

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures for POLITICAL COMMITTEES

Candidate Committees and Political Advocacy Organizations May 16, 2023 - Special Election

State Representative - Hillsborough District 3, Nashua Ward 4

Name of Committee						
(print name)						
Address:						
(street)	(town/city/state/zij	.p)				
Name of Chairperson: (print a						
(print)	name)					
Name of Treasurer:						
(print i	,					
REPORT OF RECEIPTS AND EXPE	NDITURE FOR GENERAL E	LECTION				
Date of Report: April 26, 2023 May 1	0, 2023 May 24, 2023]				
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 for this election cycle)	e first report filed	\$				
TOTAL RECEIPTS (E + F + G)	\$	\$				
EXPENDITURES						
H. Total amount of expenditures (excluding Ind. Exp. \$1,000 o	r 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)		\$				
	If your balance is \$0.00 - Is thi	is your final report?				
Signature of Committee Chairman	Signature of Tre	Signature of Treasurer				

Page	_ of	Pages	Cand	lidate or Comn	nittee Name:_					
ITEMIZED	RECEIP	TS					Reporting	g period ending		20
Full Name of Contributor Post Office Address (Alphabetical Order)		Amount Aggregate* of Date Contributions Contribution Received 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 recei	ints unitemiz	zed (\$50 or under) in th	is report \$							
ITEMIZED	_						***Indica	ite to which electi	on expenditure	applies
Paid to Whon	n	Post Office A	Address	Amount of Expense	Date Expended	***Pre-Primary/Primary/General		ry/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.