STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JUL 3 1 2019

NEW HAMPSHIRE STATE

PLEASE PRINT

I. Name of Lobbyist(s) Sarah Mattson Dustin - NF	ILA	NEW HAMPSH DEPARTMENT OF
II. Name of lobbyist's partnership, firm or corporation, if	any:	
New Hampshire Legal Assistance		
(Name of partnership, firm or corporation)		
117 North State Street Concord	NH	03301
Business Address: (Street) (Town/City)	(State)	(Zip Code)
() 603-224-4107 () 603-224-20 (Telephone) (Fa	53 _{e-mail} smattso	ndustin@nhla.org
· (Telephone) (Fa	x)	
III. This statement covers: (Choose one – file separate reportable expense transactions which are not attributable. All reportable transactions occurring in the months prior to	e to any one client).	
(Full Name of Client as it appears on the I	obbyist Registration Form)	
All reportable transactions by the lobbyist (including the lounrelated to any particular client.	obbyist's family), or the lobbying	ng firm listed below which are
IV. Date of Report April 24, 2019 Reports cover: activity from date of registration to 3/31/19	July 31, 2019 X activity from 4/1/19 to 6/30/1	
October 30, 2019 activity from 7/1/19 to 9/30/19	January 29, 2020 [] activity from 10/1/19 to 12/3	
V. There have been no fees received and no reportab If this box is checked, complete just this form and submit it to 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 I	Expenses
☐ If you have paid an honorarium or reimbursed expenses, y Expense Reimbursement		
If you, your firm, or your family has made political contri	butions, you must file Addend	lum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and and complete to the best of my knowledge and belief. (Signature of lobbyist) Sarah Mattson Dustin (Print Name of lobbyist)	hereby swear or affirm that the $\frac{7/29}{(D)}$	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Sarah M	attson Dustin - NHLA		_
II. Name of lobbyist's partnership	p, firm or corporation, i	fany:	
New Hampshire Legal As	sistance		
(Name of partnership, fir	m or corporation)		
III. Name of Client	N/A	Date	·
IV. Fees Received Indicate the gross amount of all fees a to lobbying, including fees for service including research, monitoring legisla reduced by any expenses: a) Total of all fees received in this rep	es such as public advocacy, ation, and related legal wo	government relations rk. The gross fee a a) \$	s, or public relations services mount reported shall not be
 b) Total of all fees received this cale (This should equal the total of all 			0
c) Total of all fees received to date (Add lines a and b)		c) \$	0
 d) Indicate the amount of any such for yet been paid 	ees that are due, but have no	d) \$ _	. 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, fifees. Separate reports are to be filed the lobbyist(s)/firm that are unrelate Expenses are to be reported in one of during the reporting period for salari individual expenses where the expensional lobbied, purchase of a ceremon (c) an itemized statement of each indiany purpose not covered by (a) (for ceremonial object to be given to the restaurant expenses for a legislative contributions will be reported on separate a) Total aggregate expenses for this restaurant.	for expenditures made related to any one client a separate of three categories of experies, benefits, support staff, a diture was of \$25.00 or lessess, purchase of a pen with a cial object given to a person vidual expenditure made durexample; purchase of a me subject of lobbying with a reception). Expenses for late addendums and should in	tive to each client and rate report may be fases: (a) the aggregated office expenses; (for example: meals a value of less than \$ being lobbied with a ring this reporting per value greater than \$ inonorariums, expense to be reported on Additional to the search of the s	I if expenditures are made by filed for the lobbyist(s)/firm, ate total of all expenses paid (b) the aggregate total of all purchased during a business 10 that is given to the person value of \$25.00 or less); and iod of greater than \$25.00 for ater than \$25, purchase of a 25, but not greater than \$50, the reimbursement, or political dendum A.
support staff, and office expenses, relable b) Total aggregate of expenditures du	ated directly or indirectly to	lobbying. a) \$ ot reported	2,717. ¹⁷
in a), of \$25 or less.		b) \$	<u> </u>
c) Total of all itemized expenditures:	reported in detail in section '	VI. ε) \$ _	υ

d) Total expenses for this reporting period (Add lines a, b and c)	d)s 2,717.11
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)s 9,357,58
f) Total of all expenses year to date	ns 12,074.75
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:
	\$
	\$
	\$
	\$
	\$
· .	\$

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
Met	7/28/19
(Signature of lobbyist)	(Date)
Sarah Mattson Dustin - NHLA	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	Sarah	mattson D	<u>ustin</u>	
II. Name of lobbyist's partne	ership, firm or corp	poration, if any:	•	
NH Legal	Assistano	·L_		
(Name of partner	ship, firm or corporation)			
III. Name of Client	<u> </u>		Date	
Political Contributions For each political contributio client/lobbyist and lobbying i			oter 664 paid on behalf of the	
Full name of candidate:	Felles (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 250) 5/18/2019	Office Candidate	is Seeking <u>State Senate</u>	_
If the contribution is an in-kind actual cost of the in-kind contribution and the enter an estimated value and the	oution on the line above	a description of the goo	ds or services provided, and enter the actual cost is not know	e n,
Full name of candidate:		·	•	
run name or candidate.	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$		<u>_</u>		
If the contribution is an in-kind actual cost of the in-kind contrib enter an estimated value and the	oution on the line above	a description of the goo we for amount of contrib	ds or services provided, and enter thousion. If the actual cost is not know	e n,
	· · · · · · · · · · · · · · · · · · ·		·	
				
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	

If the contribution is an in-kind contribution, provide a desc actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
	· · · · · · · · · · · · · · · · · · ·
(If more than three contributions were made, report additional con	stributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and better the best of my knowledge and better the best of my knowledge and better the best of my knowledge.	

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