY OF RECEIPTS AND EXPENDITURES FOR PRIMARY ELECTION**

Date of Report: August 20  September 3  September 17

**Receipts:**

- |  |   |                       |
|--|---|-----------------------|
| 1) Total of all receipts in this report                                  | <p align="center"><b>RECEIVED</b><br/>SEP 16 2014<br/>NEW HAMPSHIRE<br/>DEPARTMENT OF STATE</p> | 1) \$ <u>500.00</u>   |
| 2) Total of all receipts in previous reports                             |   | 2) \$ <u>1,250.00</u> |
| 3) Total of all primary election receipts to date<br>(Add lines 1 and 2) |   | 3) \$ <u>1,750.00</u> |

**Expenditures:**

- |  |                       |
|--|-----------------------|
| 4) Total expenditures in this report   | 4) \$ <u>0.00</u>     |
| 5) Total of expenditures in previous reports                                 | 5) \$ <u>4,021.53</u> |
| 6) Total of all primary election expenditures to date<br>(Add lines 4 and 5) | 6) \$ <u>4,021.53</u> |
| 7) Balance if SURPLUS  | 7) \$+ <u>728.47</u>  |
| 8) Balance if DEFICIT  | 8) \$- _____          |

Carolyn Mello  
 Signature of Candidate

Jessie Mello  
 Signature of Fiscal Agent

ITEMIZED RECEIPTS

Reporting Period ending SEPTEMBER 17 2014

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
NH EDUCATORS PAC/APPLE CORPS	POB 2213 CONCORD, N.H. 03301	500.00	9/2/14	500.00	POLITICAL ACTION COMMITTEE SEE POST OFFICE ADDRESS

Total of receipts unitemized (\$25 or under) in this report \$ 0.00

\*\*\* Indicate to which election expenditure applies

ITEMIZED EXPENDITURES

Paid to Whom	Post Office Address	Amount of Expense	Date of Expense	***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"/>	

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