

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

APR 2 4 2024

NEW EXAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Diego Ed	cheverri		
II. Name of lobbyist's partnership, fi	rm or corporation, if any:		
(Name of partnership, f	irm or corporation)		
611 Pennsylvania Ave.,	Washington	D. C.	20003
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 202-984-1342 (Telephone)	()	reporting@se e-mail	curedemocracyusa.org
(Telephone)	(Fax)		
III. This statement covers: (Choose o reportable expense transactions which	h are not attributable to any	one client).	
All reportable transactions occurring Secure Democracy US		porting date relative to th	e following client:
(Full Name of C	ient as it appears on the Lobbyist	Registration Form)	
<u>OR</u>			
All reportable transactions by the lo	bbyist (including the lobbyist's	s family), or the lobbying	; firm listed below which are
IV. Date of Report April 24, 26 Reports cover: activity from date of regis		July 31, 2024	()
October 30, 20 activity from 7/1/24 to		January 29, 2025 Sy from 10/1/24 to 12/31/24	j
V. There have been no fees receiv If this box is checked, complete just this State House, Room 204, Concord, NH	s form and submit it to the Secr		
VI. Check if additional reports are a	Hached:		
If you have received fees or made		dendum A-Fees and E	rpenses
If you have paid an honorarium or Expense Reimbursement			
If you, your firm, or your family ha	s made political contributions,	, you must file Addendu	m C-Political Contributions
Sworn Statement/Affirmation by Lol I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled	4-C and RSA 664 and hereby:		oregoing information is true
- State / 1991 - 1		4/20/2024	
(Signature of lobbyist)	- -	(Dat	re)
Diego Echeverri			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	Affirmation by Lobby ne and Expenses for:	yist	
Name of Lobbying pa	rtnership, firm, or corpo	oration: N/A	
	blank if Statement is focure Democracy US	= =	r corporation and not related to any
Date of Report (check	s one):		
April 24, 2024 💢	July 31, 2024 □	October 30, 2024 □	January 29, 2025 □
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, the lums submitted with the	he Statement of Income a at Statement (insert the n	and Expenses described above, and number of Addendum forms being
Addendum A	(s). <u>1</u>		
Addendum B(s)1		
Addendum C(s)		
	m that the foregoing in f my knowledge and bel		ent and each Addendum is true and
graffill			4/20/2024
(Signature of lobbyist)			(Date)
Diego Echeverri			
(Print Name of lobbyis	st)		

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

(Name of partnership, firm or corporation)	
III. Name of Client Secure Democracy USA	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified abo to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The reduced by any expenses:	ent relations, or public relations service
a) Total of all fees received in this reporting period	a) \$_3,798.42
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	ы » <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ _3,798.42
d) Indicate the amount of any such fees that are due, but have not yet been paid	· d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to a fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example, lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example: purchase of a meal with vecremonial object to be given to the subject of lobbying with a value gre restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	th client and if expenditures are made by the may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses than \$10 that is given to the person bied with a value of \$25.00 or less); and apporting period of greater than \$25.00 for all expenses of a ster than \$25, but not greater than \$50 ms, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$ 222.86
	.
 b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	d b) \$ 7.00 c) \$ 2,629.08

d) Total expenses for this reporting period	_{d) \$} 2,858.94
(Add lines a, b and c)	
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) \$
f) Total of all expenses year to date	_{1) \$} 2,858.94
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Delta Air	_s 835.20
National Car Rental	_{\$} 374.84
State House Cafe	s 68.47
The Crown Tavern	\$ 738.14
Puritan Backroom	_s 220.16
Courtyard By Marriott	s 353.27
PBIA Airport Parking	<u>\$ 39.00</u>
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 foregoing information
The reflected by	4/20/2024
(Signature of lobbyist)	(Date)
Diego Echeverri	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or
Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

N/A	artnership, firm or corporation)	
	cure Democracy US	: Λ
III. Name of Client	Bute Bernociacy Oc	Date
State the full pame of t	he nerson receiving the honor	arium or expense reimbursement:
Soucy, Do	-	arium of expense reminutisement.
Last Name	First Name	Middle Name/Initial
What is the value of the ho	norarium or expense reimburseme	_{nt? \$} 44.04
Describe the event to which of the event).	the honorarium or expense reimb	·
Describe the event to which of the event).	the honorarium or expense reimb	ursement relates. (Include the date(s) and location(s
Describe the event to which of the event). Dinner with Senator	n the honorarium or expense reimb	ursement relates. (Include the date(s) and location(s
Describe the event to which of the event). Dinner with Senator	Donna Soucy at Puritan E	ursement relates. (Include the date(s) and location(s
Describe the event to which of the event). Dinner with Senator (If there is more than one home sworn Statement/Affirm I have read RSA 15, RSA	Donna Soucy at Puritan E	ackroom Restaurant on 2/12/24 a separate addendum B form for each.)
Describe the event to which of the event). Dinner with Senator (If there is more than one home sworn Statement/Affirm I have read RSA 15, RSA is true and complete to the statement of the stat	Donna Soucy at Puritan E	ackroom Restaurant on 2/12/24 a separate addendum B form for each.)
Describe the event to which of the event). Dinner with Senator (If there is more than one hone Sworn Statement/Affirm I have read RSA 15, RSA is true and complete to the co	Donna Soucy at Puritan E	ackroom Restaurant on 2/12/24 a separate addendum B form for each.) y swear or affirm that the foregoing information elief.