

## STATE OF NEW HAMPSHIRE

## 2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

JUL 1 0 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s) _	Sarah Seeley	4	
II. Name of lobbyist's pa	rtnership, firm or corporation, if any:		
	Coalition Against Domestic an	d Sexual Violence	
(Name of	partnership, firm or corporation)		<del>-</del>
PO Box 353	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-8893	( )	e <sub>-mail</sub> _sarah@	nhcadsv.org
(Telephone)	(Fax)		
	s: (Choose one – file separate reports fo		y file a separate report for
reportable expense trans	actions which are not attributable to ar	ıy one client).	
All reportable transacti	ions occurring in the months prior to the r	eporting date relative to th	e following client:
New Hamnshire	Coalition Against Domestic	and Sexual Violenc	- •e
New Hampshire Coalition Against Domestic and Sexual Violence  (Full Name of Client as it appears on the Lobbyist Registration Form)			
<u>OR</u>	,	,	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are			
unrelated to any particular	client.		
IV. Date of Report A	pril 26, 2023	July 26, 2023 X	
		activity from 4/1/23 to 6/30/2	<i>3</i>
	stober 25, 2023	January 31, 2024	
аснуну	from 7/1/23 to 9/3 <mark>0/23</mark> acti	vity from 10/1/23 to 12/31/23	
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, C		-: -: -: -: -: -: -: -: -: -: -: -: -: -	or more man brook,
VI. Check if additional re	eports are attached:		
If you have received for	ees or made expenditures, you must file A	ddendum A– Fees and Ex	penses
If you have paid an ho Expense Reimbursement	norarium or reimbursed expenses, you m	ust file <b>Addendum B</b> – Re	port of Honorariums or
If you, your firm, or yo	our family has made political contribution	ıs, you must file Addendu	m C Political Contributions
Sworn Statement/Affirma	ation by Lobbyist 15-B, RSA 14-C and RSA 664 and hereb	u swaan an affirm that the f	``````````````````````````````````````
and complete to the best of		y sweat of affilm that the f	oregoing information is true
Sarah Seelev		7/6/2023	
Sarah Seeley (Signature of lobbyist)		(Dat	e)
Sarah Seeley			
(Print Name of lobbyist)			