

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 28 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Kayla Mo	ontgomery		
II. Name of lobbyist's partnership,	firm or corporation, if any:		
Planned Parenthood NH			
(Name of partnership,			
18 Low Ave	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603.674.8372		kayla.montg	gomery@ppnne.org
(Telephone)	(Fax)	e-maile-mail	
III. This statement covers: (Choose reportable expense transactions wh			y file a separate report
All reportable transactions occurr	ing in the months prior to the rep	orting date relative to the	e following client:
Planned Parenthood NH	Action Fund		
(Full Name of	Client as it appears on the Lobbyist I	Registration Form)	
OR	**		
All reportable transactions by the lunrelated to any particular client.	obbyist (including the lobbyist's	family), or the lobbying	firm listed below which
IV. Date of Report April 28, 202 Reports cover: activity from date of r October 27, 2 activity from 7/1.	registration to 3/31/21 activ	July 28, 2021 vity from 4/1/21 to 6/30/21 January 26, 2022 vity from 10/1/21 to 12/31/	21
V. There have been no fees recei If this box is checked, complete just th State House, Room 204, Concord, NH	is form and submit it to the Secre		
VI. Check if additional reports are	attached:		
If you have received fees or made	expenditures, you must file Ade	dendum A- Fees and Ex	penses
If you have paid an honorarium o Expense Reimbursement	r reimbursed expenses, you must	file Addendum B – Rep	ort of Honorariums or
If you, your firm, or your family l	has made political contributions,	you must file Addendu	m C-Political Contributi
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA		wear or affirm that the fo	oregoing information is to
and complete to the best of my knowl			
ting in		1/27/22	
(Signature of lobbyist)		(Date)
Kayla M. Montgomery			
(Print Name of lobbyist)	 		