1115:

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 28 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

Mollor	v Nivaont			Ĺ	DEPARTMENT OF S
	y Nugent				
II. Name of lobbyist's partner	ship, firm or cor	poration, if any	:		
Everytown for Gun Safety Actio					
(Name of partner	ership, firm or corp	oration)			
PO Box 4184	Nev	v York	NY		10163
Business Address: (Street)		(Town/City)	(Stat	te)	(Zip Code)
(646) 324-8250 (Telephone)	(917)_	410-6932 (Fax)	e-mail	lobbyreg	@everytown.org
III. This statement covers: (Ch				R you may	file a separate report
reportable expense transaction	is which are not	attributable to	any one chent).		
X All reportable transactions of	ccurring in the m	onths prior to th	e reporting date rela	ative to the	following client:
Everytown for Gun Safety Ac	ion Fund				
(Full Na	ne of Client as it a	ppears on the Lob	yist Registration For	m)	,
OR		•		•	
☐ All reportable transactions by unrelated to any particular clien		cluding the lobb	vist's family), or the	lobbying	firm listed below which
	9, 2020 \square	to 3/31/20	July 29, 202 activity from 4/1/20		
	er 28, 2020 🗌 om 7/1/20 to 9/30/2	20	January 27, activity from 10/1/2		20
V. There have been no fees If this box is checked, complete State House, Room 204, Concor	just this form and	o reportable t d submit it to the	ransactions mad Secretary of State's	e since th s Office, 10	e last report. Orth Main Street,
VI. Check if additional report	s are attached:				
IX If you have received fees or		res, you must fil	e Addendum A– F	ees and Ex	penses
☐ If you have paid an honorant Expense Reimbursement					
X If you, your firm, or your fa	ımily has made p	olitical contribut	ions, you must file	Addendur	n C- Political Contribut
Sworn Statement/Affirmation	hy Lahhvist				
I have read RSA 15, RSA 15-B and complete to the best of my	, RSA 14-C and	RSA 664 and her elief.	eby swear or affirm	that the fo	oregoing information is t
Mallory / Nugent Mallory (Hugent (Jan 27, 2021 16:11 EST)	-		Jan 27, 20	21	
(Signature of lobbyist)				(Date	e)
Mallory Nugent					

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Mallory Nugent	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Everytown for Gun Safety Action Fund	
(Name of partnership, firm or corporation)	
III. Name of ClientEverytown for Gun Safety Action Fund	Date 1/27/2021
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) \$21,375.00
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) \$ _69,251.63 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 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.	enay be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all e: meals purchased during a business than \$10 that is given to the person add with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
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	a) \$
in a), of \$25 or less.	b) \$
a) Total of all itemized expenditures reported in detail in section VI.	c) \$ 21,000.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>21,375.00</u>
e) Total of expenses paid this calendar year, prior to this reporti (This should be the amount on line f of addendum A for last m	ng period e) \$ 69,251.63 onth's report)
f) Total of all expenses year to date	f) \$90,626.63
VI. Other Expenses: Provide the following detail for all expenditures of more than \$2 period, including by whom paid or to whom charged.	25 made from lobbying fees during this repor
Paid to:	Amount:
Demers & Prasol, Inc.	5,000.00 \$
Demers & Prasol, Inc.	8,000.00
Demers & Prasol, Inc.	8.000.00
	¢.
·	•
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby	swear or affirm that the foregoing inform
is true and complete to the best of my knowledge and bel	ier.
Mallory / Nugent Mallory I Nugent (Jan 27, 2021 16:11 EST)	Jan 27, 2021
(Signature of lobbyist)	(Date)
Mallory Nugent	



