STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Dawn McKinne	еу		
II. Name of lobbyist's partnership, firm or co	rporation, if any:		
New Hampshire Legal Assist (Name of partnership, firm or corp			
117 North State Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-224-4107 ()_ (Telephone)	1-833-722-0271 (Fax)	e-mail <u>dmckinne</u>	y@nhla.org
III. This statement covers: (Choose one – file reportable expense transactions which are no			file a separate report for
☐ All reportable transactions occurring in the n	nonths prior to the report	ing date relative to the f	ollowing client:
(Full Name of Client as it a	ppears on the Lobbyist Reg	istration Form)	
☐ All reportable transactions by the lobbyist (in unrelated to any particular client.	cluding the lobbyist's fa	mily), or the lobbying fi	rm listed below which are
IV. Date of Report April 28, 2021 Reports cover: activity from date of registration		Tuly 28, 2021 ☐ from 4/1/21 to 6/30/21	
October 27, 2021		Vanuary 26, 2022 🗌 In from 10/1/21 to 12/31/21	
V. There have been no fees received and a If this box is checked, complete just this form and State House, Room 204, Concord, NH 03301.	no reportable transac d submit it to the Secreta	tions made since the ry of State's Office, 107	last report. North Main Street,
VI. Check if additional reports are attached:			
If you have received fees or made expenditu			
☐ If you have paid an honorarium or reimburse Expense Reimbursement	ed expenses, you must fil	e Addendum B- Repor	t of Honorariums or
☐ If you, your firm, or your family has made p	olitical contributions, yo	u must file Addendum	C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and I and complete to the best of my knowledge and b	RSA 664 and hereby sweelief.	ar or affirm that the fore	egoing information is true
(Signature of lobbyist)		(Date)	
Dawn McKinney (Print Name of lobbyist)		,,	

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

MAY 06 2021

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE



(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Dawn McKinney	. ′	
П. Name of lobbyist's part	nership, firm or corporation, if a	my:	
	w Hampshire Legal Assistance		
•	ership, firm or corporation)		
III. Name of Client	N/A	Date	
to lobbying, including fees fo	all fees received from the client identi r services such as public advocacy, g g legislation, and related legal work	overnment relations, or The gross fee amo	r public relations service unt reported shall not t
 a) Total of all fees received in 	this reporting period	a) \$	0
	his calendar year, prior to this reportir al of all prior monthly reports for this		0
c) Total of all fees received to (Add lines a and b)	o date	c) \$	0
d) Indicate the amount of any yet been paid	such fees that are due, but have not	d) \$	0
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period for individual expenses where the lunch where the cost was \$25 being lobbied, purchase of a co (c) an itemized statement of ea any purpose not covered by ceremonial object to be given restaurant expenses for a leg	ships, firms, or corporations are required be filed for expenditures made relative unrelated to any one client a separation one of three categories of expension salaries, benefits, support staff, and expenditure was of \$25.00 or less (0.00 or less, purchase of a pen with a veremonial object given to a person beach individual expenditure made during (a) (for example: purchase of a mean to the subject of lobbying with a visilative reception). Expenses for how on separate addendums and should no	te to each client and if the report may be filed es: (a) the aggregate d office expenses; (b) for example: meals pur- value of less than \$10 the eing lobbied with a val- ing this reporting period all with value of greater alue greater than \$25, norariums, expense re	expenditures are made by for the lobbyist(s)/firm total of all expenses painthe aggregate total of a rchased during a busines that is given to the persoue of \$25.00 or less); an of greater than \$25.00 for than \$25, purchase of but not greater than \$50 imbursement, or political
support staff, and office expen	or this reporting period for salaries, be uses, related directly or indirectly to lo	bbying. a) \$	2,904.16 0
b) Total aggregate of expendi in a), of \$25 or less.	tures during this reporting period, not	reported b) \$	0
c) Total of all itemized expen	ditures reported in detail in section VI	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	2,904.16 nla
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) \$	nla
f) Total of all expenses year to date	f) \$	2,904.16
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	bbying fees d	uring 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 affirm is true and complete to the best of my knowledge and belief.	n that the for	egoing information
Phrt.	4/2	7/21
(Signature of lobbyist)	(D	ate)
Dawn McKinney (Print Name of lobbyist)		

0 1115

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Dawr	McKinney		
II. Name of lobbyist's partn	ership, firm or coi	poration, if any:	
NH Legal Assistance			
	ship, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying	- <u>-</u> .	•	oter 664 paid on behalf of the
Full name of candidate: Ro	senwald (Last Name)	Cindy (First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	,		s Seeking state Senate
Full name of candidate: Ste	evens	Janet	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100		Office Candidate is	Seeking executive council
	bution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known
spouse			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	(Dast Hame)		,
Amount of contribution \$		Office Candidate is	Cooking

tual cost of the in-kind contribution on the line above for an	nount of contribution. If the actual cost is not known,
tter an estimated value and the word "estimate."	
Action 1 desired	
f more than three contributions were made, report additional contri	butions on separate addendum C forms.)
worn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereb true and complete to the best of my knowledge and be	•
PIRA	4/27/21
Signature of lobbyist)	(Date)
awn McKinney	
Print Name of lobbyist)	

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