

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s)	Amanda Sears, C	ody Jacobsen		
II. Name of lobbyist's p	artnership, firm	or corporation, if an	y:	
Civix Strategy Group				
(Name	of partnership, firm	or corporation)		
114 North Main Street,	Suite 203	Concord	NH	03301
Business Address: (Stree	t)	- (Town/City)	(State)	(Zip Code)
(603) 573-9661	. ()	e-mail amanda@ci	vixstrategygroup.com
(Telephone)		(Fax)		
reportable expense tran	sactions which a	re not attributable to	s for each client, OR you made any one client). The reporting date relative to the	
			of the North Main Street Fu	
			byist Registration Form)	
<u>OR</u>		as it appears on the Boo	oyiot regionation roining	
All reportable transacunrelated to any particula	•	ist (including the lobb	yist's family), or the lobbying	firm listed below which are
	April 29, 2020 [ation to 3/31/20	July 29, 202 activity from 4/1/20 to 6/30/20	
	October 28, 2020 tivity from 7/1/20 to		January 27, 2021 2 <i>activity from 10/1/20 to 12/31/</i>	20
	mplete just this for	m and submit it to the	transactions made since the Secretary of State's Office, 10	
			•	•
VI. Check if additional	•		e Addendum A Fees and Ex	nences
	nonorarium or rein		must file Addendum B – Rep	
If you, your firm, or	your family has m	ade political contribu	tions, you must file Addendu	m C- Political Contribution
Sworn Statement/Affiring have read RSA 15, RSA and complete to the best	A 15-B, RSA 14-C	and RSA 664 and he	reby swear or affirm that the fo	oregoing information is true
Amerilan Seus			1/26/21	
(Signature of lobbyist)			(Date	e)
Amanda Sears				
(Print Name of lobbyist))			

L E A S E P R I N T



Lobbyists Fees and Expenses Addendum A

_____(RSA_Chapter_15:6)______

I. Name of Lobbyist(s) Amanda Sears, Cody Jacobsen	· · ·
II. Name of lobbyist's partnership, firm or corporation, if any:	
Civix Strategy Group, LLC	
(Name of partnership, firm or corporation)	
III. Name of Client - Campaign for a Family Friendly Economy, a project of	the North Main Street Fund
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 granded by any expenses:	t relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	625.00 a) \$
	b) \$
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 y	
c) Total of all fees received to date (Add lines a and b)	c) \$6,250
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to ref fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report. 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 e individual expenses where the expenditure was of \$25.00 or less (for examp 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 lobbied (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 great 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. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business is than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a 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) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
a) Total of all itemized expenditures reported in detail in section VI	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
. <u> </u>	\$
·	·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Anerla Seas	—1-26-2021
(Signature of lobbyist)	(Date)
Amanda Sears	
(Print Name of lobbyist)	·

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

NI CT 11 '	. 1	noration Civix Strategy Group
Name of Lobbying pa		
particular client):	Campaig	for the partnership, firm, or corporation and not related to any n for a Family Friendly Economy, project of North Main Street Fund
Date of Report (check	k one):	
April 29, 2020 □	July 29, 2020	October 28, 2020 January 27, 2021
the following Addend submitted):	dums submitted with	
the following Addend	dums submitted with	
the following Addendsubmitted):	dums submitted with (s).	the Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being
the following Addends submitted): Addendum A(dums submitted with (s).	
the following Addends submitted): Addendum A(Addendum B(Addendum C(dums submitted with (s). (s). (s). rm that the foregoing	that Statement (insert the number of Addendum forms being information on the Statement and each Addendum is true and
the following Addends submitted): Addendum A(Addendum B(Addendum C(I hereby swear or affir	dums submitted with (s). (s). (s). rm that the foregoing f my knowledge and be	that Statement (insert the number of Addendum forms being information on the Statement and each Addendum is true and

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums. Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Civix Strategy Group Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Campaign for a Family Friendly Economy, a project of the North Main Street Fund particular client): Date of Report (check one): January 27, 2021 April 29, 2020 □ July 29, 2020 October 28, 2020 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): ✓ Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. 1/27/21 (Date) (Signature of lobbyist) CODY JACOBSEN

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)——			
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	•
Civix Strategy Group,	=	•	
(Name of partne	ership, firm or corporation)		
III. Name of Client Campaig	n for a Family Friendly Eco	nomy, a project of the North M	fain Street Fund
Political Contributions For each political contributi	ion that is reportable	pursuant to RSA Chan	eter 664 paid on behalf of the
client/lobbyist and lobbying			······································
•		_	•
Full name of candidate:	Feltes	Dan	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$_100	<u> </u>	Office Candidate is Seeki	ng - Governor
		e for amount of control	ution. If the actual cost is not known
enter an estimated value and the	he word "estimate."		ution. If the actual cost is not known
enter an estimated value and th	he word "estimate."		(Middle Name/Initial)
enter an estimated value and the content of the con	he word "estimate." (Last Name)	(First Name)	
Candidate: Cushing, Renny Amount of contribution \$ 5 If the contribution is an in-kindactual cost of the in-kind contr	(Last Name) 50.00 d contribution, provide ribution on the line abo	(First Name) Office Candidate a description of the good	(Middle Name/Initial)
Candidate: Cushing, Renny Amount of contribution \$ 5 If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) 50.00 d contribution, provide ribution on the line abo	(First Name) Office Candidate a description of the good	(Middle Name/Initial) e is Seeking State Representation ds or services provided, and enter the
Candidate:_Cushing,_Renny Amount of contribution \$ 5 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name) 50.00 d contribution, provide ribution on the line abo	(First Name) Office Candidate a description of the good	(Middle Name/Initial) e is Seeking State Representation ds or services provided, and enter the
Candidate: Cushing, Renny Amount of contribution \$ 5 If the contribution is an in-kind actual cost of the in-kind contr	(Last Name) 50.00 d contribution, provide ribution on the line abo	(First Name) Office Candidate a description of the good	(Middle Name/Initial) e is Seeking State Representation ds or services provided, and enter the

(If more than three contributions were made, report additional cont	tributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
5 worn Statement Attituded by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and here	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and be-	
is true and complete to the best of my knowledge and b	belief.

v