PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 13 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Lyn M. Schollett  II. Name of lobbyist's partnership, firm or corporation, if any:  New Hampshire Coalition Against Domestic & Sexual Violence			
PO Box 353	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-8893	( )	e-mail lyn@nhc	adsv.org
(Telephone)	(Fax)		
III. This statement covers: (Choose reportable expense transactions wh			y file a separate report fo
☐ All reportable transactions occurr	ing in the months prior to tl	ne reporting date relative to the	following client:
New Hampshire Coalitie (Full Name of	on Against Domestic Client as it appears on the Lob	& Sexual Violence byist Registration Form)	
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobb	yist's family), or the lobbying	firm listed below which ar
IV. Date of Report April 24, 20 Reports cover: activity from date of	19 🗌 registration to 3/31/19	July 31, 2019	
October 30, activity from 7/1		January 29, 2020 🛚 activity from 10/1/19 to 12/31/1	9
V. There have been no fees receif this box is checked, complete just the Concord, NH 03301.			
VI. Check if additional reports are	attached:		
🖄 If you have received fees or made	•		•
☐ If you have paid an honorarium of Expense Reimbursement	r reimbursed expenses, you	must file Addendum B- Rep	ort of Honorariums or
☐ If you, your firm, or your family	has made political contribu	tions, you must file Addendun	n C- Political Contribution
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowledge	14-C and RSA 664 and he	reby swear or affirm that the form $1.8 \cdot 2620$ (Date	
(Signature of lobbyist)  Lyn M. Schollett (Print Name of lobbyist)	<del></del>	(Date	)