STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 3 1 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

	PLEASE PRINT		DEPARTMENT OF
1. Name of Lobbyist(» Kayla Montgo	mery	
Planned	s partnership, firm or corporation, if an Pacenthood U.H.	y: Action Fund	
18 Lew	ne of partnership, firm or corporation) Ave Covered (Town/City)	C/ NH C	03-3// (Zip Code)
(1003 (174-1 (Telephone)	(Fax)	e-mail Kayla W	ntgoning@
	overs: (Choose one – file separate report ransactions which are not attributable to		separate report for
All reportable tran	sactions occurring in the months prior to the	he reporting date relative to the follow	ring client:
Planned	Full Name of Client as it appears on the Lot	Actor Fund by ist Registration Form)	
OR All reportable transunrelated to any particular	actions by the lobbyist (including the lobbular client.	yist's family), or the lobbying firm lis	sted below which are
IV. Date of Report Reports cover: activ	April 24, 2019 ity from date of registration to 3/31/19	July 31, 2019 [] activity from 4/1/19 to 6/30/19	
i	October 30, 2019 📝 activity from 7/1/19 to 9/30/19	January 29, 2020 activity from 10/1/19 to 12/31/19	
If this box is checked,	no fees received and no reportable complete just this form and submit it to the 4. Concord, NH 03301.	transactions made since the last e Secretary of State's Office, 107 Nort	report. 🗆 h Main Street.
VI. Check if addition	al reports are attached:		
• •	ed fees or made expenditures, you must fi		1
☐ If you have paid a Expense Reimbursem	n honorarium or reimbursed expenses, you ent	i must file Addendum B– Keport of i	Honoramums or
	or your family has made political contribu	tions, you must file Addendum C-P	olitical Contributions
I have read RSA 15, I	Ilrmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and he st of my knowledge and belief.	reby swear or affirm that the foregoin	g information is true
(Signature of lobbyis	M	[0/29/19] (Date)	-
(Print Name of lobby	Mentyenny ist)		

LEASE PRIN

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

1. Name of Lobbyist(s) Kayla Mentgonery	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Planned Parenthood NH Action (Name of parinership, firm or corporation)	Find
III. Name of Client	Date
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 oss fee amount reported shall not be
a) Total of all fees received in this reporting period	1) \$ 26159 (porate saley hr)
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)	a) \$ 26154 (porate salery) hr) b) \$ 3,79591 porate salery)
c) Total of all fees received to date (Add lines a and b)	c)s 4,057 ⁴⁵
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rating period of greater than \$25.00 for the of greater than \$25, purchase of a fir than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) S

d) Total expenses for this reporting period (Add lines a, b and c)	d) s (V
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) 5 O
f) Total of all expenses year to date	ns <u>O</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
<u> </u>	\$
	s
	\$
	\$
<u></u>	\$
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
(Signature of lobbyist)	10/29/19 (Date)
Rayla M. Mintgoney (Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE



Lobbyists Report of
Political Contributions
Addendum C
(RSA Chapter 15:6)

P	1. Name of Lobbyist(s) Kayla Mantigomen
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S E	Paned Parenthood NH Actor Fund (Name of partnership, firm or corporation)
P	III. Name of Client Date Date
R I N T	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:
•	Full name of candidate:
	Amount of contribution \$ 250 Office Candidate is Seeking State Senate
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Contributor from fundy without
	Full name of candidate: Plunkett Leak (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 250 Office Candidate is Seeking Exec. Council
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
	Contribation from family member
	Full name of candidate: Africal-Touter Jenn (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 50 Office Candidate is Seeking State Serate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."				
Centribética tran Family member				
(If more than three contributions were made, report additional contributions on separate addendum C forms.)				
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)				
(Print Name of lobbyist)				