



STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
6-Month Report
for CANDIDATE COMMITTEES, POLITICAL
COMMITTEES AND POLITICAL ADVOCACY ORGANIZATIONS
After 2020 General Election

I, _____ Chairperson, and I, _____
 (print name) (print name)

Treasurer of the _____

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

which was registered for the 2020 Election Cycle, do submit the following report of receipts and expenditures.

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 Chairperson

Signature of Treasurer

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"/>	
				<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"/>	

*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.