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 partners | hip, firm or corporation | ı, if any: | | RECEIVED |
| N/A | | | | 1 ' |
| | rship, firm or corporation) | | | JUN 03 2025 |
| • | | | | JUN 03 2020 |
| Business Address: (Street) | (Town/C | ity) (State) | (Zip Code) | NEW HAMPSHIRE DEPARTMENT OF STATE |
| () | () | e-mail | | DEPARTMENT |
| (Telephone) | | (Fax) | | |
| III. This statement covers: (Ch reportable expense transaction | oose one – file separate is which are not attribut | reports for each client, OR you table to any one client). | may file a separate report for | |
| All reportable transactions of | ccurring in the months pr | ior to the reporting date relative to | the following client: | |
| Secure Democracy USA | and its Affiliates | • | | |
| (Full Nan | ne of Client as it appears on | the Lobbyist Registration Form) | | - |
| OR All reportable transactions by unrelated to any particular client | | he lobbyist's family), or the lobby | ing firm listed below which ar | 5 |
| Reports cover: activity from date | 1 24, 2024 | July 31, 2024 activity from 4/1/24 to 6/30 January 29, 2025 | amended May 2025 | |
| | 7/1/24 to 9/30/24 | activity from 10/1/24 to 12/31. | | |
| V. There have been no fees If this box is checked, complete J State House, Room 204, Concor | iust this form and submit | rtable transactions made sinc it to the Secretary of State's Office | e the last report. e, 107 North Main Street, | |
| VI. Check if additional reports | | | | • 3 |
| | | must file Addendum A- Fees and | | |
| If you have paid an honorar Expense Reimbursement | ium or reimbursed expen- | ses, you must file Addendum B- | Report of Honorariums of | |
| | mily has made political c | ontributions, you must file Adden | dum C- Political Contribution | ıs |
| (Signature of loobyist) Diego Echeverri | RSA 14-C and RSA 664 | and hereby swear or affirm that the swear of $\frac{5}{2}$ | the foregoing information is tru 8/25 Date) | e . |
| (Print Name of lobbyist) | | | | |

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.

JUN 03 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

| | Affirmation by Lobb ne and Expenses for: | | NE DEPAI |
|-------------------------|---|------------------------|--|
| Name of Lobbying pa | rtnership, firm, or corpo | oration: N / A | |
| Name of Client (leave | • | or the partnership, fi | rm, or corporation and not related to any |
| Date of Report (check | k one): | | |
| April 24, 2024 □ | July 31, 2024 □ | October 30, 2024 | □ January 29, 2025 ☑ amended May 2025 |
| | | | ome and Expenses described above, and the number of Addendum forms being |
| Addendum A | (s). X | | |
| Addendum B | (s). X | | |
| Addendum Co | (s) | | |
| | | | |
| | rm that the foregoing in f my knowledge and bel | | atement and each Addendum is true and |
| (Signature of lobb) ist | ylun | | 5/24/25 (Date) |
| Diego Echeverri | | | |
| (Print Name of lobbyi | st) | | |

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

JUN 03 2025

| 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 to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses: | relations, or public relations services |
| 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 (This should equal the total of all prior monthly reports for this calendar ye | a) \$ |
| (This should equal the fold of all prior monthly reports for this earthear ye | <i>)</i> |
| c) Total of all fees received to date (Add lines a and b) | c) \$ |
| 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 reperfees. 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 mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximidividual 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 lobbied (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 greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses because the summary of the person divided and the person divided and the summary of the summary of the person divided and the summary of the sum |
| 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) \$ 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 | d) \$ |
|--|--|
| (Add lines a, b and c) e) Total of expenses paid this calendar year, prior to this reporting perior (This should be the amount on line f of addendum A for last month's ref. Total of all expenses year to date | |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made period, including by whom paid or to whom charged. | from lobbying fees during this reporting |
| Paid to: Winning Connections | Amount: 5,016.00 |
| Winning Connections Courtyard By Marriott | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Delta Air National Car Rental | \$ 730.95 \$ 261.58 |
| O Steaks & Seafood (See More Attached) | \$ <u>493.22</u> |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of 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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(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

