#### STATE OF NEW HAMPSHIRE

#### 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

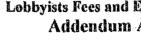
#### PLEASE PRINT

I. Name of Lobbyist(s)	Amanda Gra	edy Sexton		and the state of t	
II. Name of lobbyist's p	artnership, firm o	r corporation, if an	<b>X.</b> **		
			& Sexual Violence		
(Name o	of partnership, firm or	corporation)			
PO Box 35	53	Concord	NH	03302	
Business Address: (Street	)	(Town/City)	(State)	(Zip Code)	
603) 224-8893		)	e-mail_aman	e-mail amanda@nhcadsv.org	
(Telephone)	•	(Fax)		•	
reportable expense tran	sactions which are	e not attributable to	any one client).	may file a separate report for	
			ne reporting date relative to		
			tic & Sexual Violenc	<u>e</u>	
OR	Full Name of Client a	is it appears on the Lob	byist Registration Form)		
<del></del> ;	tions by the lobbyis ir client.	st (including the lobb	yist's family), or the lobby	ring firm listed below which are	
	April 29, 2020 [	tion to 3/31/20	July 29, 2020 💆 activity from 4/1/20 to 6/30.	V <b>20</b>	
	October 28, 2020 [ tivity from 7/1/20 to 9		January 27, 2021 [ activity from 10/1/20 to 12		
V. There have been n If this box is checked, cor State House, Room 204,	mplete just this form	n and submit it to the	ransactions made sinc Secretary of State's Office	e the last report.   One of the last report.	
VI. Check if additional	reports are attach	ed:			
			e Addendum A–Fees and		
☐ If you have paid an It Expense Reimbursement		bursed expenses, you	must file Addendum B-	Report of Honorariums or	
		de political contribu	tions, you must file Adder	ndum C-Political Contributions	
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C	and RSA 664 and he	reby swear or affirm that the	he foregoing information is true	
his W	The state of the s		7/20/2020		
(Signature of lobby)	<u> </u>		(	Date)	
Amanda Grady Se	exton			Ť	
(Print Name of Johnwict)		<del></del>			

# R I N T

### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

IL Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Coalition Against Domestic and Sexu	ial Violenc	<u>e</u>
III. Name of Client New Hampshire Coalition Against Domestic & Sexual Violence	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 greeduced by any expenses:	relations, or	public relations service
a) Total of all fees received in this reporting period	a) \$	
o) 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) \$ ear)	
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 repfees. 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 of 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reportant 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 of may be filed to aggregate to expenses; (b) le: meals pur ss than \$10 to ad with a valuating periodus of greater or than \$25, expense rei	expenditures are made be for the lobbyist(s)/firrotal of all expenses paths aggregate total of a chased during a busines hat is given to the persone of \$25.00 or less); are of greater than \$25.00 f than \$25, purchase of but not greater than \$5 imbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	3349.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0,00
c) Total of all itemized expenditures reported in detail in section VI.	ei \$	0.00

d) Total expenses for this reporting period	d) \$	3349.00
<ul> <li>(Add lines a, b and c)</li> <li>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)</li> </ul>	e) \$	3762.70
f) Total of all expenses year to date	f) \$	7111.70
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from learned, including by whom paid or to whom charged.	obbying fees d	uring 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 affir		
is true and complete to the best of my knowledge and belief.	ni dini nio 101	sporing amorame
(Signature of lobbyist)	7/	2. 2. 2. ate)
Amanda Grady Sexton (Print Name of lobbyist)		