## THE OF THE PARTY O

Elizabeth Canada
(Print Name of lobbyist)

PLEASE PRINT

## STATE OF NEW HAMPSHIRE

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

## RECEIVED

FEB 04 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	DEPARTMENT OF			
II. Name of lob	byist's partnership, firm o	r corporation, if any:		
Planned F	Parenthood New	Hampshire Action	on Fund	
	(Name of partnership, firm o	•		<del></del>
18	Low Avenue	Concord	NH	03301
Business Address	: (Street)	(Town/City)	(State)	(Zip Code)
603.6	686.3353 (	)	e-mail elizabeth.ca	nada@ppnne.org
(Telepl	hone)	(Fax)		
All reportab	nent covers: (Choose one— ense transactions which ar le transactions occurring in	e not attributable to any the months prior to the rep	one client).	· · · · · · · · · · · · · · · · · · ·
Planned F	Parenthood New	Hampsnire Actions it appears on the Lobbyist 1		
V. There have State House, Rouled If you have	particular client.  Port April 24, 2024 [ Intivity from date of registration October 30, 2024 [ Intivity from 7/1/24 to 9/36]  Rebeen no fees received a cacked, complete just this form om 204, Concord, NH 0330]  ditional reports are attach received fees or made expended an honorarium or reimborn.	n to 3/31/24 activity  nd no reportable trans in and submit it to the Secr  l.  ed: aditures, you must file Add	July 31, 2024  January 29, 2025  From 10/1/24 to 12/31/24  Sactions made since the etary of State's Office, 10  dendum A— Fees and Exp	97 North Main Street, penses
Sworn Stateme I have read RSA and complete to	nt/Affirmation by Lobbyis 15, RSA 15-B, RSA 14-C at the best of my knowledge a	at and RSA 664 and hereby s	swear or affirm that the fo	
Elizabe	th Canada	<u></u>	1/29/25	
(Signature of lo	bbyist)		(Date	<u> </u>