|  | Statement<br>for PC<br>Candidate Commit<br>January<br>State<br>Dalton, La | C OF NEW HAMPSHIRE<br>of Receipts and Expenditures<br>DLITICAL COMMITTEES<br>ees and Political Advocacy Organizations<br>23, 2024 - Special Election<br>Representative - Coos District 1<br>acaster, Northumberland, Stratford |           |         |
|--|---|--|-----------|---------|
| Name of Committee (print name)   |   |  |           |         |
| Address:(street) (town/city/state/zip)   |   |  |           |         |
| Name of Chairperson:(print name)   |   |  |           |         |
| Nome of Transurary   |   |  |           |         |
| Name of Treasurer: (print name)  |   |  |           |         |
| <b>REPORT OF RECEIPTS AND EXPENDITURE FOR GENERAL ELECTION</b>   |   |  |           |         |
| Date of Report: January 3, 2024  | January 17, 2024  | January 31, 2024   |           |         |
| 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 uniternized (\$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) |   | $\geq$   |           | \$      |
| TOTAL RECEIPTS (E + F + G)   |   | \$   |           | \$      |
|  |   |  | <b>—</b>  |         |
| EXPENDITURES   |   |  |           |         |
| H. Total amount of expenditures (excluding Ind. Exp. \$1,000 or more)                                      |   | \$   | $\vdash$  | \$      |
| 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  |   | \$   | $\square$ | \$      |
| BALANCE (Total Receipts minus Total Expenditures)  |   |  |           |         |
| If your balance is \$0.00 - Is this your final report?   |   |  |           |         |

Signature of Committee Chairman

Signature of Treasurer

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