



**STATE OF NEW HAMPSHIRE**  
**Statement of Receipts and Expenditures**  
**for CANDIDATES**

(RSA 664)

**December 8, 2009 - Special Primary Election**

I, \_\_\_\_\_ of \_\_\_\_\_  
 (print name) (street)  
 \_\_\_\_\_ candidate for the office of State Representative from  
 (town/city) (zip code)  
 \_\_\_\_\_ District No. \_\_\_ for the \_\_\_\_\_ party, report that I have expenditures exceeding  
\$500 for the special primary election and do submit, with my fiscal agent the following report of receipts and  
 expenditures.

**SUMMARY OF RECEIPTS AND EXPENDITURES FOR**  
**SPECIAL PRIMARY ELECTION**

**Date of Report:**      November 18       December 2       December 16

**Receipts:**

- |   |    |          |
|---|----|----------|
| 1) Total of all <i>receipts</i> in this report                                  | 1) | \$ _____ |
| 2) Total of all <i>receipts</i> in previous reports                             | 2) | \$ _____ |
| 3) Total of all <i>primary election receipts</i> to date<br>(Add lines 1 and 2) | 3) | \$ _____ |

**Expenditures:**

- |   |    |            |
|---|----|------------|
| 4) Total <i>expenditures</i> in this report   | 4) | \$ _____   |
| 5) Total of all <i>expenditures</i> in previous reports                             | 5) | \$ _____   |
| 6) Total of all <i>primary election expenditures</i> to date<br>(Add lines 4 and 5) | 6) | \$ _____   |
| 7) Balance if <b>SURPLUS</b>  | 7) | \$ + _____ |
| 8) Balance if <b>DEFICIT</b>  | 8) | \$ - _____ |

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Signature of Fiscal Agent

**PRIMARY ELECTION ITEMIZED RECEIPTS**

Reporting period ending \_\_\_\_\_ 2009

Full Name of Contributor (Alphabetical Order) Business	Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	If contribution <b>or aggregate contribution</b> is over \$100 list:		
					Occupation	and	Place of

Total of receipts unitemized (**\$25 or under**) in this report \$ \_\_\_\_\_

**PRIMARY ELECTION 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 \$100 for primary **or** general election. RSA 664:6, I.