



STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures for POLITICAL COMMITTEES

(RSA 664)

February 21, 2012 – Special Election
State Representative-Hillsborough Dist. 10

I, _____ Chairperson, and I, _____
(print name) (print name)
Treasurer of the _____

Committee, located at _____
(mailing address) (town/city) (state) (zip code)

report that the Committee has receipts or expenditures exceeding \$500 for the special election and do submit the following report of receipts and expenditures.

SUMMARY OF RECEIPTS AND EXPENDITURES FOR SPECIAL ELECTION

Date of Report: February 1 ☐ February 15 ☐ February 29 ☐

1) Amount brought forward from Special Primary Election
(Required only on first report filed for Special Election)

1) \$ _____
(Indicate Surplus or Deficit)

Receipts:

2) Total of all *special election receipts* in this report

2) \$ _____

3) Total of all *receipts* previously reported for special election

3) \$ _____

4) Total of all *special election receipts* to date
(Add lines 1,2 and 3)

4) \$ _____

Expenditures:

5) Total *special election expenditures* in this report

5) \$ _____

6) Total of *special election expenditures* previously reported

6) \$ _____

7) Total of *expenditures* to date for special election

7) \$ _____

8) Balance if **SURPLUS**

8) \$+ _____

9) Balance if **DEFICIT**

9) \$- _____

Signature of Committee Chairman

Signature of Treasurer

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301
Phone: 603-271-3242 -- Fax: 603-271-6316 -- <http://www.sos.nh.gov>
email: elections@sos.state.nh.us

GENERAL ELECTION ITEMIZED RECEIPTS

Reporting period ending _____ 2012

Full Name of Contributor (Alphabetical Order) Business	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		

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

GENERAL ELECTION ITEMIZED EXPENDITURES

****Indicate to which election expenditure applies*

Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Primary/General		Nature of Expenditure
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

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