Diego Echeverri I. Name of Lobbyist(s) P L II. Name of lobbyist's partnership, firm or corporation, if any: E N/A A (Name of partnership, firm or corporation) E Secure Democracy USA and It's Affiliates 1/24/25 III. Name of Client P R N T State the full name of the person receiving the honorarium or expense reimbursement: Connie Last Name First Name Middle Name/Initial 48 What is the value of the honorarium or expense reimbursement? 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. Diego Echeverri

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 |



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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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NEW HAMPSHIPE

| (I) Name of Lobbyist(s) | Diego: Echeverri | | | NEW HAMPSHIRE DEPARTMENT OF STAT |
|-------------------------------|--|--|---------------------|-------------------------------------|
| II. Name of lobbyist's ¡N/A | partnership, firm or corpor | ation, if any: | | OF STAT |
| • | partnership, firm or corporation) cure Democracy USA ar | nd It's Affiliates | Date_5/23/25 | |
| State the full name of | the person receiving the ho | norarium or expen | se reimbursement: | |
| Almy Susa | an | • | • | . • |
| Last Name | First Name | Middl | e Name/Initial | |
| What is the value of the h | onorarium or expense reimburs | ement? \$ 35.04 | | |
| of the event). | ch the honorarium or expense re | | | on(s) |
| 6///24 DOC Glows | -NCSL NH State Night D | Jimer Lousiville, | | |
| - | | | | <u> </u> |
| (If there is more than one ho | norarium or expense reimbursemen | it use a separate addendu | m B form for each.) | |
| Sworn Statement/Affi | rmation by Lobbyist | · | | |
| | SA 15-B and RSA 664 and he the best of my knowledge an | | | |
| (Signature of lob) yist) | W. | ······································ | 5/28/ (Date) | 125 |
| Diego Echeverri | | | | • . |
| (Print Name of lobbyis | t) | - | | |

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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| I. Name of Lobbyist(s) | Diego Echeverri | | | DEPAR |
|--|---|---------------------|------------------------------|-------|
| II. Name of lobbyist's p N / A | artnership, firm or corporation, i | f any: | | · |
| , | partnership, firm or corporation) cure Democracy USA and It's | Affiliates [| 5/23/25 Date | |
| State the full name of | the person receiving the honorari | ım or expense r | eimbursement: | |
| Carson Sha | ron | | | |
| Last Name | First Name | Middle Nam | e/Initial | |
| What is the value of the ho | onorarium or expense reimbursement? | \$ 35.04 | · | |
| Describe the event to which of the event). | th the honorarium or expense reimburse | ment relates. (Incl | ude the date(s) and location | on(s) |
| 8/7/24 Doc Crows - | NCSL NH State Night Dinner | Lousiville, KY | | |
| | | | | |
| | 1 | | | |
| (If there is more than one hor | norarium or expense reimbursement use a se | parate addendum B | form for each.) | |
| Sworn Statement/Affin | rmation by Lobbyist | | | |
| | A 15-B and RSA 664 and hereby so the best of my knowledge and believed. | | | |
| Sundel | | | 5/28 | /25 |
| (Signature of lobbyist) | | | (Date) | |
| Diego Echeverri | · | | | |
| (Print Name of lobbyis | t) | | | |



(Print Name of lobbyist)

obbuist(s) Diego Echeverri

P L E A S E

P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or **Expense Reimbursement** Addendum B

(RSA Chapter 15:6)

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|---|----|---|----|---|---|
| | | | | | |

JUN 03 2025

| I. Maine of Look | See the first that the second of the second | DEPARTMENT OF S |
|----------------------------------|---|-------------------|
| | byist's partnership, firm or corporation, if any: | |
| N/A | | |
| | (Name of partnership, firm or corporation) | |
| III. Name of Cli | Secure Democracy USA and It's Affiliates Date 5/23/25 | |
| | | |
| | name of the person receiving the honorarium or expense reimbursement: | |
| Childs | Debra | • |
| Last Name | First Name Middle Name/Initial | |
| What is the value | e of the honorarium or expense reimbursement? \$\\\35.04\\\\\\\$ | |
| Describe the even of the event). | nt to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) | |
| 8/7/24 Doc 0 | Crows -NCSL NH State Night Dinner Lousiville, KY | |
| | · · · · · · · · · · · · · · · · · · · | |
| | · | • |
| (If there is more th | an one honorarium or expense reimbursement use a separate addendum B form for each.) | |
| | | |
| Sworn Statem | ent/Affirmation by Lobbyist | • |
| | A 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information plete to the best of my knowledge and belief. | |
| Die | Meur 5/28, | 125 |
| (Signature of | | est to the second |
| Diego Eche | verri | |

