



STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

(Name of partnership, firm or corporation)

Business Address: (Street) (Town/City) (State) (Zip Code)

( ) (Telephone) ( ) (Fax) e-mail

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

☒ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

Secure Democracy USA and its Affiliates

(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 24, 2024 ☐  
Reports cover: activity from date of registration to 3/31/24

July 31, 2024 ☐  
activity from 4/1/24 to 6/30/24

October 30, 2024 ☐  
activity from 7/1/24 to 9/30/24

January 29, 2025 ☒ amended May 2025  
activity from 10/1/24 to 12/31/24

V. There have been no fees received and no reportable transactions made since the last report. ☐  
If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☒ If you have received fees or made expenditures, you must file **Addendum A– Fees and Expenses**

☒ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B– Report of Honorariums or Expense Reimbursement**

☐ If you, your firm, or your family has made political contributions, you must file **Addendum C– Political Contributions**

Sworn Statement/Affirmation by Lobbyist

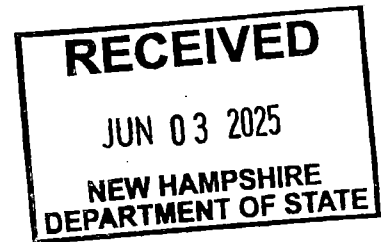
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

Diego Echeverri

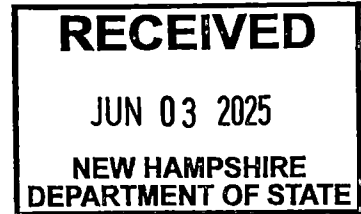
(Print Name of lobbyist)

(Date)



5/28/25

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*



Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: N / A

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Secure Democracy USA and its Affiliates

***Date of Report (check one):***

April 24, 2024 ☐      July 31, 2024 ☐      October 30, 2024 ☐      January 29, 2025 ☒  
amended May 2025

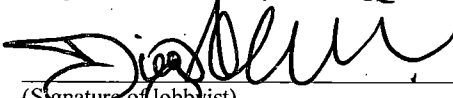
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

Addendum A(s). X

Addendum B(s). X

Addendum C(s).           

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

5/28/25  
(Date)

Diego Echeverri

(Print Name of lobbyist)

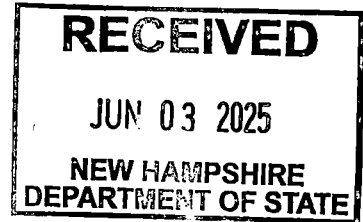


# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses

### Addendum A

(RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and its Affiliates Date January 24, 2025

amended May 2025

#### IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

- a) Total of all fees received in this reporting period a) \$ 3,412.14
- b) Total of all fees received this calendar year, prior to this reporting period b) \$ 8,626.92  
(This should equal the total of all prior monthly reports for this calendar year)
- c) Total of all fees received to date c) \$ 12,039.06  
(Add lines a and b)
- d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$ 0

#### V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. a) \$ 0.00
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. b) \$ 136.20
- c) Total of all itemized expenditures reported in detail in section VI. c) \$ 9,247.21

d) Total expenses for this reporting period  
(Add lines a, b and c)

d) \$ 9,383.41

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) \$ 7,119.84

f) Total of all expenses year-to-date

f) \$ 16,503.25

**VI. Other Expenses:**

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:

Winning Connections

Amount:

\$ 5,016.00

Winning Connections

\$ 1,371.00

Courtyard By Marriott

\$ 410.05

Delta Air

\$ 730.95

National Car Rental

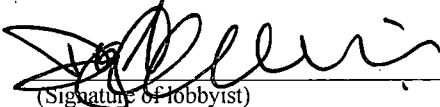
\$ 261.58

O Steaks & Seafood (See More Attached)

\$ 493.22

**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)

Diego Echeverri

(Print Name of lobbyist)

5/28/25  
(Date)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 1/24/25

State the full name of the person receiving the honorarium or expense reimbursement:

Lane Connie

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 48

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

11/7/25 O Steaks and Seafood Beverages

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

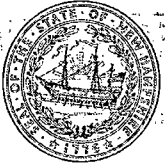
(Print Name of lobbyist)

(Date)

