P L E A S E

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STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 25 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) G | illes Bissonnette | | |
|--|---------------------------------|----------------------------|--|
| II. Name of lobbyist's pa | ertnership, firm or c | orporation, if any: | |
| ACLU of New Hamp | shire | | |
| _ | artnership, firm or corporation | • | |
| III. Name of Client (don | ation by spouse; r | not in an official capa | city _{'Date} 1.21.24 |
| Political Contributions For each political contributions client/lobbyist and lobby | | | ter 664 paid on behalf of the |
| Full name of candidate: | Wormington | Cinde | |
| | | | (Middle Name/Initial) |
| Amount of contribution \$ | <u> </u> | Office Candidate is Seekin | g Governor |
| | ntribution on the line al | | s or services provided, and enter the tion. If the actual cost is not known, |
| • | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$_ | | Office Candidate is Seel | xing |
| | ntribution on the line ab | | s or services provided, and enter the tion. If the actual cost is not known, |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ _ | | Office Candidate is Seel | king |

| 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." | |
|--|---|
| (If more than three contributions were made, report additional contributions on separate addendum C forms.) Sworn Statement/Affirmation by Lobbyist | _ |
| 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. | |
| (Signature of lobbyist) (Date) | - |

(Print Name of lobbyist)