Page_____ of _____Pages Candidate or Committee Name:_____

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
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	
				☐	☐	☐	

*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.