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## STATE OF NEW HAMPSHIRE

## 2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 11 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

| I. Name of Lobbyist(s)  | Sarah Seele  | У,                    |                                  | [DEPARTMENT OF S            |
|---|--|-----------------------|----------------------------------|-----------------------------|
| II. Name of lobbyist's part<br>New Hampshire Co                                       | <u>-</u> ·   | •                     | Sexual Violence                  |                             |
| (Name of p  | artnership, firm or corp   | oration)              |                                  |                             |
| PO Box 353  |  | Concord               | NH                               | 03302                       |
| Business Address: (Street)  |  | (Town/City)           | (State)                          | (Zip Code)                  |
| (603) 224-8893  | ( )_   |                       | e-mail_sarah@                    | nhcadsv.org                 |
| (Telephone)  III. This statement covers: reportable expense transac                   |  |                       |                                  | y file a separate report fo |
| <b>-</b> ·  | _  | -                     | eporting date relative to the    | following client:           |
| New Hampshire Coa   |  |                       |                                  |                             |
| OR (Ful   | l Name of Client as it a   | ppears on the Lobbyis | t Registration Form)             |                             |
|   | •  | cluding the lobbyist  | 's family), or the lobbying      | firm listed below which are |
| Reports cover: activity from a Oct  | April 30, 2025 X  late of registration to 3  tober 29, 2025  rom 7/1/25 to 9/30/25 |                       | July 30, 2025                    |                             |
| V. There have been no f<br>If this box is checked, comp<br>State House, Room 204, Co. | lete just this form an   |                       |                                  |                             |
| VI. Check if additional rep   | ports are attached:  |                       |                                  |                             |
|   | •  | res, you must file A  | ddendum A- Fees and Ex           | penses                      |
| If you have paid an hon<br>Expense Reimbursement                                      | orarium or reimburs  | ed expenses, you m    | ıst file <b>Addendum B</b> – Rep | oort of Honorariums or      |
| <del></del>   | ur family has made p   | olitical contribution | s, you must file Addendu         | m C- Political Contribution |
| Sworn Statement/Affirma I have read RSA 15, RSA 1 and complete to the best of         | 5-B, RSA 14-C and 1  |                       | y swear or affirm that the fo    | oregoing information is tru |
| Sarah Seeley  |  |                       | 4/2/2025                         |                             |
| (Signature of lobbyist)   |  | <del>_</del>          | (Date                            | <del>e</del> )              |
| Sarah Seeley  |  |                       |                                  |                             |
| (Print Name of lobbyist)  |  | · · ·                 |                                  |                             |