

## STATE OF NEW HAMPSHIRE

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

## RECEIVED

OCT 14 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

Sarah Seeley

I. Name of Lobbyist(s)S	arah Seeley		
II. Name of lobbyist's partnership New Hampshire Coalition	· · -	· •	ce
(Name of partnersh	ip, firm or corporation)		
PO Box 353	Conc	ord NH	03302
Business Address: (Street)	(Town/C	City) (State	(Zip Code)
(603) <u>224-8893</u> (Telephone)	( )	e-mail sarah@nhcadsv.org	
III. This statement covers: (Choo reportable expense transactions v	se one – file separate vhich are not attribu	table to any one client).	you may file a separate report for
All reportable transactions occu			
New Hampshire Coalition			
	of Client as it appears or	the Lobbyist Registration Form	)
All reportable transactions by the unrelated to any particular client.	e lobbyist (including t	he lobbyist's family), or the l	obbying firm listed below which are
Reports cover: activity from date of re	o, 2025 X	July 30, 2025 activity from 4/1/25 to January 28, 202 activity from 10/1/25 to	6 ( <del>30/25</del>
V. There have been no fees red If this box is checked, complete just State House, Room 204, Concord, A	t this form and submit		
Expense Reimbursement	ade expenditures, you n or reimbursed expen	ses, you must file Addendun	es and Expenses  n B- Report of Honorariums or  ddendum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno	SA 14-C and RSA 664	and hereby swear or affirm t	that the foregoing information is true
Sarah Seeley		10/8/2	
(Signature of lobbyist)		<del></del>	(Date)
Sarah Seeley			
(Print Name of lobbyist)			