### STATE OF NEW HAMPSHIRE

2025 Statement of Income and **Expenses for LOBBYISTS** 

## RECEIVED

OCT 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s)	ean Cush	man	DEPARTMENT OF ST
II. Name of lobbyist's partners	hip, firm or corporation, if	any:	
(Name of partner	rship, firm or corporation)	s for Liber	teg
500 N Copital of Tex Business Address: (Street)	as Huy, Blogs, Ste /	100 Austin, T	X 07874
(58) <u>637 - 5717</u> (Telephone)	7 ( )(Fa	e-mail	
III. This statement covers: (Chereportable expense transaction			may file a separate report for
All reportable transactions oc	ccurring in the months prior to	the reporting date relative to	the following client:
OR			ing firm listed below which are
Reports cover: activity from date of October	30, 2025 f registration to 3/31/25 29, 2025 /1/25 to 9/30/25	July 30, 2025  activity from 4/1/25 to 6/30.  January 28, 2026  activity from 10/1/25 to 12/31	
V. There have been no fees r If this box is checked, complete ju State House, Room 204, Concord	ust this form and submit it to		
VI. Check if additional reports  If you have received fees or a  If you have paid an honoraria  Expense Reimbursement  If you, your firm, or your fan	made expenditures, you must um or reimbursed expenses, y	ou must file Addendum B-	
Sworn Statement/Affirmation It I have read RSA 15, RSA 15-B, I and complete to the best of my king (Signature of lobbyist)  (Print Name of lobbyist)	RSA 14-C and RSA 664 and nowledge and belief.	/	ne foregoing information is true

## L E A E P R T

### STATE OF NEW HAMPSHIRE



# **Lobbyists Fees and Expenses**

RECEIVED

OCT 29 2025

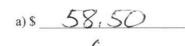
**NEW HAMPSHIRE** DEPARTMENT OF STATE

Addendum A (RSA Chapter 15:6)

I. Name of Lobbyist(s) Lean Cushmow	\
III. Name of Client    Name of Client   Management   Mana	Date 10/29/25
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
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 year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses:	

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.



d) Total expenses for this reporting period	d)\$ 58.50
<ul><li>(Add lines a, b and c)</li><li>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)</li></ul>	e)\$_3318'-
f) Total of all expenses year to date	ns 3376,5
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
NA	\$
	\$
	\$
	\$
	\$
	\$
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
Leal P. Cushman (Signature of lobbyist)	10/29/25 (Date)
(Print Name of lobbyist)	5 (5 W)

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or **Expense Reimbursement** Addendum B

(RSA Chapter 15:6)

RECEIVED

OCT 29 2025

	DEPARTMENT OF STAT
P	I. Name of Lobbyist(s) Leah Cushman
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S E	Young Americans For Liberty (Name of partnership, firm or corporation)
P R	III. Name of Client $NA$ Date $10/29/2025$
I N T	
5	State the full name of the person receiving the honorarium or expense reimbursement:
	Kristine Perez First Last Name Last First Name Middle Name/Initial
	What is the value of the honorarium or expense reimbursement? \$ 394.62
	Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
	August 23,2025 in Marchester, NH - A policy education
	August 23,2025 in Manchester, NH - A policy education seminar, titled "New Hampshire Hazlitt Policy Summit.
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
	Sworn Statement/Affirmation by Lobbyist
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
<	Seal P. Cushman 10/29/25 (Date)
	Lean Cushman (Print Name of lobbyist)

# 17116 3

(Print Name of lobbyist)

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## STATE OF NEW HAMPSHIRE

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

OCT 29 2025

I. Name of Lobbyist(s) Leah Cushwan
II. Name of lobbyist's partnership, firm or corporation, if any:    Uoung Avneyicous for Liberty
State the full name of the person receiving the honorarium or expense reimbursement:
Last Name First Name Middle Name/Initial
What is the value of the honorarium or expense reimbursement? $\$ 394.62$
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
August 28, 2025 in Manchester, NH - A policy educe seminar.
Seminal.
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Gignature of lobbyist) Lusleman 10/29/25 (Date)
Leah Cushman

## STATE OF NEW HAMPSHIRE

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

## RECEIVED

OCT 29 2025

P	I. Name of Lobbyist(s) Leah Cushwall
L E A S E P R	II. Name of lobbyist's partnership, firm or corporation, if any:  Young Awen cans for Liberty  (Name of Client Date 10/29/25
N T	State the full name of the person receiving the honorarium or expense reimbursement:  Potocek  Last Name  First Name  Middle Name/Initial  What is the value of the honorarium or expense reimbursement? \$ 394.62  Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).  8/23/25 - Manchester, WH - legislative policy  education Seminari
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.    Leah Cushman (Print Name of lobbyist)

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

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

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OCT 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

	I. Name of Lobbyist(s) Leah Cushman
P L E A S E	II. Name of lobbyist's partnership, firm or corporation, if any:    Mouve   Americans   For Liberty     Market of partnership, firm or corporation)   Date   10/29/25
N T	State the full name of the person receiving the honorarium or expense reimbursement:  See Alvin  Last Name Middle Name/Initial  What is the value of the honorarium or expense reimbursement? \$ 394,62
	Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).  8/23/75 - Manchester, NH - legislative policient of the event of the e
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)

