



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for POLITICAL COMMITTEES**  
**Candidate Committees and Political Advocacy Organizations**  
**September 10, 2024 - State Primary Election**

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**

<b>Date of Report:</b>	Pre-Primary: June 7, 2023 <input type="checkbox"/>	December 6, 2023 <input type="checkbox"/>		
	June 19, 2024 <input type="checkbox"/>	August 21, 2024 <input type="checkbox"/>	September 4, 2024 <input type="checkbox"/>	September 18, 2024 <input type="checkbox"/>

SUMMARY OF RECEIPTS AND EXPENDITURES	THIS PERIOD	TO DATE
<b>RECEIPTS</b>		
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)	<del>                    </del>	\$
<b>TOTAL RECEIPTS (E + F + G)</b>	\$	\$

<b>EXPENDITURES</b>		
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		
<b>TOTAL EXPENDITURES ( H + I)</b>	\$	\$
<b>PENDING EXPENDITURES - Promise of Payment</b>	\$	\$
<b>BALANCE (Total Receipts minus Total Expenditures)</b>	<del>                    </del>	\$

\_\_\_\_\_  
 Signature of Committee Chairman

\_\_\_\_\_  
 Signature of Treasurer

**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: Occupation and 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	***Primary/General	Nature of Expenditure
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	

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