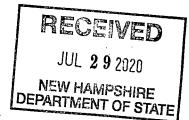


#### STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

Amanda Sears, Cody Jacobsen

I. Name of Lobbyist(s)	·		
II. Name of lobbyist's partnership, firm or corporation	on, if any:		
		<del></del>	<u> </u>
(Name of partnership, firm or corporation)		NUL	02204
114 North Main Street, Suite 203 Concor		NH 	03301
Business Address: (Street) (Town/	• •	(State)	(Zip Code)
(603) 573-9661		e-mail amanda@c	ivixstrategygroup.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file separat reportable expense transactions which are not attributed.)	utable to any one c	lient).	
All reportable transactions occurring in the months p	prior to the reporting	g date relative to the	ne following client:
Campaign for the Family Friendly Economy, a p	project of the Nort	h Main Street F	und
(Full Name of Client as it appears o	n the Lobbyist Regist	ration Form)	
OR			
☐ All reportable transactions by the lobbyist (including unrelated to any particular client.	the lobbyist's fami	ly), or the lobbying	g firm listed below which are
IV. Date of Report April 29, 2020	Jul	y 29, 2020 🗹	
Reports cover: activity from date of registration to 3/31/2	20 activity fro	om 4/1/20 to 6/30/20	)
October 28, 2020		uary 27, 2021 🗌	
activity from 7/1/20 to 9/30/20	activity fr	om 10/1/20 to 12/31	1/20
V. There have been no fees received and no reposit this box is checked, complete just this form and submit State House, Room 204, Concord, NH 03301.	ortable transaction it to the Secretary	ons made since to of State's Office,	the last report.   107 North Main Street,
VI. Check if additional reports are attached:			
If you have received fees or made expenditures, you	ı must file <b>Addend</b> i	ım A– Fees and E	xpenses
☐ If you have paid an honorarium or reimbursed expe Expense Reimbursement			
If you, your firm, or your family has made political	contributions, you	nust file <b>Addend</b> ı	ım C– Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 66 and complete to the best of my knowledge and belief.	4 and hereby swear	or affirm that the	foregoing information is true
Anusla Seus		7-29-2020	
(Signature of lobbyist)		(Da	ite)
Amanda Sears		<u></u>	,
(Drint Name of Johnvigt)			

# LEASE PRINT

#### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:			
Civix Strategy Group, LLC	-		
(Name of partnership, firm or corporation)			
III. Name of Client - Campaign for a Family Friendly Economy, a project of the North Main Street Fund			
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, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations services fee amount reported shall not		
a) Total of all fees received in this reporting period	250.00 a) \$		
b) Total of all fees received this calendar year, prior to this reporting period	a) \$ b) \$		
(This should equal the total of all prior monthly reports for this calendar y	/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 refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with valceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fin he aggregate total of all expenses prexpenses; (b) the aggregate total of ble: meals purchased during a busine less than \$10 that is given to the persecutive and the persecutive at the persecutive and the persecutive and the persecutive at the persecutive and the persecutive at the		
Total and a second seco	a) \$		
	a) \$		
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>			

1) Total armonage for this reporting period	d) \$	250
f) Total expenses for this reporting period (Add lines a, b and c)	u) \$	
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) \$	5,125
Total of all expenses year to date	f) \$	5,375
VI. Other Expenses:	11	1 1 414
Provide the following detail for all expenditures of more than \$25 made from loeriod, including by whom paid or to whom charged.	obbying is	es during this
Paid to:	Amount	<b>:</b>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin	m that th	e foregoing in
is true and complete to the best of my knowledge and belief.		
Amerika Sears	7-29	-2020
(Signature of lobbyist)		(Date)
Amanda Sears		
(Print Name of lobbyist)		
·		

.....

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

**Amanda Sears** 

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Civix Strategy Group Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Campaign for a Family Friendly Economy, project of North Main Street Fund particular client): Date of Report (check one): July 29, 2020 🗹 April 29, 2020 □ October 28, 2020 January 27, 2021 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). ✓ Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. America Seas 7-29-2020 (Signature of lobbyist) (Date)

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:	Civix Strategy Group
Name of Client (leave blank if Statement is for the pa	artnership, firm, or corporation and not related to any
particular client): Campaign for a Family Friendly Economy, a p	
Date of Report (check one):	
April 29, 2020   July 29, 2020   Octo	ber 28, 2020 □ January 27, 2021 □
I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted):	
✓ Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing informati complete to the best of my knowledge and belief.	on on the Statement and each Addendum is true and
Golden-	7-29-2020
(Signature of lobbyist)	(Date)
CODY JACOBSEN	
(Print Name of lobbyist)	



#### STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)A				
II. Name of lobbyist's partn	iership, firm or cor	poration, if any:		
Civix Strategy Group, LL				
(Name of partnership, firm or corporation)				
III. Name of Client Campaign fo	or a Family Friendly Economy	y, a project of the North Main Stre	et Fund Date: 7-29-20	
Political Contributions For each political contribution	on that is reportable	nurement to PSA Chante	r 664 paid on behalf of the	
client/lobbyist and lobbying			1 00 ; paid on bondin of the	
		· · · · · · · · · · · · · · · · · · ·		
		_		
Full name of candidate:	Feltes	Dan		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	\$100	Office Candidate is Seeking	Governor	
enter an estimated value and th	ne word "estimate."	ve for amount of contributi		
enter an estimated value and th	ne word "estimate."	ve for amount of contributi	on. If the actual cost is not know	
enter an estimated value and th	ne word "estimate."	ve for amount of contributi	on. If the actual cost is not know	
enter an estimated value and the	ne word "estimate."  (Last Name)	ve for amount of contributi	on. If the actual cost is not know	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind	(Last Name)  d contribution, provide ibution on the line abo	(First Name) Office Candidate is S	(Middle Name/Initial)	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  d contribution, provide ibution on the line abo	(First Name) Office Candidate is S	(Middle Name/Initial)  Geeking or services provided, and enter the	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  d contribution, provide ibution on the line abo	(First Name) Office Candidate is S	(Middle Name/Initial)  Geeking or services provided, and enter the	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  d contribution, provide ibution on the line abo	(First Name) Office Candidate is S	(Middle Name/Initial)  Geeking or services provided, and enter the	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contribute and the contribution is an in-kind actual cost of the contribution and the contribution is an in-kind actual cost of the in-kind contribution and the contribution is an in-kind actual cost of the cost of the contribution is an in-k	(Last Name)  d contribution, provide ibution on the line abo	(First Name) Office Candidate is S	(Middle Name/Initial)  Geeking or services provided, and enter the	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  d contribution, provide ibution on the line abo	(First Name) Office Candidate is S	(Middle Name/Initial)  Geeking or services provided, and enter the	

actual cost of the in-kind contribution on the line above fenter an estimated value and the word "estimate."	of amount of contribution. If the actual cost is not know
<u> </u>	
(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
	nd belief.
I have read RSA 15, RSA 15-B and RSA 664 and h is true and complete to the best of my knowledge and the second sec	nd belief.  7-29-2020
is true and complete to the best of my knowledge and formal series (Signature of lobbyist)	nd belief.  7-29-2020
is true and complete to the best of my knowledge and American (Signature of lobbyist)  Amanda Sears	nd belief.  7-29-2020
is true and complete to the best of my knowledge and American (Signature of lobbyist)  Amanda Sears	nd belief.  7-29-2020



#### STATE OF NEW HAMPSHIRE

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

II. Name of lobbyist's part	nershin firm or cor	noration if any	
Civix Strategy Group,		poration, it any:	
	ership, firm or corporation)		
Compais		nomy, a project of the North M	ain Street Fund
III. Name of Client	,,,	·· <b>,</b>	
Political Contributions			
For each political contributi client/lobbyist and lobbying			ter 664 paid on behalf of the
enenviologist and loodying	; IIIII, mulcate the 10	nowing.	
- 4	Feltes	Dan	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
A	75.00		Governor
Amount of contribution \$		Office Candidate is	s Seeking
Full name of candidate:	(Last Name)		
	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	•	(First Name)	
Amount of contribution \$	d contribution, provide	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking Is or services provided, and enter the
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	d contribution, provide	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contribution is a contribution of the in-kind contribution.	d contribution, provide	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking Is or services provided, and enter the

		·
- 		escription of the goods or services provided, and enter the or amount of contribution. If the actual cost is not known,
*		
	· · · · · · · · · · · · · · · · · · ·	<del></del>
.,	· <u> </u>	
• .	(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
	Sworn Statement/Affirmation by Lobbyist	
	I have read RSA 15, RSA 15-B and RSA 664 and h is true and complete to the best of my knowledge ar	ereby swear or affirm that the foregoing information and belief.
	Silver	7-29-2020
	(Signature of lobbyist)	(Date)
	Cody Jacobsen	
	(Print Name of lobbyist)	
		,

,