STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

NOV 02 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

	PLEASE PRINT			DEPARTMENT
I. Name of Lot	obyist(s) Tara Reardon	n, Sarah Marchant, S	teve Saltzman, Ka	tie McQuaid
II. Name of lob	obyist's partnership, firm	or corporation, if any:		
		munity Loan F	und	,
	(Name of partnership, firm			
7	Wall_Street	Concord	NH	03301
Business Address	(==/	(Town/City)	(State)	(Zip Code)
() 603	-224-6669	,603-225-74	25 _{e-mail} info@commu	inityloanfund.org
(Telep	phone)	(Fax)		•
III. This states	nent covers: (Choose one - ense transactions which a	- file separate reports for c re not attributable to any c	each client, OR you may one client).	file a separate report for
All reportab	ole transactions occurring in	the months prior to the repo	orting date relative to the	following client:
			J	<i>5</i>
	(Full Name of Client	as it appears on the Lobbyist R	egistration Form)	•
OR			•	•
All reportable unrelated to any	le transactions by the lobby particular client.	ist (including the lobbyist's	family), or the lobbying fi	rm listed below which are
•				
IV. Date of Rep Reports cover:	port April 26, 2023 activity from date of registr		July 26, 2023 vity from 4/1/23 to 6/30/23	
	October 25, 2023	V	anuary 31, 2024	
	activity from 7/1/23 to 9/.	30/23 activity	from 10/1/23 to 12/31/23	
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.				
VI. Check if ad	lditional reports are attac	hed:		
If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses				
	paid an honorarium or rein	nbursed expenses, you must		
If you, your	firm, or your family has m	ade political contributions,	ou must file Addendum	C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C 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)

10-31-23 (Date)

Katie McQuaid

(Print Name of lobbyist)

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 cor	poration: New Hampshire Community Loan Fund
		for the partnership, firm, or corporation and not related to an
Date of Report (che	ck one):	
April 26, 2023	July 26, 2023	October 25, 2023 💢 January 31, 2024 🗆
I have read RSA 15 the following Adde. submitted):	, RSA 15-B, RSA 664, ndums submitted with t	the Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being
Addendum A	A(s)	
Addendum I	3(s),	
Addendum (C(s)X	
I hereby swear or aft complete to the best	firm that the foregoing i of my knowledge and b	information on the Statement and each Addendum is true and elief.
Katun	Drend	10/25/2023
(Signature of lobbyis	t)	(Date)
Katie McQuaid		
(Print Name of lobby	rist)	

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: New Hampshire Community Loan Fund
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 26, 2023 July 26, 2023 October 25, 2023 X January 31, 2024 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s). X
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
Steve Saltyman 10/25/2023 (Signature of lobbyist) (Date)
(Signature of loobyist) (Date)
Steve Saltzman
(Print Name of lobbyist)

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:

		for the partnership, firm, or	corporation and not related to any
Date of Report (check			
April 26, 2023 🛘	July 26, 2023	October 25, 2023 🖄	January 31, 2024 □
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, ums submitted with the	the Statement of Income a hat Statement (insert the n	nd Expenses described above, and umber of Addendum forms being
Addendum A(s)		
Addendum B(s)		
Addendum C(s)		
I hereby swear or affir complete to the best of	m that the foregoing i	nformation on the Stateme	nt and each Addendum is true and
Safflankas			10/25/2023
(Signature of lobbyist)			(Date)
Sarah Marchant			
(Print Name of lobbyis	t)		

LEASE PRIN

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

(Name o	hire Community Loa	
III. Name of Client	N/A	Date 10/25/2023
o loodying, including le	es for services such as public advocactioning legislation, and related legal w	entified above that are related, directly or indirectly, government relations, or public relations servicors. The gross fee amount reported shall not
) Total of all fees received	ed in this reporting period	a) \$
) Total of all fees recei (This should equal th	ved this calendar year, prior to this repo e total of all prior monthly reports for the	rting period b) \$
) Total of all fees receive (Add lines a and b		c) \$
l) Indicate the amount o yet been paid	f any such fees that are due, but have ne	d) \$
he lobbyist(s)/firm that Expenses are to be repor- luring the reporting perion individual expenses where unch where the cost was eing lobbied, purchase of an itemized statement my purpose not covered eremonial object to be gestaurant expenses for a	are unrelated to any one client a sep- ted in one of three categories of expe- ted in one of three categories of expe- ted for salaries, benefits, support staff, e the expenditure was of \$25.00 or les \$25.00 or less, purchase of a pen with f a ceremonial object given to a persor of each individual expenditure made du- by (a) (for example: purchase of a mativen to the subject of lobbying with a	equired to report all expenses made from lobbying tive to each client and if expenditures are made learned report may be filed for the lobbyist(s)/firmses: (a) the aggregate total of all expenses parand office expenses; (b) the aggregate total of a street of example; meals purchased during a busine a value of less than \$10 that is given to the personal period of greater than \$25.00 or less); at this reporting period of greater than \$25.00 feal with value of greater than \$25, purchase of evalue greater than \$25, but not greater than \$5 honorariums, expense reimbursement, or politic not be reported on Addendum A.
) Total aggregate expens upport staff, and office ex	es for this reporting period for salaries, spenses, related directly or indirectly to	benefits, 1,094.71 lobbying. a) \$
) Total aggregate of expe	enditures during this reporting period, i	
a), of \$25 or less.		b) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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) \$ <u>74,403.48</u>
f) Total of all expenses year to date	n s 81,498.19
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Legislative Solutions, Inc.	s_6,000.00
	\$
	s
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	10-31-23
1/ 5	(Duto)
Kate M Quaid (Print Name of lobbyist)	