

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Dawn McK	nney		
II. Name of lobbyist's partnership, firm or	corporation, if any:		
New Hampshire Legal A	Assistance		
(Name of partnership, firm or	corporation)		
117 North State Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-224-4107</u> (Telephone)) 1-833-722-027 (Fax)	1 e-mail dmckinn	ey@nhla.org
III. This statement covers: (Choose one - 1 reportable expense transactions which are			file a separate report for
All reportable transactions occurring in the	ne months prior to the rep	porting date relative to the	following client:
(Full Name of Client as	it appears on the Lobbyist	Registration Form)	
All reportable transactions by the lobbyist unrelated to any particular client.	(including the lobbyist's	s family), or the lobbying	firm listed below which are
IV. Date of Report April 27, 2022 Reports cover: activity from date of registrate	ion to 3/31/22 acti	July 27, 2022 July 27, 2022 vity from 4/1/22 to 6/30/22	
October 26, 2022		January 25, 2023	
activity from 7/1/22 to 9/	30/22 act	ivity from 10/1/22 to 12/31/2	2
V. There have been no fees received an If this box is checked, complete just this form State House, Room 204, Concord, NH 03301	and submit it to the Secr		
VI. Check if additional reports are attache	d:		
If you have received fees or made expend	ditures, you must file Ad	dendum A- Fees and Exp	penses
If you have paid an honorarium or reimb Expense Reimbursement	ursed expenses, you mus	t file Addendum B- Repo	ort of Honorariums or
If you, your firm, or your family has made	le political contributions,	you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C as and complete to the best of my knowledge and (Signature of lobbyist) Dawn McKinney (Print Name of lobbyist)	nd RSA 664 and hereby s	Date PE	- 0

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



I. Name of Lobbyist(s) Dawn McKinney		
II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Legal Assistance		
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Legal Assistance	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 grareduced by any expenses:	relations, o	or public relations servi
a) Total of all fees received in this reporting period	a) \$	No fees received
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) \$ ear)	0
c) Total of all fees received to date (Add lines a and b)	c) \$	0
 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 may be file aggregate expenses; (b) le: meals pu ss than \$10 d with a va orting period ie of greate or than \$25, expense re	expenditures are made d for the lobbyist(s)/fir total of all expenses p to the aggregate total of archased during a busin that is given to the persulue of \$25.00 or less); a d of greater than \$25.00 or than \$25, purchase of but not greater than \$ eimbursement, or politi
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	1,322.50
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	D

d) Total expenses for this reporting period	d)\$ (,322.50
(Add lines a, b and c)	
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)\$ 11,860.28 f)\$ 13,182.78
f) Total of all expenses year to date	13,182.78
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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.	n that the foregoing information
max	1-25-23
(Signature of lobbyist)	(Date)
Dawn McKinney	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Addendum C

Political Contributions (RSA Chapter 15:6) Dawn McKinner

I. Name of Lobbyist(s)	EUWOTT TT	· mrke	_
w st			
	rtnership, firm or corpor		
NH legal	ASSI SAMUE		_
Olame of pa	rtnership, firm or corporation)	0.7.0)
III. Name of Client	·	Date -25-23	<u> </u>
	ution that is reportable puring firm, indicate the follow	rsuant to RSA Chapter 664 paid on behalf of the wing:	
<u> </u>			
Full name of candidate:	(Last Name)	(First Name) (Middle Name/Initial)	
Amount of contribution \$ _		Office Candidate is Seeking State Selve	ate
real and the second second	du a comandensado e escriba e en	lescription of the goods or services provided, and enter	th a
actual cost of the in-kind co enter an estimated value and		for amount of contribution. If the actual cost is not kno-	wn,
			168
	4	· Aala :	
Full name of candidate:	Wilsaul.	Weame	
_	(Last Name)	(First Name) (Middle Name/Initial)	
Amount of contribution \$ _	<u>50-</u>	Office Candidate is Seeking <u>87AHC Send</u>	1HC
	ntribution on the line above f	escription of the goods or services provided, and enter for amount of contribution. If the actual cost is not known	
	68		
	- Ya.	01.000	
Full name of candidate:	aman	CMVISTINE	
	(Last Name)	(First Name) (Middle Name/Initial)	01
Amount of contribution \$	50-	Office Candidate is Seeking STAHCS1	cha

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	
	ži.
(If more than three contributions were made, report additional contributions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist	ŶĊ
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	
$\frac{1-25\cdot23}{\text{(Signature of lobbyist)}}$	
Print Name of lobbyist)	

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