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| I. Name of Lobb | yist(s) Diego Ecnevern | | |
|---|--|----------------------------|-----------------------------|
| II. Name of lobb N / A | oyist's partnership, firm or corporation | ı, if any: | |
| III. Name of Clic | (Name of partnership, firm or corporation) Secure Democracy USA and It | s Affiliates Date | 5/23/25 |
| State the full na | nme of the person receiving the honora | rium or expense reim | bursement: |
| Last Name | First Name | Middle Name/Ini | rial |
| | of the honorarium or expense reimbursemen | 35.04 | |
| Describe the even of the event). | t to which the honorarium or expense reimbu | rsement relates. (Include | the date(s) and location(s) |
| 8/7/24 Doc C | rows -NCSL NH State Night Dinne | er Lousiville, KY | |
| | | | |
| | | | |
| ` | n one honorarium or expense reimbursement use nt/Affirmation by Lobbyist | a separate åddendum B form | for each.) |
| | . 15, RSA 15-B and RSA 664 and hereby lete to the best of my knowledge and bel | | e foregoing information |
| Sign Sign Sign Sign Sign Sign Sign Sign | leri | 5 | -/28/ |
| (Signature of | | | (Date) |
| Diego Echev | erri | | |



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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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JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| (N | ame of partnership, firm or corporation) |
|--|---|
| III. Name of Client | Secure Democracy LISA and It's Affiliates 5/23/25 |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| State the full nan | e of the person receiving the honorarium or expense reimbursement: |
| State the full nan Germana | e of the person receiving the honorarium or expense reimbursement: Nicholas |
| | • |
| Germana Last Name | Nicholas |
| Germana Last Name What is the value of | Nicholas First Name Middle Name/Initial 35.04 |

(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 Jobb ist)
Diego Echeverri

(Date

(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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JUN 03 2025

| I. Name of Lobbyist(s) | DEP |
|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if an $N\ /\ A$ | y; |
| (Name of partnership, firm or corporation) Secure Democracy USA and It's Affil III. Name of Client | liates 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 of the event). | nt relates(Include the date(s) and location(s) |
| 8/7/24 Doc Crows -NCSL NH State Night Dinner Lou | usiville, KY |
| | |
| | |
| | |
| (If there is more than one honorarium or expense reimbursement use a separat | te addendum B form for each.) |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the pest of my knowledge and belief. | or affirm that the foregoing information |
| Sollie | 5/28/25 |
| Signature of lobb (st) | (Dafe) |
| 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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JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| (Name | | | | |
|--|--------------------------------------|---------------------|--------------------------------|--------|
| | of partnership, firm or corporation) | | | |
| III. Name of Client | ecure Democracy USA and | It's Affiliates | Date5/23/25 | |
| | | | | |
| ~ | | | | u. , |
| | f the person receiving the hono | orarium or expen | se reimbursement: | |
| Luneau | David | | | |
| Last Name | First Name | | Name/Initial | |
| What is the value of the | honorarium or expense reimbursem | nent? \$ 35.04 | · | |
| Describe the event to whof the event). | nich the honorarium or expense rein | nbursement relates. | (Include the date(s) and locat | ion(s) |
| 8/7/24 Doc Crows | -NCSL NH State Night Dir | nner 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)

Diego Echeverri
(Print Name of lobbyist)

