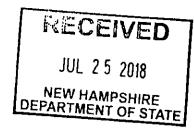


# STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobb	byist(s) Elizabeth Wes	ster		
II. Name of lobb	byist's partnership, firm o	r corporation, if an	y:	
America Vot	es			
	(Name of partnership, firm or	corporation)		<del> </del>
10 Dixon Ave	ı	Concord	New Hampshire	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) <u>225-19</u> (Teleph		)(Fax)	c-mail wester@amer	icavotes.org
reportable expe	nse transactions which are	e not attributable to	ts for each client, OR you may file o any one client).  the reporting date relative to the follo	
America Vote		ne monnis prior to t	the reporting date relative to the folio	wing chent.
	(Full Name of Client a	s it appears on the Lol	obyist Registration Form)	
<u>OR</u>			•	
All reportable unrelated to any	•	t (including the lobb	oyist's family), or the lobbying firm	listed below which a
IV. Date of Rep Reports cover:	ort April 25, 2018 🗍 activity from date of registrat	tion to 3/31/18	July 25, 2018 (Yactivity from 4/1/18 to 6/30/18	
	October 31, 2018 [ activity from 7/1/18 to 9.		January 30, 2019  activity from 10/1/18 to 12/31/18	
	cked, complete just this form		transactions made since the las Secretary of State's Office, State H	
VI. Check if add	ditional reports are attache	ed:		
If you have r	received fees or made expen	ditures, you must fi	le Addendum A- Fees and Expense	S
☐ If you have p Expense Reimbu		oursed expenses, you	a must file Addendum B- Report of	Honorariums or
☐ If you, your	firm, or your family has made	de political contribu	itions, you must file Addendum C-	Political Contribution
I have read RSA and complete to a (Signature of lot)	the best of my knowledge and by the best of my knowledge and the best of m	ind RSA 664 and he	reby swear or affirm that the foregoing the swear of the	ing information is tr
Elizabeth W (Print Name of I		<del></del>		

# PLEASE PRINT

in a), of \$25 or less.

e) Total of all itemized expenditures reported in detail in section VI.

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A



I. Name of Lobbyist(s) <u>Elizabeth Wester</u>		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)		
III. Name of Client America Votes	Date	7/25/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, governmer including research, monitoring legislation, and related legal work. The g reduced by any expenses:	nt relations,	or public relations service
a) Total of all fees received in this reporting period	a) \$	1,607.05
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).		1,398.51
c) Total of all fees received to date (Add lines a and b)	c) \$	3,005.56
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 of individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repany 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 great restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	client and may be fine aggregate expenses; (ple: meals; ess than \$1 ied with a voorting periodue of greater than \$2 s, expense	if expenditures are made a led for the lobbyist(s)/firm e total of all expenses path b) the aggregate total of a purchased during a busine 0 that is given to the perso value of \$25.00 or less); and od of greater than \$25.00 for the than \$25, purchase of 5, but not greater than \$5 reimbursement, or politic
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>	a) \$	0.00
b) Total aggregate of expenditures during this reporting period not reported		•

0.00

b) \$ \_\_\_\_\_

c) \$ \_\_\_\_2,032.28 \_\_\_

,	d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _	2,032.28
	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)	c) \$ _	620.00
	f) Total of all expenses year to date	f) <b>\$</b> _	2,652.28
	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:	Amou	nt:
	Facebook	s	1,573.81
	NGP Van	s	250.00
	Twitter	\$	208.47
	·	\$	
		\$	<del></del>
	·	\$	
	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 th	ne foregoing information
	(Signature of lobbyist)	7	(Date)
	Elizabeth Wester		,
	(Print Name of lobbyist)		



# STATE OF NEW HAMPSHIRE

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

•			
(Name of partner	rship, firm or corporation)		
III. Name of ClientAmeric	a Votes		Date 7/25/18
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:		Donna	(Middle Name/Initial)
A	(Last Name)	(First Name)	s Seeking <u>Senate, District 18</u>
enter an estimated value and the	e word estimate.		
	e word estimate.	<del></del>	
	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	(Last Name)	•	, ,
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind	(Last Name)  contribution, provide bution on the line abo	Office Candidate is	s Seekingds or services provided, and enter the
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)  contribution, provide bution on the line abo	Office Candidate is	(Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not known,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(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 hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
$\frac{2}{\text{(Signature of lobbyist)}} \frac{7/25/17}{\text{(Date)}}$
(Date)
Elizabeth Wester (Print Name of lobbyist)

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