

STATE OF NEW HAMPSHIRE Statement of Receipts and Expenditures 6-Month Report

6-Month Report for CANDIDATE COMMITTEES, POLITICAL

COMMITTEES AND POLITICAL ADVOCACY ORGANIZATIONS After 2020 General Election

I,		Chairperson, and I	,				
	(print name)	<u> </u>	(print name)				
Treasurer of the							
Committee, located at							
	(mailing address)	(town/city)	(state)	(zip code)			
which was registered for t	he 2020 Election Cycle, do	submit the following r	report of receipts and expe	enditures.			
6 - MONTH I	REPORT OF RECEIPTS	AND EXPENDITUR	E AFTER 2020 GENER	RAL ELECTION			
Date of Report:	May 3, 2021		November 3, 2021				
	May 3, 2022		November 3, 2022				
SUMMARY OF RECEI	IPTS AND EXPENDITUR	THIS PERIOD	TO DATE				
RECEIPTS							
A. Total amount of receip	ots over \$50	\$	\$				
B. Total amount of receip	ots unitemized (\$50 or less)	\$	\$				
C. Number of Contributo	ors						
D. Number of unitemized	l receipts (\$50 or less)						
E. Subtotal of non-monet	ary (in-kind) receipts	\$	\$				
F. Subtotal of monetary r	receipts (A + B - E)	\$	\$				
G. Total Surplus/Deficit	from previous campaign	\$					
TOTAL RE	CEIPTS (E + F + G)	\$					
EXPENDITURES							
H. Total amount of expen	ditures (excluding Ind. Exp	\$	\$				
I. Total amount of Indepe	ndent Expenditures \$1,000	\$	\$				
J. Number of Independen	t Expenditures \$1,000 or mo	ore					
TOTAL EX	PENDITURES (H+I)	\$	\$				
PENDING EXPENDIT	URES - Promise of Payme	\$	\$				
BALANCE (Total Recei	pts minus Total Expendit			\$			
-	te or political committee which ry 6 months thereafter until the led.	n has any outstanding del	-	wing the election shall			

Page	of	Pages	Candidate or	Committee Nam	ne:				
ITEMIZI	ED RECEIPT	rs .				Reporting per	iod ending	202	21
Full Name	of Contributor	Post Office Address		Amount of	Date	Aggregate* Contributions	If contribution is over \$100 leads		gate contribution
(Alphabeti				Contribution	Received	to Date	Occupation	and	Place of Business
Total of re	ceipts unitemize	ed (\$25 or under) in this report	\$						
ITEMIZED EXPENDITURES						***Indicate to	which election expenditu	ıre applies	
Paid to Wh	nom	Post Office Address	Amoun of Expe		d ***Prima	ry/General	Nature of Expenditure		
			•	•			•		

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