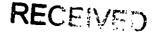


STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



OCT 2 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Cheryl Steinberg

11. 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)
() <u>603-224-4107</u> ((Telephone) () <u>603-224-2053</u> (Fax)	e-mail CSte	einberg@nhla.org

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

(Full Name of Client as it appears on the Lobbyist Registration Form)

<u>OR</u>

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 29, 2020 Reports cover: activity from date of registration to 3/31/20 October 28, 2020 activity from 7/1/20 to 9/30/20 July 29, 2020 activity from 4/1/20 to 6/30/20 January 27, 2021 activity from 10/1/20 to 12/31/20

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, 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 Expenses

□ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement

If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C 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 lobb

10/23/2020

Cheryl Steinberg (Print Name of lobbyist)

	STATE OF NEW HA Lobbyists Fees and I Addendum (RSA Chapter I	Expenses A	RE
I. Name of Lobbyist(s)	Cheryl Steinberg		
II. Name of lobbyist?	s partnership, firm or corporation, if any:		
	Hampshire Legal Assistance	<u> </u>	
	N/A	Date	
to lobbying, including including research, mo reduced by any expense		nt relations, or ross fee amou	public relations services int reported shall not be
a) Total of all fees rece	ived in this reporting period		0.
	eived this calendar year, prior to this reporting period the total of all prior monthly reports for this calendar	b) \$ year)	0
c) Total of all fees rec (Add lines a and		c) \$	0
d) Indicate the amount yet been paid	t of any such fees that are due, but have not	d) \$	0

V. Expenses:

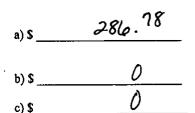
2.

PLEASE

P R I N T

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.



b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

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

d) Total expenses for this reporting period (Add lines a, b and c)

286.¹⁸ 3,726.²⁸ d) \$ e)\$ 3,513. f) \$

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)

f) Total of all expenses year to date

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

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 obbyist)

Cheryl Steinberg

(Print Name of lobbyist)

10/23/2027 (Date)

	STATE OF NEW HA Lobbyists Repo Political Contrib Addendum (RSA Chapter 1	ort of utions C
I. Name of Lobbyist(s)	ryl Steinberg	
II. Name of lobbyist's parts	nership, firm or corporation, if any:	
New Hampshire Lega	I Assistance	
	ership, firm or corporation)	
III. Name of Client New	Hampshire Legal Assistance	Date 10/23/2020
	on that is reportable pursuant to RSA Chap firm, indicate the following:	oter 664 paid on behalf of the
Full name of candidate:	emocracy for America (Last Name) (First Name)	(Middle Name/Initial)
	(Last Mane) (This Mane)	(made mane minut)
Amount of contribution $\frac{15}{15}$		
If the contribution is an in-kind	d contribution, provide a description of the goo ibution on the line above for amount of contrib	ds or services provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a description of the goo ibution on the line above for amount of contrib	ds or services provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th	d contribution, provide a description of the goo ibution on the line above for amount of contrib ne word "estimate."	ds or services provided, and enter the oution. If the actual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th 	d contribution, provide a description of the goo ibution on the line above for amount of contrib ne word "estimate." (Last Name) (First Name)	ds or services provided, and enter the oution. If the actual cost is not known,
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If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th 	d contribution, provide a description of the goo ibution on the line above for amount of contrib ne word "estimate." (Last Name) (First Name) Office Candidate i d contribution, provide a description of the goo ibution on the line above for amount of contrib	ds or services provided, and enter the pution. If the actual cost is not known, (Middle Name/Initial) s Seeking
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(turn over to continue \rightarrow)

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.

Charyl Stainberg (Signature of lobbyist)

10/23/2020

(Date)

Cheryl Steinberg

(Print Name of lobbyist)