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NEW HAMPSHIRE EPARTMENT OF STATE

ARTE OF		STATE OF NEW HAMPSHIRE
		2022 Statement of Income and Expense
		for LOBBYISTS
		(RSA Chapter 15)
1775	PLEASE PRINT	

I. Name of Lobbyist(s) Gail T. Bi	rown		NEW HAMPSHIR
II. Name of lobbyist's partnership, fi	rm or corporation, if any:		
NH Oral Health Coalition	[NH Public Health A	ssociation]	
(Name of partnership, f	firm or corporation)	-	
Suite 403 #4 Park St.	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-415-5550	()	e-mail	nhoralhealth.org
(Telephone)	(Fax)		
III. This statement covers: (Choose or reportable expense transactions which			ay file a separate report for
All reportable transactions occurring	ng in the months prior to the rep	orting date relative to th	e following client:
NH Oral Health Coalition	[NH Public Health A	ssociation]	
	lient as it appears on the Lobbyist F	<u></u>	
All reportable transactions by the lounrelated to any particular client.	bbyist (including the lobbyist's	family), or the lobbying	g firm listed below which are
IV. Date of Report April 27, 2022 Reports cover: activity from date of re October 26, 2 activity from 7/1/2 V. There have been no fees receiv	gistration to 3/31/22 activ 022 22 activ 22 to 9/30/22 activ	July 27, 2022 ity from 4/1/22 to 6/30/22 January 25, 2023 vity from 10/1/22 to 12/31.] <i>p</i> 2
If this box is checked, complete just thi State House, Room 204, Concord, NH	s form and submit it to the Secre		
VI. Check if additional reports are a			
If you have received fees or made	=		-
If you have paid an honorarium or Expense Reimbursement	reimbursed expenses, you must	lile Addendum B- Re	port of Honorariums or
If you, your firm, or your family h	as made political contributions,	you must file Addendu	m C-Political Contributions
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowle	I4-C and RSA 664 and hereby s	wear or affirm that the t	foregoing information is true
July 1: Sa	own	1/-3 3	3-6-2022 (e)
(Signature of lobbyist)	-	(Dat	te)
Gail T. Brown			
(Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Gail T. Brown	· - · ·			
II. Name of lobbyist's partnership, firm or corporation, if any:				
NH Oral Health Coalition [NH Public Health Associa	ation]			
(Name of partnership, firm or corporation) III. Name of Client NH Oral Health Coalition	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: a) Total of all fees received in this reporting period 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) 	relations, or public relations services oss fee amount reported shall not be a) \$			
c) Total of all fees received to date (Add lines a and b)	\$ 57617.32			
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 report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$2,00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a coen only lobe of given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of achief dividual expenses of a meal with value of greater than \$25.00 for any purpose not covered by (a) (roll-example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.				
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) \$			
c) 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)	
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 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
Jail 1. Sown	3-6-2023
(Signature of lobbyist)	(Date)
Gail T. Brown	

(Print Name of lobbyist)