STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures
for POLITICAL COMMITTEES
Candidate Committees and Political Advocacy Organizations
October 19, 2021 - Special Primary Election
State Representative - Rockingham District 6

Name of Committee _____
(print name)

Address: _____
(street) (town/city/state/zip)

Name of Chairperson: _____
(print name)

Name of Treasurer: _____
(print name)

REPORT OF RECEIPTS AND EXPENDITURE FOR PRIMARY ELECTION

Date of Report: September 29 ☐ October 13 ☐ October 27 ☐

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD		TO DATE
RECEIPTS			
A. Total amount of receipts over $50	$		$
B. Total amount of receipts unitemized ($50 or less)	$		$
C. Number of Contributors			
D. Number of receipts unitemized ($50 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 (insert on the first report filed for this election cycle)			$
TOTAL RECEIPTS (E + F + G)	$		$

EXPENDITURES			
H. Total amount of expenditures (excluding Ind. Exp. $1,000 or more)	$		$
I. Total amount of Independent Expenditures $1,000 or more			
J. Number of Independent Expenditures $1,000 or more			
TOTAL EXPENDITURES (H + I)	$		$
PENDING EXPENDITURES - Promise of Payment	$		$
BALANCE (Total Receipts minus Total Expenditures)			$
If your balance is $0.00 - Is this your final report? ☐			

_____ _____
Signature of Committee Chairman 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

Page_____ of _____Pages Candidate or Committee Name:_____

ITEMIZED RECEIPTS Reporting period ending _____ 2021

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: Occupation and 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	***Primary	General	Nature of Expenditure
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

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