P L E A S E

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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| I. Name of Lobbyist(s) | |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| (Name of partnership, firm or corporation) Secure Democracy USA and It's Affiliat II. Name of Client | tes Date 5/23/25 |
| tate the full name of the person receiving the honorarium or | expense reimbursement: |
| Lynn Bob | Middle Name/Initial |
| Last Name First Name . What is the value of the honorarium or expense reimbursement? \$ | 1 |
| Describe the event to which the honorarium or expense reimbursement roof the event). | elates. (Include the date(s) and location(s) |
| 8/7/24 Doc Crows -NCSL NH State Night Dinner Lousi | ville, KY |
| | |
| | |
| (If there is more than one honorarium or expense reimbursement use a separate a | ddendum B form for each.) |
| Sworn Statement/Affirmation by Lobbyist | _ |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or is true and complete to the best of my knowledge and belief. | r affirm that the foregoing information |
| Signature of loops of the left | 5/28/ (Date) |



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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| (Name of partnership, firm or corporation) Secure Democracy USA and It's Affiliates Date 5/23/25 | II. Name of lobbyi N/A | st's partnership, firm or corporation, i | f any: |
|---|---------------------------|--|---|
| 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? \$ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locations) | (Na | ime of partnership, firm or corporation) | |
| Moffett Michael Last Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement? \$\frac{35.04}{}\$ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locations) | III. Name of Client | Secure Democracy USA and It's A | Affiliates 5/23/25 |
| Moffett Michael Last Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement? \$\frac{35.04}{2}\$ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locations) | State the full nam | e of the person receiving the honorari | ım or expense reimbursement: |
| What is the value of the honorarium or expense reimbursement? \$\frac{35.04}{}\$ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locations) | | | • |
| What is the value of the honorarium or expense reimbursement? \$ | Last Name | First Name | Middle Name/Initial |
| • | | the honorarium or expense reimbursement? | \$ <u>35.04</u> |
| | What is the value of | | |
| 8/7/24 Doc Crows -NCSL NH State Night Dinner Lousiville, KY | Describe the event to | • | ment relates. (Include the date(s) and location(s |

(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.

Diego Echeverri

28/25

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| 1. Name of Lobbyist(s) Diego Echeverri | | DEPAR |
|---|--|------------------------|
| II. Name of lobbyist's partnership, firm or N / A | corporation, if any: | |
| (Name of partnership, firm or corporate Secure Democracy U.I.I. Name of Client | | :3/25 |
| State the full name of the person receiving | the honorarium or expense reimburs | ement: |
| Morton Heather | | |
| Last Name First Name | Middle Name/Initial | |
| What is the value of the honorarium or expense r | eimbursement? \$\frac{35.04}{} | |
| Describe the event to which the honorarium or ex of the event). | | ate(s) and location(s) |
| 8/7/24 Doc Crows -NCSL NH State I | Night Dinner Lousiville, KY | |
| | | |
| | | |
| | | |
| | | |
| (If there is more than one honorarium or expense reim | | ach.) |
| Sworn Statement/Affirmation by Lobbyis | t | |
| I have read RSA 15, RSA 15-B and RSA 66 is true and complete to the best of my knowledge. | 4 and hereby swear or affirm that the for edge and belief. | regoing information |
| (Signature of lobbyist) | 5 | /25/25 |
| | | , |
| Diego Echeverri | | |
| (Print Name of lobbyist) | | |
| | | |



STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| N/A | st's partnership, firm or corporation, if any: | |
|--|--|---------------------|
| (Na III. Name of Client | Secure Democracy USA and It's Affiliates | 5/23/25 |
| | | |
| | e of the person receiving the honorarium or expe | ense reimbursement: |
| Packard | Sherman | |
| Packard Last Name | Sherman | dle Name/Initial |
| Packard Last Name What is the value of | Sherman First Name Mid. 35.04 | dle Name/Initial . |

(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 let by ist)

Diego Echeverri

(Print Name of lobbyist)

(Date)

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| NEW HAMPSHIRE |
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| |
| DEPARTMENT OF STATE |
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| | DEPAR |
| ates | - |
| expense reimbursement: | • |
| Middle Name/Initial | |
| | |
| | |
| | _ |
| addendum B form for each.) | = |
| , | 25 |
| | r expense reimbursement: |