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## STATE OF NEW HAMPSHIRE

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

OCT 29 2025

P	I. Name of Lobbyist(s) Lean Cushingan
L E A S E P R	II. Name of lobbyist's partnership, firm or corporation, if any:    Young Americans for Liberty
NT	State the full name of the person receiving the honorarium or expense reimbursement:    Color
,	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Print Name of lobbyist)

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## STATE OF NEW HAMPSHIRE

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

OCT 29 2025

I. Name of Lobbyist(s) Lean (US) Cus
II. Name of lobbyist's partnership, firm or corporation, if any:  Your American's For Ciberty  (Name of partnership, firm or corporation)
III. Name of Client Date 10/29/25
State the full name of the person receiving the honorarium or expense reimbursement:
McLean Mark
Last Name First Name Middle Name/Initial
What is the value of the honorarium or expense reimbursement? \$ 394.62
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
8/23/25 - Manchester, NM - legislative policy education seminar.
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
Leah Cushman (Print Name of lobbyist)

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

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

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OCT 29 2025

**NEW HAMPSHIRE** OF STATE

P	I. Name of Lobbyist(s) Lean Cushman DEPARTMENT
L E A S E P R I	III. Name of lobbyist's partnership, firm or corporation, if any:  Young Awen construction  John Date 10/29/25
Т	State the full name of the person receiving the honorarium or expense reimbursement:  Beaulier Colvin  First Name  Middle Name/Initial  What is the value of the honorarium or expense reimbursement? \$ 394.62
	Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).  S123/25 - legislative policy education  Seminar in Marchester, NH,
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)

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## STATE OF NEW HAMPSHIRE

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

## RECEIVED

OCT 29 2025

I. Name of Lobbyist(s) Leah Cush Manager DEPARTMENT OF S
III. Name of lobbyist's partnership, firm or corporation, if any:
State the full name of the person receiving the honorarium or expense reimbursement:  Bally Glew  First Name Middle Name/Initial  What is the value of the honorarium or expense reimbursement? \$ 394.62  Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).  8/23/25 - Manchester NH - Jegislative Policy  Dougation Seminar
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.    Colored

## STATE OF NEW HAMPSHIRE

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

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OCT 29 2025

P	I. Name of Lobbyist(s) Lean (USN)
L E A S E P R I	II. Name of lobbyist's partnership, firm or corporation, if any:    Joung Amenicans for (ibesty)
NT	State the full name of the person receiving the honorarium or expense reimbursement:  Plast Name  Town  First Name  Middle Name/Initial  What is the value of the honorarium or expense reimbursement? \$ 394.62  Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).  Specifical Seminary  Specifical Seminary  Seminary
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Call Calling (Signature of lobbyist)  (Print Name of lobbyist)

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## STATE OF NEW HAMPSHIRE

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

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OCT 29 2025

I. Name of Lobbyist(s) Leah Cushway
II. Name of lobbyist's partnership, firm or corporation, if any:  Young Amelia Couns For Liberty  (Name of partnership, firm or corporation)
III. Name of Client Date 10/29/25
State the full name of the person receiving the honorarium or expense reimbursement:  Belcher Michael  Last Name Middle Name/Initial  What is the value of the honorarium or expense reimbursement? \$ 394.62  Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).  Manchester NH - 8/23/25 - legislative policy education Seminary
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)  Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)

# NAME OF STREET O

## STATE OF NEW HAMPSHIRE

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

OCT 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	artnership, firm or corporati	on, if any:	
YOUNG (Name of p	partnership, firm or corporation)	or Liber	tej
III. Name of Client	NA		Date 10/29/25
State the full name of t	he person receiving the hono	rarium or expense r	eimbursement:
Devoy Last Name	Suscession Sirst Name	Middle Nar	
What is the value of the ho	norarium or expense reimburseme	ent? \$ 39L	1.62
Describe the event to which of the event).	h the honorarium or expense reim	oursement relates. (Inc	lude the date(s) and location(s)
8/23/25-1 education	Manchester, NH	- legisla	tive policy summ

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

(Print Name of lobbyist)

(Date)

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## STATE OF NEW HAMPSHIRE

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

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II. Name of lobbyist's partnership, firm or corporation, if any:
Your Americans For Liberty (Name of partnership, firm or corporation)
III. Name of Client Date 10/29/25
•
State the full name of the person receiving the honorarium or expense reimbursement:
Polozov Uvry Last Name First Name Middle Name/Initial
What is the value of the honorarium or expense reimbursement? \$ 394.62
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
8/23/25 - Manchester, NH - legislative policy
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Gignature of lobbyist) Curlyran 10/29/25-
(Print Name of lobbyist)

(Print Name of lobbyist)

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P	I. Name of Lobbyist(s) Lean Cushway				
L E A S E	II. Name of lobbyist's partnership, firm or corporation, if any:  Work Americans For Liberty  (Name of partnership, firm or corporation)				
P R I N	III. Name of Client WA Date 10/29/25				
T	State the full name of the person receiving the honorarium or expense reimbursement:				
	Last Name    Color   C				
	What is the value of the honorarium or expense reimbursement? $\$$ 394,62				
	Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).				
	8/23/25-Marchester, NH- legislative policy				
	(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)				
	Sworn Statement/Affirmation by Lobbyist				
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
	Gignature of lobbyist) Cushunan 10/29/25				