

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

II. Name of lobbyist's partnership, fir			
Planned Parenthood of N	the state of the s	gland	
(Name of partnership, fi			00004
18 Low Ave	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603.674.8372	()	e-mail kayla.montgomery@p	
(Telephone)	(Fax)		
III. This statement covers: (Choose or	ne – file senarate repor	ts for each client. OR you m	av file a separate report fo
reportable expense transactions whic	h are not attributable t	o any one client).	
All reportable transactions occurring	g in the months prior to t	he reporting date relative to the	he following client:
Planned Parenthood of N	orthern New En	gland	
(Full Name of Cl	ient as it appears on the Lol	bbyist Registration Form)	
OR			
All reportable transactions by the lot	obyist (including the lobl	byist's family), or the lobbyin	g firm listed below which ar
inrelated to any particular client.			
		July 27, 2022	
V. Date of Report April 27, 2022 Reports cover: activity from date of reg		activity from 4/1/22 to 6/30/22	2_
October 26, 20		January 25, 2023	7
activity from 7/1/2		activity from 10/1/22 to 12/3:	1/22
V. There have been no fees receive	ed and no reportable	transactions made since	the last report.
If this box is checked, complete just this State House, Room 204, Concord, NH (i jorm ana suomii ii io in 03301.	e Secretary of State's Office,	107 North Main Sireel,
Juse House, Room 201, Concord, 1112			
VI. Check if additional reports are at			4
If you have received fees or made e			
If you have paid an honorarium or	reimbursed expenses, yo	u must file Addendum B — K	eport of Honorariums of
Expense Reimbursement If you, your firm, or your family ha	es made notifical contribu	utions you must file Addend	um C- Political Contribution
If you, your fifth, or your faithly ha	is made pointeur control	interior, you must be a second	
Sworn Statement/Affirmation by Lol	hydet		
I have read RSA 15, RSA 15-B, RSA 1	4-C and RSA 664 and he	ereby swear or affirm that the	foregoing information is tru
and complete to the best of my knowled	dge and belief.		
Mu III		1/25/2023	
(Signature of lobbyist)		(Da	ate)
Kayla M. Montgomery			
			RECEIVED
(Print Name of lobbyist)			
		70	JAN 2 5 2023

NEW HAMPSHIRE DEPARTMENT OF STATE