



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 District 3, Nashua Ward 4

Name of Fiscal Agent: _____

REPORT OF RECEIPTS AND EXPENDITURE FOR SPECIAL PRIMARY ELECTION

Date of Report: March 8, 2023 March 22, 2023 April 5, 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	\$	\$
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	\$	\$
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 this your final report? Yes ___ No ___		

 Signature of Candidate

 Signature of Fiscal Agent

Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301

Phone: 603-271-3242 -- Fax: 603-271-6316 -- www.sos.nh.gov

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 the following for the contributor:			
					Occupation	Job Title	Name of Employer	City/town of Principal Place of Business

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	***Pre-Primary/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"/>	<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"/>	<input type="checkbox"/>	

*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.