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STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 23 2018

NEW HAMPSHIRE

I. Name of Lobbyist(s)_Janet	Schaffe	2	DEPARTMENT OF STATE	·
II. Name of lobbyist's	partnership, firm or	corporation, if any	:		
Ci	Vix Strate	ee 12			
(Nam	e of partnership, firm or c	orporation)	<u>-</u>		
Business Address: (Str	Main St.	(Town/City)	NH NH	0330	
	, •	(10wh/City)	(State)	(Zip Code)	1
(Telephond)	((Fax)	e-mail	rotschaffer Do@gmai	y. com
	vers: (Choose one – fil ansactions which are i	•		ou may file a separate report for	
☐ All reportable trans	sactions occurring in the	months prior to the	e reporting date relative	to the following client:	
Fai	mily Frie (Full Name of Client as	nd la tre	mome		
OR	(Full Name of Client as	t appears on the Lobb	yist Registration Form)	 	
All reportable trans		(including the lobby	rist's family), or the lob	bying firm listed below which are	
IV. Date of Report Reports cover: activi	April 25, 2018 U	n to 3/31/18	July 25, 2018 activity from 4/1/18 to 6	••	
•	October 31, 2018 activity from 7/1/18 to 9/3	0/18	January 30, 201 activity from 10/1/18 to		
	no fees received and complete just this form			nce the last report. © Rice, State House, Room 204,	
VI. Check if addition	al reports are attached	l:			
•	ed fees or made expend				
Expense Reimburseme	ent			3- Report of Honorariums or	
If you, your firm,	or your family has made	e political contribut	ions, you must file Add	lendum C- Political Contributions	
I have read RSA 15, R	irmation by Lobbyist SA 15-B, RSA 14-C an st of my knowledge and		cby swear or affirm tha	t the foregoing information is true Date	
(Print Name of lobbyi	st)				

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Janet Schaffer	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Maine of Toboyist's partnership, in in or corporation, it any.	
Civix Strategies	
(Name of partnership, firm or corporation)	
III. Name of Client Family Friendly Econom	y Date July 10, 20
) ' '
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:	t relations, or public relations service
a) Total of all fees received in this reporting period	a)s 2762.50
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) \$_3607,50 (ear)
c) Total of all fees received to date (Add lines a and b)	o)s <u>6370,00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) s OFRASIA

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

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.	ыs
c) Total of all itemized expenditures reported in detail in section VI.	c) S

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:
	\$
	\$
	S
	s
	\$
	\$

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) (Print Name of lobbyist)	July 10, 2018
(Time range of 1000)130)	

STATE OF NEW HAMPSHIRE

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

. Name of Lobbyist(s)		! 0	
I. Name of lobbyist's parts	<u>-</u> ·	•	
Cir	Strat	eves	<u> </u>
(Name of partne	arship, firm or corporation)		
III. Name of Client	and the	ndly Com	ne Date July 10 3
Political Contributions	0	2	
	on that is reportable p	oursuant to RSA Chap	ter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the fol	lowing:	

	- (
Full name of candidate:	Teaster	denn	Altord
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	50	Office Candidate is	s Seeking Stati Sonat
	_		ds or services provided, and enter the
		e for amount of contribu	ution. If the actual cost is not know
enter an estimated value and th	e word "estimate."	ve for amount of contribu	
enter an estimated value and th	e word "estimate."		ution. If the actual cost is not know
enter an estimated value and the	e word "estimate."	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name) d contribution, provide ibution on the line above	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name) d contribution, provide ibution on the line above word "estimate."	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate: Amount of contribution \$ If the contribution is an in-kine actual cost of the in-kine contrenter an estimated value and the	(Last Name) d contribution, provide ibution on the line above	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the

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.
(Signature of lobbyist) (Signature of lobbyist) (Date)
(Print Name of lobbyist) (Print Name of lobbyist)