RECEIVED SEP 0 5 2018 **NEW HAMPSHIRE DEPARTMENT OF STATI**

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures for CANDIDATES

September 11, 2018 - State Primary Election

Name of Candidate Southern Cruffin For S	seatur							
Address: 84 Mercil Road Groffstown NH 03045 (street) (street)								
Party: Kepiblian Office: Speakin of the Horse (print name)								
Name of Fiscal Agent:								
REPORT OF RECEIPTS AND EXPENDITURE FOR PRIMARY ELECTION								
Date of Report: August 22, 2018 September 5, 2018 September 19, 2018								
SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE						
RECEIPTS								
A. Total amount of receipts over \$25	\$ 1000	s 1000 -						
B. Total amount of receipts unitemized (\$25 or less)	s	\$						
C. Number of Contributors		1						
D. Number of receipts unitemized (\$25 or less)								
E. Subtotal of non-monetary (in-kind) receipts	\$	\$						
F. Subtotal of monetary receipts (A+B-E)	s 1000 -	s 1000 -						
G. Total Surplus/Deficit from previous campaign - should be reported once (on the								
first report filed for the 2018 election cycle)	s	S S						
TOTAL RECEIPTS (E + F + G)	19 1	Į3						
	<u> </u>							
EXPENDITURES								
H. Total amount of expenditures (excluding Ind. Exp. \$500 or more)	\$	\$ 532						
Total amount of Independent Expenditures \$500 or more								
J. Number of Independent Expenditures \$500 or more								
TOTAL EXPENDITURES (H + I)	s -0	s 532 -						
PENDING EXPENDITURES Promise of Payment	s	\$						
Signature of Candidate	Signature of Fiscal	Agent /86						

Page of	Pages	Candidate or Comm	nittee Name:	Dark	en gu	Hu for Spale	ur_
ITEMIZED RECEIPTS					Reporting period	ending 4 5 20	18
Full Name of Contributor (Alphabetical Order)	Post Office Address	Amo of Cont	I	Date Received	Aggregate* Contributions to Date	If contribution or aggr is over \$100 list: Occupation and	egate contribution Place of Business
Waster Griffin	Spy glass form	t \$ 1,0	77D B	8/19/18		Petires	
	Bedfor	d NH		,	· · · · · · · · · · · · · · · · · · ·		
		Tana - w termeson					
			A				
Total of receipts unitemized	(\$25 or under) in this report \$_					· · · · · · · · · · · · · · · · · · ·	
ITEMIZED EXPENDITU	RES				***Indicate to whl	ch election expenditure applie	5
Paid to Whom	Post Office Address	Amount of Expense	Date Expended	***Primary/	General N	Nature of Expenditure	
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^{*}List occupation and place of business if total exceeds \$100 for primary or general election. RSA 664:6, I.