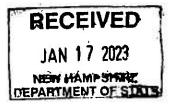


## STATE OF NEW HAMPSHIRE

## 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Elizabeth Wes	ster					
II. Name of lobbyist's partnership, firm or	corporation, if any:					
National Redistricting Action F	und					
(Name of partnership, firm or c	orporation)					
10 G Street NE, Suite 600	Washington	DC	20002			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)			
202-968-4655	)	e-mail dierker@redi	strictingaction.org			
(Telephone)	(Fax)					
III. This statement covers: (Choose one – fil reportable expense transactions which are n			file a separate report for			
All reportable transactions occurring in the	months prior to the repo	rting date relative to the	following client:			
National Redistricting Action F	und					
(Full Name of Client as i	t appears on the Lobbyist Re	egistration Form)				
OR						
All reportable transactions by the lobbyist ( unrelated to any particular client.	including the lobbyist's f	amily), or the lobbying (	firm listed below which are			
IV. Date of Report April 27, 2022  Reports cover: activity from date of registration  October 26, 2022  activity from 7/1/22 to 9/3		July 27, 2022  by from 4/1/22 to 6/30/22  January 25, 2023  fy from 10/1/22 to 12/31/2	2			
V. There have been no fees received and If this box is checked, complete just this form of State House, Room 204, Concord, NH 03301.						
VI. Check if additional reports are attached						
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses						
If you have paid an honorarium or reimbu Expense Reimbursement	rsed expenses, you must f	ile Addendum B– Repo	ort of Honorariums or			
X If you, your firm, or your family has made	political contributions, y	ou must file Addendum	C- Political Contributions			
\$P						
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and		vear or affirm that the fo	regoing information is true			
Elizabeth Wester		1/13/20	23			
(Signature of lobbyist)	ŷ.	(Date)	)			
Elizabeth Wester	*					
(Print Name of Jobbyist)						

## STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Eliza	beth Wester		
II. Name of lobbyist's partr	nership, firm or co	rporation, if any:	
National Redistricting A		•	
_	rship, firm or corporation)		
III. Name of Client Nationa	al Redistricting A	action Fund	1/13/2023 Date
Political Contributions For each political contribution client/lobbyist and lobbying			pter 664 paid on behalf of the
Full name of candidate:	nerman	Tom	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	0	Office Candidate is Seek	<sub>ing</sub> Governor
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		_ Office Candidate is Se	eking
	ibution on the line ab-		ods or services provided, and enter the oution. If the actual cost is not known,
Full name of candidate:		<u></u>	
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a de actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
chief all estimated value and the word estimate.	
(If more than three contributions were made, report additional or	ontributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	
Gigabille Wester  (Signature of lobbyist)	1/13/2023
(Signature of lobbyist)	(Date)
Elizabeth Wester	
(Print Name of lobbyist)	•

F. . .