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

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JAN 28 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)				
II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:		
Everytown for Gun Safety	Action Fund			
	partnership, firm or corporation)			
III. Name of Client E	verytown for Gun Safety A	ction Fund	Date	1/27/2021
Political Contributions For each political contributions client/lobbyist and lobby	bution that is reportable p		ter 664 paid on	n behalf of the
Full name of candidate:	New Hampshire Senate [
	(Last Name)	(First Name)	(Middle N	ame/Initial)
Amount of contribution \$	5,000	Office Candidate i	s SeekingN	I/A
actual cost of the in-kind c enter an estimated value ar	ontribution on the line abo	ve for amount of contrib	ution. If the actu	ual cost is not know
actual cost of the in-kind c	ontribution on the line abored the word "estimate."	ve for amount of contrib	ution. If the actu	ual cost is not know
actual cost of the in-kind c	ontribution on the line abound the word "estimate." The Madame Presiden	ve for amount of contrib		Jame/Initial)
actual cost of the in-kind c enter an estimated value ar	ontribution on the line abound the word "estimate." The Madame Presiden (Last Name)	ve for amount of contrib	(Middle N	ual cost is not know
Full name of candidate: Amount of contribution is an in-	The Madame Presiden (Last Name) 5,000 -kind contribution, provide contribution on the line abo	t PAC (First Name) Office Candidate is a description of the good	(Middle N s Seeking N	Tame/Initial) I/A ovided, and enter th
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value and the contribution is an inactual cost of the in-kind center an estimated value and the contribution is an inactual cost of the in-kind center an estimated value and the contribution is an inactual cost of the in-kind center an estimated value and the contribution is an inactual cost of the in-kind center an estimated value and the contribution is an inactual cost of the in-kind center and the contribution is an inactual cost of the in-kind center and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the in-kind center and estimated value and the contribution is an inactual cost of the co	The Madame Presiden (Last Name) 5,000 -kind contribution, provide contribution on the line abound the word "estimate."	t PAC (First Name) Office Candidate is a description of the good	(Middle N s Seeking N ds or services proution. If the acti	Jame/Initial) J/A ovided, and enter the ual cost is not known
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	The Madame Presiden (Last Name) 5,000 -kind contribution, provide contribution on the line abound the word "estimate."	t PAC (First Name) Office Candidate is a description of the good we for amount of contrib	(Middle N s Seeking N ds or services proution. If the acti	Tame/Initial) I/A ovided, and enter th

If the contribution is an in-kind contribution, provide a desc actual cost of the in-kind contribution on the line above for	
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and	
io note and complete to the control of	
Mallory Nuggent Mallory Integrat Lian 17, No. 1 (c) 1 (c) 1	Jan 27, 2021
(Signature of lobbyist)	(Date)
Mallory Nugent	
(Print Name of lobbyist)	

II. Name of lobbyist's par	tnership, firm or corp	poration, if any:		
Everytown for Gun Safety A	Action Fund			
(Name of part	tnership, firm or corporation)			
III. Name of ClientEvery	town for Gun Safety Action	on Fund	Date	1/27/2021
Political Contributions		oursuant to DSA Chant	tar 664 naid	on behalf of the
For each political contribuclient/lobbyist and lobbyist			ici oo+ paid	on behan of the
onona roboy ist and roboy is				
r u f didata.	Foltos	Dan		
Full name of candidate: _	(Last Name)	(First Name)	(Middle	e Name/Initial)
	•	Office Candidate is	Sooking (Governor
Amount of contribution $ = \frac{1}{2} $		Office Candidate is	s seeking	
		nua Damagrata		
Full name of candidate:	Committee to Elect Ho		(Middl	e Name/Initial)
_	(Last Name)	(First Name)	•	e Name/Initial)
Full name of candidate: _ Amount of contribution \$			•	e Name/Initial) N/A
Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind co	(Last Name) 5,000 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking	N/A provided, and enter the
Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co	(Last Name) 5,000 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking	N/A provided, and enter t
Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind co	(Last Name) 5,000 ind contribution, provide ntribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good	s Seeking	N/A provided, and enter the
_	(Last Name) 5,000 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good	s Seeking ds or services ution. If the a	N/A provided, and enter the

