(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	Debra Miller, Julianne McConnell,	Tara Reardon		
II. Name of lobbyist's pa	artnership, firm or corporation, if a	ny:		
New Hampshire	Community Loan Fund			
	f partnership, firm or corporation)			
7 Wall Street	Concord	NH	03301	
Business Address: (Street) (Town/City)		(State)	(Zip Code)	
(603) 224-6669	(603) 225-7425		e-mail kdery@communityloanfund.org	
(Telephone)	(Fax)		
	rs: (Choose one – file separate repo- sactions which are not attributable		ay file a separate report for	
☐ All reportable transac	tions occurring in the months prior to	the reporting date relative to t	he following client:	
	Full Name of Client as it appears on the Lo	obbyist Registration Form)		
<u>OR</u>		,		
☐ All reportable transact unrelated to any particula	ions by the lobbyist (including the lob r client.	obyist's family), or the lobbying	g firm listed below which are	
	April 25, 2018 🕅 From date of registration to 3/31/18	July 25, 2018	8	
	October 31, 2018 ivity from 7/1/18 to 9/30/18	January 30, 2019 ☐ activity from 10/1/18 to 12/31/18		
	o fees received and no reportable uplete just this form and submit it to the			
VI. Check if additional	reports are attached:			
X If you have received	fees or made expenditures, you must			
☐ If you have paid an h Expense Reimbursement	onorarium or reimbursed expenses, yo	ou must file Addendum B- R	eport of Honorariums or	
☐ If you, your firm, or y	your family has made political contrib	outions, you must file Addend	um C- Political Contributions .	
(Signature of lobbyist)	nation by Lobbyist 15-B, RSA 14-C and RSA 664 and heart my knowledge and belief.	nereby swear or affirm that the	foregoing information is true	
Debra Miller				

STATE OF NEW HAMPSHIRE



P L E

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Debra Miller, Julianne McConnell, Tara Reardon

1. Name of Lobbyist(s)	a Reardon
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	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, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
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 year)	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in 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 exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being 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.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair aggregate total of all expenses pair aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the persod with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of r 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) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
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) \$
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) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
· · · · · · · · · · · · · · · · · · ·	<u>S</u>
	\$
	\$
	\$
	\$
	·
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.	m that the foregoing information
(Signature of lobbyist)	7 3 1 8 (Date)
DEBRA MILLER	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying partnership, firm, or corporation: New Hampshire Community Loan Fund Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):				
April 25, 2018 🖄 July 25, 2018 🗆 October 31, 2018 🗆 January 30, 2019 🗆				
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and ne following Addendums submitted with that Statement (insert the number of Addendum forms being ubmitted):				
X Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and omplete to the best of my knowledge and belief.				
Alle Smill 7/31/18				
Signature of lobbyist) (Date)				
Debra Miller				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/A	Affirmation	by	Lobbyi	ist
Statem	ent of Incon	ae and Exp	ene	e for	

•	
Name of Lobbying partnership, firm, or corporation	New Hampshire Community Loan Fund
Name of Client (leave blank if Statement is for the	partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 25, 2018 🕱 July 25, 2018 · O	ctober 31, 2018
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being
X Addendum A(s).	
Addendum B(s).	
Addendum C(s).	,
complete to the best of my knowledge and belief.	nation on the Statement and each Addendum is true and
(Signature of lobbyist)	7/31/18 (Date)
Julianne McConnell	
(Print Name of lobbyist)	_

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Nama of Labbrina nam	·	New Hampshire	Community Loan Fund
Name of Lobbying parti Name of Client (leave b particular client):	lank if Statement is fo	ration.	corporation and not related to any
Date of Report (check o	ne):		
April 25, 2018 💆	July 25, 2018 🗆	October 31, 2018 🗆	January 30, 2019 □
			d Expenses described above, and imber of Addendum forms being
X Addendum A(s)			
Addendum B(s)			
Addendum C(s)			,
I hereby swear or affirm complete to the best of respective of lobbyist) Tara Reardon	- -		nt and each Addendum is true and
(Print Name of Jobbyist)	İ		