

## STATE OF NEW HAMPSHIRE

## Statement of Receipts and Expenditures for POLITICAL COMMITTEES

## February 21, 2023 - Special Election

State Representative - Strafford District 8 Rochester Ward 4

Name of Committee						
	(print name)					
Address:						
	(street)	(town/city/state/zip)	(town/city/state/zip)			
Name of Chairperson:						
N CF: 14	(print name)					
Name of Fiscal Agent:	(print name)		<del></del>			
	•					
	ORT OF RECEIPTS AND EXPENDITU		CCTION			
Date of Report:	February 1 February 15	March 1				
SUMMARY OF RECE	IPTS AND EXPENDITURES	THIS PERIOD	TO DATE			
RECEIPTS						
A. Total amount of recei	pts over \$50	\$	\$			
B. Total amount of of red	ceipts unitemized (\$50 or less)	\$	\$			
C. Number of Contributo	ors					
D. Number of receipts un	nitemized (\$50 or less)					
E. Subtotal of non-mone	tary (in-kind) receipts	\$	\$			
F. Subtotal of monetary i	receipts (A + B - E)	\$	\$			
G. Total Surplus/Deficit	from previous campaign	\$	\$			
TOTAL RE	CCEIPTS $(E + F + G)$	\$	\$			
EXPENDITURES						
H. Total amount of expen	nditures (excluding Ind. Exp. \$1,000 or more)	\$	\$			
I. Total amount of Indepe	endent Expenditures \$1,000 or more	\$	\$			
J. Number of Independen	t Expenditures \$1,000 or more					
TOTAL EX	PENDITURES (H+I)	\$	\$			
PENDING EXPENDIT	URES - Promise of Payment	\$	\$			
BALANCE (Total Recei	ipts minus Total Expenditures)		\$			
	If your balance is \$0.00	- Is this your final report?	Yes No			
Signature of Committe	e Chairman	Signature of Treas	Signature of Treasurer			

Page	of	Pages	Candidate or Committee Name:								_
ITEMIZE	D RECEIP	TS					Reporting	period ending		_ 20	
Full Name of (Alphabetical		Post Office Address	Amount of Contribution	Date Received	Aggregate* Contributions to Date		following fo	r the contributor:	ontribution is ove er   City/town of P	r <b>\$200</b> list the rincipal Place of Business	š
		zed (\$50 or under) in th	is report \$								
ITEMIZED	) EXPENDI'	TURES			_		***Indicat	e to which electi	on expenditure a	pplies	
Paid to Whom		Post Office A	ddress	Amount of Expense	Date Expended	***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.