



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
Candidate Committees and Political Advocacy Organizations
September 13, 2022 - State Primary Election

Name of Committee _____
 (print name)

Address: _____
 (street) (town/city/state/zip)

Name of Chairperson: _____
 (print name)

Name of Treasurer: _____
 (print name)

REPORT OF RECEIPTS AND EXPENDITURE FOR PRIMARY ELECTION

| | | | | |
|------------------------|----------------------------------------------------|-------------------------------------------|--------------------------------------------|---------------------------------------------|
| Date of Report: | Pre-Primary: June 2, 2021 <input type="checkbox"/> | December 1, 2021 <input type="checkbox"/> | | |
| | June 22, 2022 <input type="checkbox"/> | August 24, 2022 <input type="checkbox"/> | September 7, 2022 <input type="checkbox"/> | September 21, 2022 <input type="checkbox"/> |

| SUMMARY OF RECEIPTS AND EXPENDITURES | THIS PERIOD | TO DATE |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|---------|
| RECEIPTS | | |
| 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) | | \$ |
| TOTAL RECEIPTS (E + F + G) | \$ | \$ |

| | | |
|---------------------------------------------------------------------|---------------------------------|----|
| EXPENDITURES | | |
| 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 | | |
| TOTAL EXPENDITURES (H + I) | \$ | \$ |
| PENDING EXPENDITURES - Promise of Payment | \$ | \$ |
| BALANCE (Total Receipts minus Total Expenditures) | | \$ |

 Signature of Committee Chairman

 Signature of Treasurer

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 or aggregate contribution is over \$100 list the following for the contributor: | | |
|--------------------------------------------------|---------------------|------------------------------|------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|
| | | | | | Occupation | Job Title | Name of Employer City/town of Principal Place of Business |
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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"/> | |
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*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.