

## STATE OF NEW HAMPSHIRE

## Statement of Receipts and Expenditures for CANDIDATES

## May 16, 2023 - Special Election State Representative - Hillsborough District 3, Nashua Ward 4

Name of Candidate:					
	(print name)				
Address:					
	(street)	(town/city/state/zip)			
Party:	Office: State Representative - Hillsborough D	District 3, Nashua Ward 4			
Name of Fiscal Agent: _					
REPORT O	OF RECEIPTS AND EXPENDITURE FOR	SPECIAL GENERA	L ELECTION		
Date of Report:	April 26, 2023 May 10, 2023	May 24, 2023			
SUMMARY OF RECE	CIPTS AND EXPENDITURES	THIS PERIOD	TO DATE		
RECEIPTS					
A. Total amount of rece	ipts over \$50	\$	\$		
B. Total amount of rece	ipts unitemized (\$50 or less)	\$	\$		
C. Number of Contribut	ors				
D. Number of receipts u	unitemized (\$50 or less)				
E. Subtotal of non-mone	etary (in-kind) receipts	\$	\$		
F. Subtotal of monetary	receipts (A+B-E)	\$	\$		
G. Total Surplus/Deficit	t from previous campaign	\$	\$		
TOTAL RI	ECEIPTS (E + F + G)	\$	\$		
EXPENDITURES					
H. Total amount of expe	nditures (excluding Ind. Exp. \$1,000 or more)	\$	\$		
I. Total amount of Indep	endent Expenditures \$1,000 or more	\$	\$		
J. Number of Independer	nt Expenditures \$1,000 or more				
TOTAL EX	XPENDITURES ( H + I)	\$	\$		
PENDING EXPENDIT	TURES - Promise of Payment	\$	\$		
BALANCE (Total Reco	eipts minus Total Expenditures)		\$		
	If your balance is \$0.00 -	Is this your final report	? Yes No		
Signature of Candidate	e	Signature of Fiscal Agent			

Page	_ of	Pages	Candidate or Committee Name:							
ITEMIZED	RECEIP	TS					Reporting	g period ending		20
Full Name of Contributor Post Office A (Alphabetical Order)		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 <b>(\$50 or under</b> ) 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	

<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.