

## STATE OF NEW HAMPSHIRE

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

## PLEASE PRINT

I. Name of Lobbyist(s) Melissa Gates	<del> </del>		1	
II. Name of lobbyist's partnership, firm or cor	poration, if any:			
Surfrider Foundation				
(Name of partnership, firm or corpo	oration)			
POB 73550 San Clemente	CA	•		92673
, ,	(Town/City)	(State)		(Zip Code)
( ) 207 706 6378 ( )_		e-mail mga	tes@surfri	ler.org
(Telephone)	(Fax)			
III. This statement covers: (Choose one – file se reportable expense transactions which are not			ou may file a s	eparate report for
✓ All reportable transactions occurring in the m	onths prior to the repor	ting date relative	to the followi	ng client
Surfrider Foundation	prior to mo repor	6 1014111		-6
(Full Name of Client as it ap	onears on the Lohhvist Re	gistration Form)	/	
OR	pears on the Loodyist Re	gistration Form)		.
All reportable transactions by the lobbyist (incurrelated to any particular client.	cluding the lobbyist's fa	amily), or the lob	obying firm list	ed below which are
IV. Date of Report April 27, 2022  Reports cover: activity from date of registration to	o 3/31/22 activit	July 27, 2022 by from 4/1/22 to 6	/30/22	
October 26, 2022	_	January 25, 202		
activity from 7/1/22 to 9/30/2.	2 activi	ty from 10/1/22 to	12/31/22	
V. There have been no fees received and n If this box is checked, complete just this form and State House, Room 204, Concord, NH 03301.				
VI. Check if additional reports are attached:		•		
If you have received fees or made expenditur	es, you must file Adde	ndum A– Fees	and Expenses	
If you have paid an honorarium or reimburse Expense Reimbursement		. +	لين سه دره	- i - i - i -
If you, your firm, or your family has made po	olitical contributions, y	ou must file Add	lendum C– Po	litical Contributions
•				
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B, RSA 14-C and R		ear or affirm tha	t the foregoing	information is true
and complete to the best of my knowledge and be			•	
Mm. B.	<u>.                                    </u>	12-19-22		
(Signature of lobbyist)	/		(Date)	
Melissa E Gates				RECEIVED
(Print Name of lobbyist)			Management	

## 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.

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:	\ ,
Name of Lobbying partnership, firm, or corporation:	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and	not related to any
particular client):	
Date of Report (check one):	
April 27, 2022	23 🚺
)	H.
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses describe following Addendums submitted with that Statement (insert the number of Addensubmitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	1 ;
· · · · · · · · · · · · · · · · · · ·	i
•	
I hereby swear or affirm that the foregoing information on the Statement and each Adde complete to the best of my knowledge and belief.	endum is true and
(Signature of lobbyist) Staley From 12-19-22 (Date)	
(Signature-of lobbyist) (Date)	
Melissa E Gates	
(Print Name of Johnvist)	, ,