STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses

for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	t(s) Melissa E Gates	DEPART ASMP	SHIRE -
II. Name of lobbyis	t's partnership, firm or corporation, if	DEPARTMENT (OF STATE
Surfrider Foundati	ion		
(N	ame of partnership, firm or corporation)		
PO Box 73550 Sa	n Clemente CA 92673		
Business Address: (S	Street) (Town/City)	(State) (Zip C	ode)
(207) 706.6378	()	e-mail mgates@surfrider.org	
(Telephone)	(Fa	x)	
reportable expense	transactions which are not attributable	orts for each client, OR you may file a separate to any one client). to the reporting date relative to the following clie	-
	(Full Name of Client as it appears on the l	Lobbyist Registration Form)	
OR			
All reportable tra unrelated to any part	· · · · · · · · · · · · · · · · · · ·	obbyist's family), or the lobbying firm listed belo	ow which ar
IV. Date of Report Reports cover: act	April 29, 2020 ivity from date of registration to 3/31/20	July 29, 2020 * activity from 4/1/20 to 6/30/20	
Reports cover. uci	October 28, 2020	January 27, 2021 □	
	activity from 7/1/20 to 9/30/20	activity from 10/1/20 to 12/31/20	
If this box is checked		le transactions made since the last report, the Secretary of State's Office, 107 North Main	
VI. Check if addition	onal reports are attached:		
	ived fees or made expenditures, you must	file Addendum A- Fees and Expenses	
☐ If you have paid Expense Reimburser		you must file Addendum B - Report of Honorar	iums or
☐ If you, your firm	a, or your family has made political contri	butions, you must file Addendum C - Political (Contribution
I have read RSA 15, and complete to the l	ffirmation by Lobbyist RSA 15-B, RSA 14-C and RSA 664 and best of my knowledge and belief.	hereby swear or affirm that the foregoing inforn	nation is true
Vor Eg.		7.29.20	
(Signature of lobbyi	st)	(Date)	
Melissa E Gates			
(Print Name of lobb	yist)		

P L E S E P R I N T

STATE OF NEW, HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Melissa Gates				
II. Name of lobbyist's partnership, firm or corporation, if any:				
Surfrider Foundation				
(Name of partnership, firm or corporation)				
III. Name of Client	Date	7.29.20		
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 groreduced by any expenses:	relations, or	public relations services		
a) Total of all fees received in this reporting period	a) \$6,176	.30		
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) \$2,67 ear)	7.22		
c) Total of all fees received to date (Add lines a and b)	c) \$8,853	.52		
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 the 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 lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any 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 greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if emay be filed aggregate to expenses; (b) the meals pure stan \$10 the dwith a valuating period one of greater for than \$25, by expense rein	expenditures are made by for the lobbyist(s)/firm. It al of all expenses paid the aggregate total of all chased during a business at is given to the person of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a put not greater than \$50, inbursement, or political		
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.				

(Add lines a, b and c)	a) \$	
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 period, including by whom paid or to whom charged.	lobbying fees during 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 affi is true and complete to the best of my knowledge and belief.	rm that the foregoing information	
Vom C. Q.	7.29.20	
(Signature of lobbyist)	(Date)	
Melissa E Gates		
(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.

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

Name of Lobbying partr	nership, firm, or corpo	oration: Surfrider Foundation	on
			corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 29, 2020 □	July 29, 2020 🗹	October 28, 2020 □	January 27, 2021 □
	,		nd Expenses described above, and number of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
complete to the best of r		lief.	ent and each Addendum is true and
(Signature of lobbyist)			(Date)
Melissa E Gates			
(Print Name of lobbyist)			