

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures for CANDIDATES

September 13, 2022 - State Primary Election

Name of Candidate			
	(print name)		
Address:			
	(street)	(town/city/state/zip)	
Party:	Office: (print name)		
	(print name)		
Name of Fiscal Agent: _	(print name)		
	(print name)		
REP	ORT OF RECEIPTS AND EXPENDITURE FO	R PRIMARY ELE	CTION
Date of Report:	August 24, 2022	September	21, 2022
SUMMARY OF RECI	EIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
RECEIPTS			
A. Total amount of rece	eipts over \$50	\$	\$
B. Total amount of rece	cipts unitemized (\$50 or less)	\$	\$
C. Number of Contribut	tors		
D. Number of receipts t	unitemized (\$50 or less)		
E. Subtotal of non-mon-	etary (in-kind) receipts	\$	\$
F. Subtotal of monetary	receipts (A + B - E)	\$	\$
G. Total Surplus/Defici for this election cycle)	t from previous campaign (insert on the first report filed	><	\$
TOTAL R	ECEIPTS (E + F + G)	\$	\$
EVDENDYFUDEC		 	
EXPENDITURES H. Total amount of expe	enditures (excluding Ind. Exp. \$1,000 or more)	\$	\$
	pendent Expenditures \$1,000 or more	Ψ	Ψ
-	nt Expenditures \$1,000 or more		
•	XPENDITURES (H + I)	\$	\$
	TURES - Promise of Payment	\$	\$
	eceipts minus Total Expenditures)		\$
Signature of Candidat		Signature of Fiscal	∆ gent
Digitature of Canadaa		Signature of Fiscal	1150111

Page	of	Pages	Candidate or	r Committee Na	me:			
ITEMIZED RECEIPTS					Reporting p	period ending	20	
Full Name (Alphabeti	of Contributor cal Order)	Post Office Address		Amount of Contribution	Date Received	Aggregate* Contribution to Date	If contribution ns contribution Occupation	n or aggregate is over \$200 list: and Place of Business
Total of rec	ceipts unitemize	d (\$50 or under) in this report	\$			=		-
ITEMIZED EXPENDITURES						***Indicate to which election expenditure applies		
Paid to Wl	nom	Post Office Address	Amou of Exp			ary/General	Nature of Expenditure	

^{*}List occupation and place of business if total exceeds \$200 for primary **or** general election. RSA 664:6, I.