

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2023 Statement of Income and

Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of lobbyist's partnership, firm of Planned Parenthood of North (Name of partnership, firm of 18 Low Ave susiness Address: (Street) 603.513.5341 (Therbook)	nern New Englan	MH (State)	03301
(Name of partnership, firm of 18 Low Ave siness Address: (Street)	Concord	NH	03301
18 Low Ave siness Address: (Street) 603.513.5341	Concord		03301
isiness Address: (Street)) 603.513.5341	· · · · · · · · · · · · · · · · · · ·		03301
603.513.5341	(Town/City)	(State)	
) (·)		(Zip Code)
(T-1h)		e-mailemail	mery@ppnne.org
(Telephone)	(Fax)		
I. This statement covers: (Choose one –	file separate reports for	each client, OR vou may	file a separate re
portable expense transactions which ar			•
] 411	ha mansha mias ta tha san	outing data relative to the	fallowing alient
All reportable transactions occurring in t	,	•	ignowing chem.
Planned Parenthood of North	-	*	
Full Name of Client a	s it appears on the Lobbyist l	Registration Form)	,
All reportable transactions by the lobbyis	et (including the lobbyist's	family), or the lobbying f	irm listed helow v
irelated to any particular client.	(moreoung me receiptor o	iming, or the receying r	
_	-		
V. Date of Report April 26, 2023		July 26, 2023	
eports cover: activity from date of registra		ivity from 4/1/23 to 6/30/23	
October 25, 2023		January 31, 2024	: .
activity from 7/1/23 to 9/3	u/23 activit	y from 10/1/23 to 12/31/23	_
. There have been no fees received a	nd no reportable trans	actions made since the	last report.
this box is checked, complete just this form	n and submit it to the Secr	etary of State's Office, 10	7 North Main Stre
ate House, Room 204, Concord, NH 0330	<i>I.</i>		
I. Check if additional reports are attach	ed•		
If you have received fees or made expen		dendum A. Fees and Exn	enses
If you have paid an honorarium or reim	· • •		
xpense Reimbursement	oursed expenses, you mus	, , ,	
If you, your firm, or your family has me	de political contributions,	you must file Addendum	C– Political Con
	•		•
	J		
	, .4		
worn Statement/Affirmation by Lobbyis have read RSA 15, RSA 15-B, RSA 14-C	st and RSA 664 and hereby	swear or affirm that the for	regoing information
nd complete to the best of my knowledge a	nd belief.	٠,	
11/1/		7/26/23	• • •
Signature of lobbyist)	\	(Date)	<u> </u>
Kayla M. Montgomery	ノ	· (Date)	

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Kayla Montgomery	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Planned Parenthood NH Action Fund	
(Name of partnership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·
18 Low Ave Concord	NH 03301
Business Address: (Street) (Town/City)	(State) (Zip Code)
603.513.5341	e-mail kayla.montgomery@ppnne.org
(Telephone) (Fax)	e-man
III. This statement covers: (Choose one – file separate reports for	r each client. OD you may file a congrete report to
reportable expense transactions which are not attributable to an	
All reportable transactions occurring in the months prior to the re	eporting date relative to the following client:
Planned Parenthood NH Action Fund	
(Full Name of Client as it appears on the Lobbyis	t Registration Form)
<u>OR</u>	
All reportable transactions by the lobbyist (including the lobbyist	's family), or the lobbying firm listed below which ar
unrelated to any particular client.	
IV. Date of Report April 26, 2023	July 26, 2023
Reports cover: activity from date of registration to 3/31/23	activity from 4/1/23 to 6/30/23
October 25, 2023	January 31, 2024
activity from $7/1/23$ to $9/\overline{30/23}$ activ	ity from 10/1/23 to 12/31/23
V. There have been no fees received and no reportable tran	nsactions made since the last report.
If this box is checked, complete just this form and submit it to the Sec	cretary of State's Office, 107 North Main Street,
State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file A	ddendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you mu Expense Reimbursement	st file Addendum B- Report of Honorariums or
If you, your firm, or your family has made political contribution	s, you must file Addendum C- Political Contribution
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby	swear or affirm that the foregoing information is tru
and complete to the best of my knowledge and belief.	7/05/00
I'm M	. <u>7/25/23</u>
(Signature of lobbyist)	(Date)
Kayla M. Montgomery	•
(Print Name of Johnvist)	`.

P L E A S E P R N



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	,
I. Name of Lobbyist(s) Kayla M. Montgomery	·
II. Name of lobbyist's partnership, firm or corporation, if any: Planned Parenthood NH Action Fund	
(Name of partnership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	_{b) \$} 2,606.53 (salary/hr)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paixpenses; (b) the aggregate total of alle: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$ 0 b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>U</u>

d) Total expenses for this reporting period		d)	d) \$ 0							
.' (Add lii	nes a, b and c)				, 		. 0	•	; •	
e) Total of expe (This should be	nses paid this calend the amount on line	ar year, pri f of addend	or to this r um A for)	eporting last mont	period h's report) '	<u>\$ 0</u>		•	
f) Total of all e	xpenses year to date.					(t	<u>\$</u>		· .	_
VI. Other Expe Provide the follo period, including	nses: owing detail for all ea g by whom paid or to	xpenditures whom cha	of more t	han \$25 :	made fron	n lobb	ying fe	es durin	g this rep	ort
Paid to:			,	· .·		A	mount:	٠.		
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	nent/Affirmation l				1.74		· '##			
11 J DC	A 15, RSA 15-B a	nd RSA 6 f my knov	64 and he vledge an	ereby sw d belief	ear or af	firm t	hat the	forego	ing info	m
is true and cor	uplete to the best o								•	,