PLEASE PR I. Name of Lobbyist(s) Elizab		come and Expenses BYISTS	RECEIVED JAN 1 3 2023 NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:			
Philanthropy Roundtable (Name of partnership, firm or corporation)			
1120 20th St., NW, Suite 550		D.C.	20036
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (202) 822.8333 () e-maile-mail			nropyroundtable.org
(Telephone) (Fax)			
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).			
All reportable transactions occurring in the months prior to the reporting date relative to the following client:			
Philanthropy Roundtable			
(Full Name of Client as it appears on the Lobbyist Registration Form)			
OR All reportable transactions by th Unrelated to any particular client.	e lobbyist (including the lobbyist's	family), or the lobbying firm	n listed below which are
IV. Date of Report April 27, 2 Reports cover: activity from date of October 2	of registration to 3/31/22 activ	July 27, 2022	
		ity from 10/1/22 to 12/31/22	
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached:			
	ade expenditures, you must file Add		
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement			
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions			
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno (Signature of lobbyist) Elizabeth McGuigan (Print Name of lobbyist)	SA 14-C and RSA 664 and hereby s	wear or affirm that the foreg	_