

## STATE OF NEW HAMPSHIRE

## Statement of Receipts and Expenditures for POLITICAL COMMITTEES

## Candidate Committees and Political Advocacy Organizations November 5, 2024 - State General Election

Name of Committee						
	(print name)					
Address:						
	(street)		(town/city/state/zip)			
Name of Chairperson:		• 4				
	(pr	rint name)				
Name of Treasurer:						
	(pr	rint name)				
REP	ORT OF RECEIPTS AND EX	PENDITURE FO	OR GENERAL ELI	ECTION		
Date of Report:	October 16, 2024	October 30, 2024	Novembe	r 13, 2024		
SUMMARY OF RECE	IPTS AND EXPENDITURES		THIS PERIOD	TO DATE		
RECEIPTS						
A. Total amount of rece	ipts over \$50	\$	\$			
B. Total amount of recei	ipts unitemized (\$50 or less)	\$	\$			
C. Number of Contribut	ors					
D. Number of receipts u	nitemized (\$50 or less)					
E. Subtotal of non-mone	etary (in-kind) receipts		\$	\$		
F. Subtotal of monetary	receipts (A+B-E)		\$	\$		
G. Total Surplus/Deficit for this election cycle)	from previous campaign (insert on	the first report filed		\$		
•	ECEIPTS (E + F + G)		\$	\$		
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EXPENDITURES						
H. Total amount of expen	nditures (excluding Ind. Exp. \$1,000	or more)	\$	\$		
I. Total amount of Indep	endent Expenditures \$1,000 or more	<b>;</b>				
J. Number of Independer	nt Expenditures \$1,000 or more					
TOTAL EX	KPENDITURES ( H + I)	\$	\$			
PENDING EXPENDIT	URES - Promise of Payment	\$	\$			
BALANCE (Total Rec	ceipts minus Total Expenditures)		>>	\$		
	<u> </u>	If your balanc	e is \$0.00 - Is this yo	our final report?		
Signature of Committee	ee Chairman	Signature of Treasurer				

Page	of	Pages	Candidate or Committee Name:								
ITEMIZE	D RECEIP	TS					Reporting	g period ending		20	
Full Name of	f Contributor ll Order)	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date		following fo	ion <b>or aggregate co</b> or the contributor: e   Name of Employe			f Business
Total of rec	eipts unitemi	zed (\$50 or under) in th	is report \$								
ITEMIZEI	D EXPENDI	TURES					***Indica	te to which election	on expenditure	applies	
Paid to Who	om	Post Office A	Address	Amount of Expense	Date Expended	***Pre-Pi	rimary/Primary	y/General	Nature of Expenditure		

<sup>\*</sup>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.