STATE OF NEW HAMPSHIRE
Statement of Receipts and Expenditures for CANDIDATES
September 10, 2024 - State Primary 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 PRIMARY ELECTION

Date of Report: August 21, 2024 ☐ September 4, 2024 ☐ September 18, 2024 ☐

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)			**$**

_____ _____
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 -- www.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

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.