Statement of for POL Candidate Committees August 22	STATE OF NEW HAMPSHIRE Statement of Receipts and Expenditures for POLITICAL COMMITTEES Candidate Committees and Political Advocacy Organizations August 22, 2023 - Special Election State Representative - Grafton District 16, Enfield					
Name of Committee(print name)						
Address:(street)	(town/city/state/zip)					
Name of Chairperson:(print name)						
Name of Treasurer:						
(print name)						
REPORT OF RECEIPTS AND EXPENDITURE FOR SPI	ECIAL GENERAL ELEC	TION				
Date of Report:August 2, 2023August 16, 2023	August 30, 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 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	<u> </u>	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)		\$				
	e 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

Page	of	Pages	Candidate or Committee Name:								
ITEMIZE	D RECEIP	PTS					Reporting	g period ending	;	20	
Full Name of (Alphabetical		Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date	s Occupa	following f	ion or aggregate (or the contributor: e Name of Emplo			
Total of reco	eipts unitemi	zed (\$50 or under) in th	is report \$								
ITEMIZED) EXPENDI	TURES					***Indica	te to which elect	tion expenditu	re applies	
ITEMIZED		TURES Post Office A		Amount of Expense	Date Expended	***Pre-Prin	*** <i>Indica</i> mary/Primar		<i>tion expenditur</i> Nature of E		
				Amount		***Pre-Prii			-		
				Amount			mary/Primar	y/General	-		
				Amount			mary/Primar	y/General □	-		
				Amount			mary/Primar	y/General	-		
				Amount			mary/Primar	y/General	-		
				Amount			mary/Primar	y/General	-		
				Amount			mary/Primar	y/General	-		

*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.