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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyis | t(s) Diego Echeverri | | |
|--|---|--|--------|
| | st's partnership, firm or corporation, | if any: | I |
| N/A | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | |
| (Na | me of partnership, firm or corporation) | | |
| III. Name of Client | Secure Democracy USA and It's | Affiliates 5/23/25 | |
| | | | |
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| State the full nam | e of the person receiving the honorar | um or expense reimbursement: | |
| State the full nam | e of the person receiving the honorar | um or expense reimbursement: | |
| | | um or expense reimbursement: Middle Name/Initial | |
| Pearson Last Name | Mark | | |
| Pearson Last Name What is the value of | Mark First Name the honorarium or expense reimbursement? | Middle Name/Initial | ion(s) |
| Pearson Last Name What is the value of Describe the event to of the event). | Mark First Name the honorarium or expense reimbursement? | Middle Name/Initial \$ S ement relates. (Include the date(s) and locat | ion(s) |

(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 lobby ist)

Diego Echeverri

(Print Name of lobbyist)

5/28/25 (Date)

L E A S E

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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| I. Name of Lobbyist(s) Diego Echeverri | | JUN U3 ZUZO |
|---|---|--------------------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if any: | | NEW HAMPSHIRE DEPARTMENT OF STATE |
| (Name of partnership, firm or corporation) | | |
| Secure Democracy USA and It's Affiliates | S Date 5/23/25 | _ |
| | | _ |
| State the full name of the person receiving the honorarium or ex | pense reimbursement: | |
| Paige David | 4444444444444 | |
| | fiddle Name/Initial | |
| What is the value of the honorarium or expense reimbursement? $\frac{35.0}{}$ |)4 | |
| Describe the event to which the honorarium or expense reimbursement rela of the event). | tes. (Include the date(s) and location(s) | |
| 8/7/24 Doc Crows -NCSL NH State Night Dinner Lousivi | lle, KY | |
| | | |
| | | |
| | | |
| (If there is more than one honorarium or expense reimbursement use a separate adde | endum B form for each.) | |
| Sworn Statement/Affirmation by Lobbyist | | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a is true and complete to the best of my knowledge and belief. | ffirm that the foregoing information | |
| (Signature or to be with | 5/28 (Date) | /25 |
| Diego Echeverri | | |
| (Print Name of lobbyist) | | |
| | | _ |



(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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Addendum B
(RSA Chapter 15:6)

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JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _____

| N/A | partnership, firm or corporat | • |
|---|-----------------------------------|---|
| | partnership, firm or corporation) | |
| II. Name of Client | cure Democracy USA and | d It's Affiliates 5/23/25 |
| | | |
| <u> </u> | | |
| State the full name of t | the person receiving the hon- | orarium or expense reimbursement: |
| Smith Paul | me person receiving the nonc | or arithm or expense remotarsement. |
| Last Name | First Name | Middle Name/Initial |
| | • | 25.04 |
| What is the value of the ho | onorarium or expense reimbursen | ment? \$ |
| Describe the event to which of the event). | th the honorarium or expense rein | mbursement relates. (Include the date(s) and location(s |
| 8/7/24 Doc Crows - | NCSL NH State Night Dir | inner Lousiville, KY |
| | | |
| | | |
| | | |
| | | |
| If there is more than one nor Sworn Statement/Affir | • | use a separate addendum B form for each.) |
| Sworn Statement/Atm | mation by Lobbyist | |
| | | reby swear or affirm that the foregoing informatio |
| is true and complete to t | the best of my knowledge and | I belief. |
| | | 1 6 |
| | | 5/28 |
| | /// // // | (D-4-) |
| (Signature of lobby Si) Diego Echeverri (| | (Date) |



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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

| I. Name of Lobbyist | Diego Echeverri | | | NEW |
|--------------------------------------|--|---------------|----------------------------------|-------------|
| II. Name of lobbyis | st's partnership, firm or corporation, if | any: | | DEPARTI |
| (Na | me of partnership, firm or corporation) | | | |
| III. Name of Client | Secure Democracy USA and It's Af | ffiliates | 5/23/25 Date | |
| State the full nam | e of the person receiving the honorariun | n or expen | se reimbursement: | |
| Telerski | Laura | | | |
| Last Name | First Name | Middle | Name/Initial | |
| What is the value of t | the honorarium or expense reimbursement? | \$ 35.04 | | |
| Describe the event to of the event). | which the honorarium or expense reimbursem | ent relates. | (Include the date(s) and locatio | n(s) |
| 8/7/24 Doc Cro | ws -NCSL NH State Night Dinner L | ousiville, | KY | |
| | | | | |
| | | | | |
| (If there is more than or | ne honorarium or expense reimbursement use a sepa | rate addendu | m B form for each.) | |
| Sworn Statement/ | Affirmation by Lobbyist | | | |
| | 5, RSA 15-B and RSA 664 and hereby sweet to the best of my knowledge and belief. | ear or affirm | | , |
| (Signature of lobby | yist) | | 5/28/ | /25 |
| Diego-Echeverr | i | | | |
| Diego-Echeven | • | | | |



