## STATE OF NEW HAMPSHIRE

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

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DEPARTMENT OF STATE

## I. Name of Lobbyist(s) Kayla M. Montgomery **NEW HAMPSHIRE** II. Name of lobbyist's partnership, firm or corporation, if any: Planned Parenthood NH Action Fund (Name of partnership, firm or corporation) 18 Low Ave Concord NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code) 603.513.5341 kayla.montgomery@ppnne.org (Telephone) 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: Planned Parenthood NH Action Fund (Full Name of Client as it appears on the Lobbyist Registration Form) OR 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 April 27, 2022 July 27, 2022 activity from date of registration to 3/31/22 activity from 4/1/22 to 6/30/22 Reports cover: October 26, 2022 January 25, 2023 activity from 7/1/22 to 9/30/22 activity 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: ✓ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses 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 Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 4/27/22 (Signature of lobbyist) (Date)

Kayla M. Montgomery

(Print Name of lobbyist)

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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Kayla Montgomery				
II. Name of lobbyist's partnership, firm or corporation, if any:				
Planned Parenthood NH Action Fund				
(Name of partnership, firm or corporation)				
III. Name of Client	Date			
IV. Fees Received  Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations services			
a) Total of all fees received in this reporting period	a) \$3,509.76 (protrate salary/hour)			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	ь) \$ 0			
c) Total of all fees received to date (Add lines a and b)	c) \$ 3,509.76			
d) Indicate the amount of any such fees that are due, but have not yet been paid	3,509.76 d) \$ 0			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business stan \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0			
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	ь) \$ 0			
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>U</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0
f) Total of all expenses year to date	f) \$ 0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
2 acr	4/27/22
(Signature of lobbyist)	(Date)
Kayla M. Montgomery	
(Print Name of lobbyist)	



# STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)			
II. Name of lobbyist's parti	nership, firm or cor	poration, if any:	
Planned Parenthood N	H Action Fund		
(Name of partne	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:N	NH Senate Democra  (Last Name)	ats (caucus) (First Name)	(Middle Name/Initial)
Amount of contribution \$ \$10	00	Office Candidate is	s Seeking NH Senate
			ution. If the actual cost is not known
			(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	(Last Name)  I contribution, provide ibution on the line above	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  I contribution, provide ibution on the line above	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking  Is or services provided, and enter the

	description of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
(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 is true and complete to the best of my knowledge a	hereby swear or affirm that the foregoing information and belief.
Knn	4/27/22
(Signature of lobbyist)	(Date)
Kayla Montgomery	
(Print Name of lobbyist)	_