# STATE OF NEW HAMPSHIRE
## Statement of Receipts and Expenditures for CANDIDATES
## November 8, 2022 - State General Election

Name of Candidate _____
(print name)

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

Party: _____ Office: _____
(print name)

Name of Fiscal Agent: _____
(print name)

### REPORT OF RECEIPTS AND EXPENDITURE FOR GENERAL ELECTION

Date of Report October 19, 2022 ☐ November 2, 2022 ☐ November 16, 2022 ☐

| 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 Candidate Signature of Fiscal Agent

*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 _____ 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 $200** list the following for the contributor: Occupation \| Job Title \| Name of Employer \| City/town of Principal Place of Business |
|---|---|---|---|---|---|
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| | | | | | |

Total of receipts unitemized **($50 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 $200 for primary **or** general election. RSA 664:6, I.