(If more than three contributions were made, report additi	ional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 a is true and complete to the best of my knowled	and hereby swear or affirm that the foregoing information ge and belief.
Mallory Nugent	Jan 27, 2021
Mallory Mugent Mallory Number (Jan 27, 1981 1631 1537) (Signature of lobbyist)	Jan 27, 2021 (Date)



Everytown for Gun Safety Action Fund (Name of pannership, firm or corporation) (Name of Gun Safety Action Fund (Name of Pannership, firm or corporation) (Name of Client Everytown for Gun Safety Action Fund Date 1/27/2021 Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Rogers Katherine (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 350 Office Candidate is Seeking State Representative 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 know enter an estimated value and the word "estimate." Full name of candidate: Skudlarek Robin (Last Name) (First Name) (Middle Name/Initial) Amount of 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, 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 know enter an estimated value and the word "estimate." Full name of candidate: Whitely Rebecca (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 1,000 Office Candidate is Seeking State Senate - 15	I. Name of Lobbyist(s)	Mallory Nugent			·
Everytown for Gun Safety Action Fund	II. Name of lobbyist's pa	rtnership, firm or cor	rporation, if any:		
Name of Citient	•		•	•	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Rogers Katherine (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 350 Office Candidate is Seeking State Representative 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." Full name of candidate: Skudlarek Robin (Last Name) (First Name) (Middle Name/Initial) Amount of 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." Full name of candidate: Whitely Rebecca (Last Name) (Middle Name/Initial) Full name of candidate: Whitely Rebecca (Last Name) (Middle Name/Initial)					
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Rogers Katherine (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$\frac{350}{350}\$ Office Candidate is Seeking State Representative actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: Skudlarek Robin (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$\frac{350}{(Last Name)}\$ Office Candidate is Seeking State Representative actual cost of the 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 know enter an estimated value and the word "estimate." Full name of candidate: Whitely Rebecca (Last Name) (Middle Name/Initial) Full name of candidate: Whitely Rebecca (Siste Name) (Middle Name/Initial)	III Name of Client Eve	rytown for Gun Safety Ac	tion Fund	Date	1/27/2021
Full name of candidate: Rogers Katherine (Last Name) (First Name) (Middle Name/Initial)	THE Public of Chem				
Clast Name (First Name (Middle Name/Initial)	For each political contrib			er 664 paid	on behalf of the
Amount of contribution \$ 350 Office Candidate is Seeking State Representative 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." Full name of candidate: Skudlarek Robin (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 350 Office Candidate is Seeking State Representative - 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." Full name of candidate: Whitely Rebecca (Last Name) (First Name) (Middle Name/Initial) State Senate - 15	Full name of candidate:	Rogers	Katherine		
Amount of contribution \$		(Last Name)	(First Name)	(Middle	Name/Initial)
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." Full name of candidate: Skudlarek Robin (Last Name) Office Candidate is Seeking State Representative - 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." Full name of candidate: Whitely Rebecca (Last Name) (First Name) (Middle Name/Initial) State Senate - 15	Amount of contribution \$	350	Office Candidate is	Seeking	State Representative
Amount of contribution \$ 350					
Amount of contribution \$ 350Office Candidate is SeekingState Representative - 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." Full name of candidate: Whitely Rebecca (Middle Name/Initial)	Full name of candidate:	Skudlarek			
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." Full name of candidate: Whitely Rebecca (Last Name) (First Name) (Middle Name/Initial)		(Lost Nama)		(Middle	Name/Initial)
(Last Name) (First Name) (Middle Name/Initial)	Amount of contribution \$ _	•	(First Name)	•	
1 000 State Senate - 15	If the contribution is an inactual cost of the in-kind co	350 kind contribution, providentribution on the line ab	(First Name) Office Candidate is e a description of the good	Seeking S	tate Representative -
	If the contribution is an inactual cost of the in-kind conter an estimated value an	350 kind contribution, providentribution on the line about the word "estimate." Whitely	(First Name) Office Candidate is e a description of the good ove for amount of contributions of the good ove for amount of contributions.	Seeking Seekin	tate Representative - provided, and enter the ctual cost is not know