5/28/25

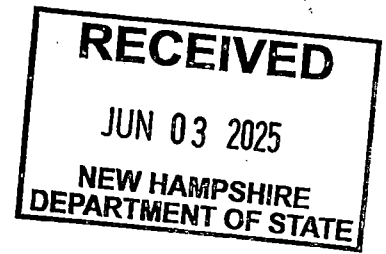
VI. Other Expenses Continued (Diego Echeverri)

The Barley House Restaurant	\$146.23
Uber * eats	\$51.16
Uber* trip	\$31.16
DOC CROWS (State Night Dinner)	\$735.86



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Almy Susan

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

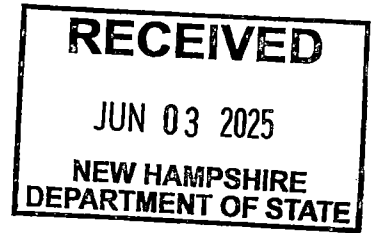
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5/28/25



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Carson Sharon

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

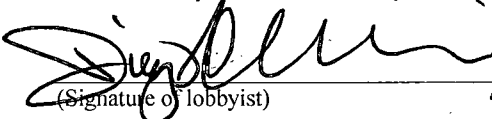
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

5/28/25

(Date)

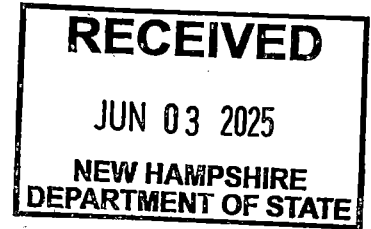




# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement

### Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Childs Debra

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

#### 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.

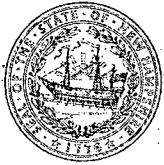
(Signature of lobbyist)

Diego Echeverri

(Print Name of lobbyist)

(Date)

5/28/25



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## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Edwards Jess

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

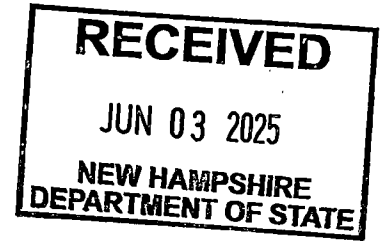
(Print Name of lobbyist)

5/28/25  
(Date)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Germana Nicholas

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

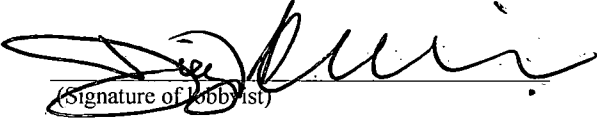
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

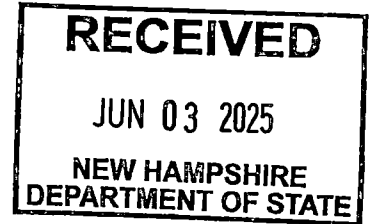
(Print Name of lobbyist)

5/28/25  
(Date)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Gray James

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

5/28/25  
(Date)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Luneau David

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows - NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

(Date)

5/28/25



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

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N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Lynn Bob

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

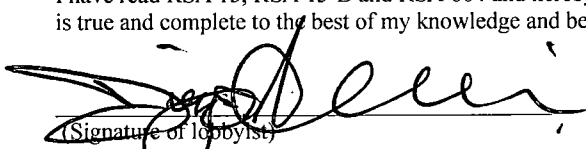
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

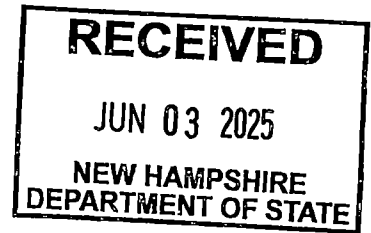
(Print Name of lobbyist)

5/28/25  
(Date)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Moffett Michael

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

(Date)

5/28/25



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement

### Addendum B (RSA Chapter 15:6)

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JUN 03 2025

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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Morton Heather

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

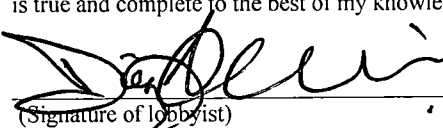
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

#### 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)

Diego Echeverri

(Print Name of lobbyist)

5/28/25  
(Date)

