

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) PECEIVED

OCT 1 0 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of	Lobbyist(s) Kayla Mo			
	f lobbyist's partnership, fi			
Planned	d Parenthood NH	Action Fund	ſ	
	(Name of partnership, fi	rm or corporation)	<u> </u>	
18	Low Ave	Concord	NH	03301
Business Add	dress: (Street)	(Town/City)	(State)	(Zip Code)
, , 60	3.674.8372 Telephone)	()	e-mail kayla,montg	omery@ppnne.org
T) (T	'elephone)	(Fax)		-
		ne – file separate reports for o h are not attributable to any		y file a separate report for
✓ All repo	ortable transactions occurring	g in the months prior to the rep	orting date relative to the	following client:
	d Parenthood NH			
(Full Name of Client as it appears on the Lobbyist Registration Form)				
<u>OR</u>	(3	
	rtable transactions by the lob any particular client.	obyist (including the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Reports cove	er: activity from date of regist	ration to 3/31/24 acti	July 31, 2024 wity from 4/1/24 to 6/30/24	
	October 30, 20 activity from 7/1/24 to		January 29, 2025 from 10/1/24 to 12/31/24	
If this box is		ed and no reportable trans form and submit it to the Secre 13301.		
VI. Check i	if additional reports are at	tached:		
If you h	nave received fees or made e	xpenditures, you must file Add	lendum A– Fees and Exp	penses
-	nave paid an honorarium or i imbursement	reimbursed expenses, you must	file Addendum B-Rep	ort of Honorariums or
If you,	your firm, or your family ha	s made political contributions,	you must file Addendun	n C- Political Contributions
I have read	tement/Affirmation by Lob RSA 15, RSA 15-B, RSA 1- te to the best of my knowled	4-C and RSA 664 and hereby s	wear or affirm that the fo	oregoing information is true
1/lun	111		10/10/24	
Signature	of lobbyist)		— (Date	<u>)</u>
` •	1. Montgomery		,	
	e of lobbyist)			