STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobb	yist(s) Sarah M	lattson Dustin		
II. Name of lobb	yist's partnership, firm o	r corporation, if any:		
		_egal Assistance		
	(Name of partnership, firm or	<u> </u>		
117 North	State Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
603-2	24-4107) 1-833-722-0271 (Fax)	-mail smattsond	lustin@nhla.org
(Telepho	one)	(Fax)		
		file separate reports for each c e not attributable to any one cl		y file a separate report fo
reportable exper	ise transactions which are	e not attributable to any one ci	ient).	
All reportable	transactions occurring in t	he months prior to the reporting	date relative to the	following client:
	(Pall Name of Client	- is the Labberia Desirts	tion Forms	
OR	(Full Name of Client a	s it appears on the Lobbyist Registra	mon rorm)	
	transactions by the lobbyis	t (including the lobbyist's family), or the lobbying	firm listed below which a
unrelated to any p				
		1		
IV. Date of Repo			27, 2022 m 4/1/22 to 6/30/22	
Reports cover:	activity from date of registra		ary 25, 2023	
	October 26, 2022 activity from 7/1/22 to 9		m 10/1/22 to 12/31/2	22
If this box is chec State House, Room VI, Check if add If you have re	ked, complete just this form m 204, Concord, NH 0330, itional reports are attach eccived fees or made exper		of State's Office, 10 m A— Fees and Exp	77 North Main Street,
Expense Reimbur		oursed expenses, you must me A	dendam b Rep	ort or monorarianis or
If you, your f	īrm, or your family has ma	de political contributions, you m	ust file Addendun	n C-Political Contributio
I have read RSA	t/Affirmation by Lobbyis 15, RSA 15-B, RSA 14-C a be best of my knowledge a	and RSA 664 and hereby swear of	/	
1	iscu		1/24/200	43
(Signature of lob	byist)		/ (Date)
Sarah Matt			RE	CEIVED
			JA	N 2 7 2023
			NEW	HAMPSHIRE
			DEPART	MENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist	's partnership, firm or corporation, if any:	
	Hampshire Legal Assistance	
(Name	e of partnership, firm or corporation)	
III. Name of Client _	New Hampshire Legal Assistance	Date
IV. Fees Received		
Indicate the gross amo to lobbying, including	unt of all fees received from the client identified above fees for services such as public advocacy, government onitoring legislation, and related legal work. The grees:	t relations, or public relations serv
a) Total of all fees rec	eived in this reporting period	a) \$ No fees received
b) Total of all fees rec (This should equal	ceived this calendar year, prior to this reporting period the total of all prior monthly reports for this calendar y	b) \$ear)
c) Total of all fees red (Add lines a and		c) \$
d) Indicate the amoun yet been paid	t of any such fees that are due, but have not	d) \$
fees. Separate reports the lobbyist(s)/firm the Expenses are to be reduring the reporting prindividual expenses will unch where the cost wheing lobbied, purchast (c) an itemized statement any purpose not cover ceremonial object to be restaurant expenses for	partnerships, firms, or corporations are required to repare to be filed for expenditures made relative to each at are unrelated to any one client a separate report operated in one of three categories of expenses: (a) the eriod for salaries, benefits, support staff, and office each there the expenditure was of \$25.00 or less (for examply as \$25.00 or less, purchase of a pen with a value of less of a ceremonial object given to a person being lobbided by (a) (for example: purchase of a meal with value greated by (a) (for example: purchase of a meal with value greated by the subject of lobbying with a value greated a legislative reception). Expenses for honorariums apported on separate addendums and should not be reported.	client and if expenditures are mad may be filed for the lobbyist(s)/the e aggregate total of all expenses expenses; (b) the aggregate total of ele: meals purchased during a busing test stan \$10 that is given to the period with a value of \$25.00 or less); corting period of greater than \$25.00 tue of greater than \$25, purchase the er than \$25, but not greater than expense reimbursement, or poli
support staff, and office	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a)\$319.66
in a), of \$25 or less.	expenditures during ans reporting period, not reported	ы \$О
a) Total of all itaminas	expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 319.66
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)\$ 11,374.30 f)\$ 11,693.96
f) Total of all expenses year to date	11,693.96
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading on the period, including by whom paid or to whom charged.	obbying 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 affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	1/24/2023
(Signature of lobbyist)	/ (Daté)
Sarah Mattson Dustin - NHLA	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) S	aran Mattson Dus	5011	
II. Name of lobbyist's pa	irtnership, firm or c	corporation, if any:	
New Hampshire Leg	al Assistance		
(Name of pa	artnership, firm or corporation	on)	
III. Name of Client New	Hampshire Lega	al Assistance	Date 1/23/2022
Political Contributions For each political contrib client/lobbyist and lobbyi			pter 664 paid on behalf of the
Full name of candidate:	Kelly	Shoshanna	
			(Middle Name/Initial)
Amount of contribution \$ 1	100	Office Candidate is Seeki	ng Executive Council
enter an estimated value and	f the word "estimate."	bove for amount of contrib	
*2	i the word "estimate."		
enter an estimated value and	i the word "estimate."		
Full name of candidate:	the word "estimate." (Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind contribution contribution contribution contribution is an in-kactual cost of the in-kind cos	(Last Name) ind contribution, provi	(First Name) Office Candidate is See de a description of the good	(Middle Name/Initial) eking ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind corenter an estimated value and	(Last Name) ind contribution, provintribution on the line all the word "estimate."	(First Name) Office Candidate is See de a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind contribution contribution contribution contribution contribution is an in-kactual cost of the in-kind contribution contributi	(Last Name) ind contribution, provintribution on the line all the word "estimate."	(First Name) Office Candidate is See de a description of the good	(Middle Name/Initial) eking ds or services provided, and enter the

(If more than three contributions were made, report addition	7.9 contribution
	rai 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	I hereby swear or affirm that the foregoing information and belief.
SDurtin	
(Signature of lobbyist)	1/23/2022
Sarah Mattson Dustin	(Date)

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