STATE OF NEW HAMPSHIRE

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

RECEIVED
JUN 03 2025

NEW HAMPSHIRE PARTMENT OF STATE

Diego Echeverri I. Name of Lobbyist(s)

| I. Name of lob | byist's partners | ship, firm or corporati | ion, if any: | | L |
|--------------------|---------------------|---|------------------------|---|---------------|
| | | o, firm or corporation) | III A CCC. | | |
| II. Name of Cl | ient Secure De | emocracy USA and | It's Affiliates | Date | |
| | | | | | |
| tate the full r | name of the pers | on receiving the hono | rarium or expens | se reimbursement: | |
| Tramp | Jennifer | | | | |
| Last Name | | First Name | | Name/Initial | |
| /hat is the value | e of the honorarius | n or expense reimbursem | ent? \$ 35.04 | | |
| f the event). | | norarium or expense reim NH State Night Din | ` | • | d location(s) |
| | | | | | |
| | | | | | <u>.</u> |
| | | | | | |
| f there is more th | an one honorarium o | or expense reimbursement us | se a separate addendur | m B form for each.) | |
| worn Statem | ent/Affirmation | by Lobbyist | | | |
| | | and RSA 664 and here of my knowledge and b | | that the foregoing | information |
| (TX | us Il | M | \nearrow | 5/ | 28, |
| Signature of I | A . | • | 4 | (Date) | 7 |
| Diego Eche | verri " | | | | |
| Print Name of | f lobbyist) | | | | |
| | | | | | |

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STATE OF NEW HAMPSHIRE

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

RECEIVED

JUN 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyis | t(s) Diego I | Echeverri | | |
|--------------------------------------|--------------------|-------------------------|-----------------|---|
| II. Name of lobbyi N / A | st's partner | ship, firm or corpo | ration, if any: | |
| , (N | ame of partnership | o, firm or corporation) | | |
| III. Name of Client | Secure De | emocracy USA a | nd It's Affilia | ates 5/23/25 |
| | | | | |
| State the full nam | ie of the pers | son receiving the h | onorarium or | expense reimbursement: |
| Thomas | Doug | | | |
| Last Name | | First Name | | Middle Name/Initial |
| What is the value of | the honorarius | m or expense reimbur | sement? \$3! | 5.04 |
| Describe the event to of the event). | which the ho | norarium or expense | reimbursement r | relates. (Include the date(s) and location(s) |
| 8/7/24 Doc Cro | ws -NCSL | NH State Night | Dinner Lous | iville, KY |
| | | | | <u> </u> |
| | - | | | |
| | | | | |
| | | | | |

(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)

28/25



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STATE OF NEW HAMPSHIRE

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(RSA Chapter 15:6)

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JUN 03 2025

| NEW HAMPSHI | RE |
|---------------|-------|
| DEPARTMENT OF | STATE |

| N/A | ume of partnership, firm or corporation) | |
|--------------------------------------|--|--|
| III. Name of Client | Secure Democracy LISA and It's | Affiliates 5/23/25 |
| State the full nam | e of the person receiving the honorar | ium or expense reimbursement: |
| Vanderbeek | Deb | |
| Last Name | First Name | Middle Name/Initial |
| What is the value of | the honorarium or expense reimbursement? | § <u>35.04</u> |
| | | ement relates. (Include the date(s) and location(s |
| | which the honorarium or expense reimburs | |
| Describe the event to of the event). | which the honorarium or expense reimburs | |

(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 **g**f my knowledge and belief.

(Signature of loubyist Diego Echeverri

(Print Name of lobbyist)

 $\frac{5/28/25}{\text{(Date)}}$