



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
6-Month Report
for CANDIDATES
After 2020 General Election

Name of Candidate: _____

(print name)

Address: _____

(street)

(town/city/state/zip)

Party: _____ Office: _____

County: _____ District No. _____

Name of Fiscal Agent: _____

6 - MONTH REPORT OF RECEIPTS AND EXPENDITURE AFTER 2020 GENERAL ELECTION

Date of Report: May 3, 2021

November 3, 2021

May 3, 2022

November 3, 2022

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 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	\$	\$
TOTAL RECEIPTS (E + F + G)	\$	\$

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

RSA 664:6, 7. Any candidate or political committee which has any outstanding debt, obligation or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisfied or surplus deleted, at which time a final report shall be filed.

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>

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

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"/>	
				<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"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*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.