Q4 2022

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAR 0:6 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Gail T. Brown

	• •	or corporation, if any:				
NH Oral H		NH Public Health As	sociation			
Cuito 102	(Name of partnership, firm		NII I	02204		
Suite 403	#4 Park St.	Concord	NH	03301		
Business Address:		(Town/City)	(State)	(Zip Code)		
() 603-4	15-5550)	e-mailenail	noralhealth.org		
(Teleph	one)	(Fax)				
		e— file separate reports for eare not attributable to any o		file a separate report for		
All reportabl	e transactions occurring	in the months prior to the repo	rting date relative to the	following client:		
All reportable transactions occurring in the months prior to the reporting date relative to the following client: NH Oral Health Coalition [NH Public Health Association]						
- INTI OTAL TI						
OR	(Full Name of Clie	nt as it appears on the Lobbyist R	egistration ronn)			
		yist (including the lobbyist's t	amily), or the lobbying	firm listed below which are		
If this box is ched	October 26, 202 activity from 7/1/22 been no fees received	2 active to 9/36/22 active I and no reportable transa form and submit it to the Secret		e last report.		
VI Charlest add	litional reports are atta	ahada				
	-	penditures, you must file Add	endum A—Fees and Exr	nenses		
	oaid an honorarium or re	imbursed expenses, you must	_			
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions						
I have read RSA and complete to	the best of my knowledg	C and RSA 664 and hereby sv	vear or affirm that the for	_		
(Signature of lol	•		(Date)			
Gall T. Bro	wn					
(Print Name of I	obbyist)					

P L E A S E P R I N



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Gail T. Brown				
II. Name of lobbyist's partnership, firm or corporation, if any:				
NH Oral Health Coalition [NH Public Health Associa	ation]			
(Name of partnership, firm or corporation) III. Name of Client NH Oral Health Coalition	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 gro reduced by any expenses:	relations, or public relations services ss fee amount reported shall not be			
a) Total of all fees received in this reporting period	a) \$ 20 240.68			
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 ye	b) \$ 57, 617.32 ar)			
c) Total of all fees received to date (Add lines a and b)	· 77858.00			
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 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 \$2.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a case point of each given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of achieving the example: purchase of a meal with value of greater than \$25.00 for any purpose not covered by (a) (not 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.	b) \$			
c) Total of all itemized expenditures reported in detail in section VI	c) \$			

d) Total expenses for this reporting period (Add lines a, b and c)	d) S
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 leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
<u> </u>	\$
	\$
	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.	n that the foregoing information
Lais T. Brocen	3-6-2023 (Date)
(Signature of lobbyist)	(Date)
Gail T/Brown	
(Print Name of lobbyist)	