

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 Chairperson:	own/city/state/zip)		
Name of Chairperson:(print name)	own/city/state/zip)		
Name of Chairperson:(print name)	Swiii etty, state, zip)		
(print name)			
Name of Treasurer:			
Name of Treasurer:			
(print name)			
,			
REPORT OF RECEIPTS AND EXPENDITURE FOR P	PRIMARY ELEC	TION	
Date of Report: March 8, 2023 March 22, 2023 Ap	pril 5, 2023 🔲		
SUMMARY OF RECEIPTS AND EXPENDITURES T	THIS PERIOD TO DAT		
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		Ψ	
J. Number of Independent Expenditures \$1,000 or more			
TOTAL EXPENDITURES (H + I)		\$	
PENDING EXPENDITURES - Promise of Payment BALANCE (Total Receipts minus Total Expenditures)		\$ \$	
	s \$0.00 - Is this you	T	

Page	_ of	Pages	Cand	lidate or Comn	nittee Name:_						
ITEMIZED	RECEIP	TS					Reporting	g period ending		20	
Full Name of ((Alphabetical (Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	s Occupa	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-Pri	***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.