

RECEIVED

OCT 2 4 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE 2023 Statement of Income and **Expenses for LOBBYISTS** (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Kelsey Douville II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
1155 Connecticut Ave NW, Washing	ton DC 20036
Business Address: (Street) (Town/City)	(State) (Zip Code)
(352) 455-5802	_{e-mail} hschloesser@americav
() (352) 455-5802 ()(F	ax)
III. This statement covers: (Choose one – file separate repreportable expense transactions which are not attributable	ports for each client, OR you may file a separate report for le to any one client).
All reportable transactions occurring in the months prior	to the reporting date relative to the following client:
America Votes	
(Full Name of Client as it appears on the	Lobbyist Registration Form)
OR	
All reportable transactions by the lobbyist (including the unrelated to any particular client.	lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 26, 2023 Reports cover: activity from date of registration to 3/31/23 October 25, 2023 activity from 7/1/23 to 9/30/23 V. There have been no fees received and no reportal If this box is checked, complete just this form and submit it to State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must	st file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, Expense Reimbursement	
	ributions, you must file Addendum C-Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and and complete to the best of my knowledge and belief. (Signature of lobbyist) Kelsey Douville	d hereby swear or affirm that the foregoing information is true 10/24/2023 (Date)
(Print Name of lobbyist)	