OF THE PERSON NAMED IN COLUMN 1

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Alyss II. Name of lobbyist's partnershi	p, firm or corporation, if any:		
New Hamps	hire Coalition Against Dor	mestic and Sexual	Violence
(Name of partnersh	nip, firm or corporation)		
PO Box 353	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	(Fax)	e-mail alyss	a@nhcadsv.org
III. This statement covers: (Chooreportable expense transactions v			ay file a separate report for
All reportable transactions occu	arring in the months prior to the re	porting date relative to t	he following client:
New Hami	oshire Coalition Against D	omestic and Sexu	al Violence
	of Client as it appears on the Lobbyist		
OR	•		
	e lobbyist (including the lobbyist'	s family), or the lobbyir	ng firm listed below which are
inrelated to any particular client.			
IV. Date of Report April 27, 2 Reports cover: activity from date of October 2	of registration to 3/31/22 act	July 27, 2022ivity from 4/1/22 to 6/30/2	2
		January 25, 2023	1/22
V. There have been no fees red If this box is checked, complete just State House, Room 204, Concord, I	this form and submit it to the Sec		
VI. Check if additional reports a	re attached:		
	ade expenditures, you must file Ad	Idendum A- Fees and E	Expenses
	n or reimbursed expenses, you mus		
If you, your firm, or your famil	y has made political contributions	, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by have read RSA 15, RSA 15-B, RS and complete to the best of my known	A 14-C and RSA 664 and hereby	swear or affirm that the	foregoing information is true
Alyssa Dandrea		4/15/2022	
(Signature of lobbyist)		(Da	te)
Alyssa Dandrea			
(Print Name of lobbyist)			RECEIVE APR 2 0 2022
			20 20 2022
			APR 2 0 ZOZO