

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s) Michael P. D	onnelly		
II. Name of lobbyist's	s partnership, firm o	or corporation, if an	ıy:	
Home School L	egal Defense As	sociation		
	ne of partnership, firm o			
One Patrick He	nry Circle, Purce	liville, VA 20132	·	
Business Address: (Str	rcet)	(Town/City)	(State)	(Zip Code)
540-338-50	00 () e-mail miked@hsk		d@hsida.org	
(l'elephone)		(Fax)	v	- · · · · · · · · · · · · · · · · · · ·
reportable expense tr	ransactions which ar	e not attributable to	any one client).	may file a separate report for
-	-		he reporting date relative to	o the following client:
Home School	Legal Defense A		1. 1. m1	,
OR	(Full Name of Client i	is it appears on the Lor	byist Registration Form)	
		st (including the lobb	oyist's family), or the lobby	ying firm listed below which are
IV. Date of Report Reports cover: active	April 29, 2020	tion to 3/31/20	July 29, 2020 activity from 4/1/20 to 6/30] 1920
	October 28, 2020 activity from 7/1/20 to 9		January 27, 2021 activity from 10/1/20 to 12	
	complete just this forn	n and submit it to the	transactions made since Secretary of State's Office	
VI. Check if addition	al reports are attach	ed: ,		
If you have receive	ed fees or made exper	nditures, you must fil	e Addendum A- Fees and	1 Expenses
If you have paid as Expense Reimburseme		bursed expenses, you	must file Addendum B-	Report of Honorariums or
If you, your firm,	or your family has ma	de political contribu	tions, you must file Adden	ndum C-Political Contributions
Sworn Statement/Aff I have read RSA 15, R and phipplete at the be	SA 15-B, <u>R</u> SA 14-C a	and RSA 664 and he	reby swear or affirm that th	he foregoing information is true
INCK.	1		10/27/2020	·
(Signature of lobbyist))		(Date)
Michael P. Donn	ally			