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for an enter an estimated value and the word "estimate."	otion of the goods or services provided, and enter the nount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	
Mallory / Nugent	Jan 27, 2021
(Signature of lobbyist)	(Date)
Mailory Nugent	
(Print Name of lobbyist)	

, , ,	Mallory Nugent			
II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:		
Everytown for Gun Safe	ety Action Fund			
•	artnership, firm or corporation)			
TIL Name of Client Eve	rytown for Gun Safety Act	ion Fund	Date	1/27/2021
III. Name of ClientEve			Date	
Political Contributions				
For each political contrib			ter 664 paid	on behalf of the
client/lobbyist and lobby	ing firm, indicate the fo	llowing:		
Full name of candidate:	Bradley	Amy		
	(Last Name)	(First Name)	(Middle	Name/Initial)
Amount of contribution \$ 3	350	Office Candidate is	s Seeking St	tate Representative -
enter an estimated value an	d the word "estimate."	ve for amount of control	ution. If the a	ictual cost is not know
enter an estimated value an	d the word "estimate."	ve for amount of control	ution. If the a	ctual cost is not know
enter an estimated value an	d the word "estimate."	Debra	ution. If the a	
enter an estimated value an Full name of candidate:	Altschiller (Last Name)			e Name/Initial)
enter an estimated value an	Altschiller (Last Name)	Debra (First Name)	(Middle	e Name/Initial)
Full name of candidate:	Altschiller (Last Name) 350 kind contribution, provide ontribution on the line abo	Debra (First Name) Office Candidate is	(Middle s Seeking Sids or services	e Name/Initial) tate Representative - provided, and enter th
Full name of candidate: Amount of contribution \$ 5	Altschiller (Last Name) 350 kind contribution, provide ontribution on the line about the word "estimate."	Debra (First Name) Office Candidate is a description of the good ove for amount of contrib	(Middles Seeking Side or services ution. If the a	e Name/Initial) tate Representative - provided, and enter the
Full name of candidate: Amount of contribution \$ 5 If the contribution is an inactual cost of the in-kind center an estimated value and	Altschiller (Last Name) 350 kind contribution, provide ontribution on the line about the word "estimate."	Debra (First Name) Office Candidate is a description of the good ove for amount of contrib	(Middles Seeking Side or services ution. If the a	tate Representative - 1

The goods or services provided, and enter the foontribution. If the actual cost is not known,
t contribution. If the actual cost is not known,
on separate addendum C forms.)
or affirm that the foregoing information
Jan 27, 2021
(Date)
1

I. Name of Lobbyist(s)	allory Nugent		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
Everytown for Gun Safety A	ction Fund		·
(Name of partn	ership, firm or corporation		
III. Name of ClientEveryto	wn for Gun Safety Ad	ction Fund	Date1/27/2021
Political Contributions For each political contribut client/lobbyist and lobbying	ion that is reportab g firm, indicate the	le pursuant to RSA Cha following:	pter 664 paid on behalf of the
Full name of candidate: _C	Cavanaugh	Kevin	
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$ 1,	000	Office Candidate	is Seeking State Senate - 16
Full name of candidate:			
			(Middle Name/Initial)
Amount of contribution \$		Office Candidate	is Seeking
If the contribution is an in-kin actual cost of the in-kind con enter an estimated value and	tribution on the line a	ide a description of the go above for amount of contri	ods or services provided, and enter the bution. If the actual cost is not known
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)

	description of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	for amount of contribution. If the actual cost is not known,
(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 is true and complete to the best of my knowledge a	hereby swear or affirm that the foregoing information and belief.
Mallory / Nugent Millary Plugen (2007) 2621 16:11 6:77	Jan 27, 2021
(Signature of lobbyist)	(Date)
Mallory Nugent	
(Print Name of lobbyist)	-
(1	