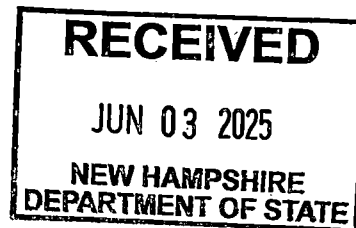




# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement

### Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Packard Sherman

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

#### 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)

Diego Echeverri

(Print Name of lobbyist)

(Date)

5/28/25



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Newell Jodi

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

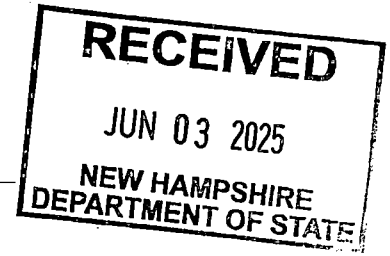
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5/28/25



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Pearson Mark

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

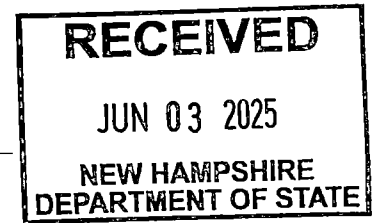
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# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Paige David

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

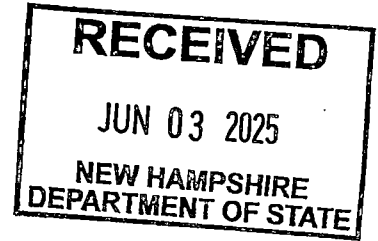
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# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:

N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Smith Paul

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

(Print Name of lobbyist)

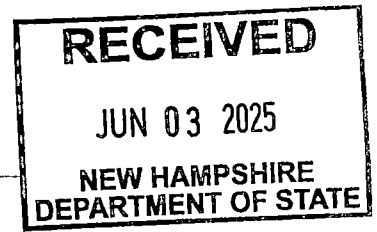
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# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Telerski Laura

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

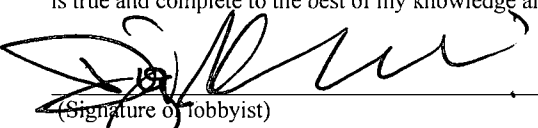
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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)

Diego Echeverri

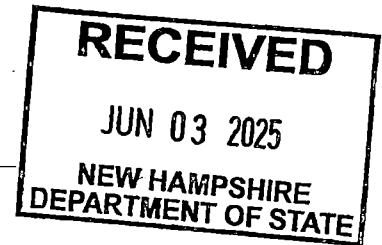
(Print Name of lobbyist)

5/28/25  
(Date)



# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Tramp Jennifer

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

### 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.

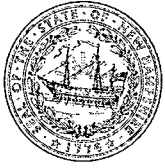
(Signature of lobbyist)

Diego Echeverri

(Print Name of lobbyist)

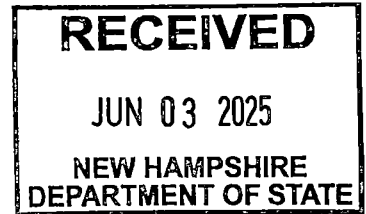
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# STATE OF NEW HAMPSHIRE

## Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)



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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Thomas Doug

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

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(Signature of lobbyist)

Diego Echeverri

(Print Name of lobbyist)

(Date)

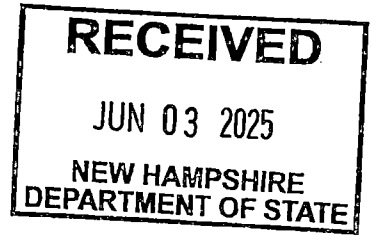
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STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or  
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Addendum B  
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I. Name of Lobbyist(s) Diego Echeverri

II. Name of lobbyist's partnership, firm or corporation, if any:  
N / A

(Name of partnership, firm or corporation)

III. Name of Client Secure Democracy USA and It's Affiliates Date 5/23/25

State the full name of the person receiving the honorarium or expense reimbursement:

Vanderbeek Deb

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 35.04

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

8/7/24 Doc Crows -NCSL NH State Night Dinner Louisville, KY

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(Signature of lobbyist)

Diego Echeverri

(Print Name of lobbyist)

(Date)

5/28/25