

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	st(s) Lyn M. Scholle	ett		•
II. Name of lobbyi	st's partnership, firm or c	orporation, if a	ny:	
New Hamp	shire Coalition Again	nst Domestic	& Sexual Violence	,
(1)	Name of partnership, firm or co	orporation)		
PO Bo	ox 353	Concord	NH	03302
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 224-8893	()			nhcadsv.org
(Telephone	c)	(Fax))	
	t covers: (Choose one – fil e transactions which are n			u may file a separate report f
☐ All reportable tr	ransactions occurring in the	months prior to	the reporting date relative	to the following client:
New Ha	ampshire Coalition A	<u> </u>		ce .
on.	(Full Name of Client as i	appears on the Lo	bbyist Registration Form)	
OR				
unrelated to any par		including the lob	byist's family), or the lobb	ying firm listed below which a
IV. Date of Report	-		July 29, 2020 🛚	
Reports cover: ac	ctivity from date of registration		activity from 4/1/20 to 6/3	_
	October 28, 2020 X activity from 7/1/20 to 9/30		January 27, 2021 activity from 10/1/20 to 1	
If this box is checke	een no fees received and d, complete just this form a 204, Concord, NH 03301.			
VI. Check if additi	ional reports are attached	<u>.</u>		
	eived fees or made expendi		ile Addendum A- Fees an	d Expenses
	d an honorarium or reimbu	-		- Report of Honorariums or
☐ If you, your firm	m, or your family has made	political contrib	utions, you must file Adde	ndum C- Political Contribution
I have read RSA 15	Affirmation by Lobbyist , RSA 15-B, RSA 14-C and best of my knowledge and		ereby swear or affirm that	the foregoing information is tr
Lyn M. Scholle	rtt		10/20/2	2020
(Signature of lobby	vist)		((Date)
Lyn M. Scholl	ett			
(Print Name of lobb	byist)			

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Lauren Bat	chelder			
II. Name of lobbyist's pa	artnership, firm	or corporation, if a	iny:		
New Hampshire	e Coalition Ag	gainst Domestic	& Sexual Violen	ce	
(Name o	of partnership, firm	or corporation)			
PO Box 35	53	Concord	NH	03	302
Business Address: (Street)	(Town/City)	(State	e) (Z	Cip Code)
(603) 224-8893	()		uren@nhcadsv	.org
(Telephone)		(Fax)		
III. This statement cove reportable expense tran				R you may file a sep	arate report for
☐ All reportable transac	tions occurring in	the months prior to	the reporting date rela	tive to the following	client:
New Hamps	shire Coalition	n Against Dome	stic & Sexual Vio	lence	
-	full Name of Client	as it appears on the L	obbyist Registration Form	1)	_
OR ☐ All reportable transact unrelated to any particula		ist (including the lol	obyist's family), or the	lobbying firm listed	below which are
•	April 29, 2020 []		July 29, 2020 activity from 4/1/20 t		
	October 28, 2020 ivity from 7/1/20 to		January 27, 2 activity from 10/1/20		
V. There have been no If this box is checked, con State House, Room 204, G	nplete just this for	m and submit it to u			
VI. Check if additional i	reports are attac	hed:			
If you have received	-		file Addendum A– Fe	es and Expenses	
			ou must file Addendui	=	orariums or
☐ If you, your firm, or y	your family has m	ade political contrib	outions, you must file A	.ddendum C- Politi	cal Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	. 15-B, RSA 14-C	and RSA 664 and h	ereby swear or affirm	that the foregoing in	formation is true
Lauren Batchelder			10/23/20	20	
(Signature of lobbyist)	· 			(Date)	
Lauren Batchelde	r			1	
(Print Name of lobbyist)		··			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

•	
1. Name of Lobbyist(s) <u>Lauren Batchelder</u>	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Se (Name of partnership, firm or corporation)	xual Violence
III. Name of Client New Hampshire Coalition Against Domestic and Sexual Violence	ad Date 10/23/2020
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 granded by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
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 y	b) \$ ear)
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 reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing 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 greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a ler 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.b) Total aggregate of expenditures during this reporting period, not reported	a) \$39.62
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0.00

(Add lines a, b and c)) 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)) Total of all expenses year to date /I. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lot eriod, including by whom paid or to whom charged. Paid to:	d) \$	
(Add lines a, b and c)) 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)) Total of all expenses year to date /I. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lot eriod, including by whom paid or to whom charged. Paid to:	d) \$	
(This should be the amount on line f of addendum A for last month's report) Total of all expenses year to date I. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lot eriod, including by whom paid or to whom charged. Paid to:	_,	39.62
'I. Other Expenses: rovide the following detail for all expenditures of more than \$25 made from lot eriod, including by whom paid or to whom charged. aid to:	e) \$	38.47
Provide the following detail for all expenditures of more than \$25 made from lot eriod, including by whom paid or to whom charged. Paid to:	f) \$	78.09
· · · · · · · · · · · · · · · · · · ·	bbying fees	during this reporting
	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
<u> </u>	\$	
Sworn Statement/Affirmation by Lobbyist		
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm strue and complete to the best of my knowledge and belief.	that the fo	oregoing informati
Lauren Batchelder	10/2	3/2020
(Signature of lobbyist)	([Date)
Lauren Batchelder (Print Name of lobbyist)		

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2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	t(s) Pamela Keili	9		
II. Name of lobbyis	t's partnership, firm	or corporation, if a	ny:	
		<u> </u>	& Sexual Violence	
•	ame of partnership, firm	or corporation)		
PO Bo	x 353	Concord	NH	03302
Business Address: (5	Street)	(Town/City)	(State)	(Zip Code)
(603) <u>224-8893</u> ())(Fax	e-mail pkeili g	g@nhcasdv.org
reportable expense	transactions which a	re not attributable	to any one client).	may file a separate report for
-	_	•	the reporting date relative to stic & Sexual Violence	-
			obbyist Registration Form)	
OR ☐ All reportable train unrelated to any part		ist (including the lol	obyist's family), or the lobby	ying firm listed below which are
IV. Date of Report Reports cover: act	April 29, 2020 🗍		July 29, 2020 [] activity from 4/1/20 to 6/36	9/20
	October 28, 2020 activity from 7/1/20 to		January 27, 2021 [activity from 10/1/20 to 12	
If this box is checked		m and submit it to th	e transactions made sinc he Secretary of State's Offici	
VI. Check if addition	onal reports are attac	hed:		
	•		file Addendum A- Fees and	d Expenses
=	an honorarium or rein	•	ou must file Addendum B-	•
☐ If you, your firm	, or your family has m	ade political contrib	utions, you must file Adder	ndum C- Political Contributions
I have read RSA 15,	ffirmation by Lobby RSA 15-B, RSA 14-C best of my knowledge	and RSA 664 and h	ereby swear or affirm that th	he foregoing information is true
Pamela Keilig			10/22/2020	
(Signature of lobbyi	st)			Date)
Pamela Keilig	l			
(Print Name of lobb	<u> </u>			



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

•	
I. Name of Lobbyist(s) Pamela Keilig	
11. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Se (Name of partnership, firm or corporation)	xual Violence
III. Name of Client New Hampshire Coalition Against Domestic ar Sexual Violence	nd Date 10/22/2020
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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
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 y	b) \$ear)
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 refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing 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 greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater 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.b) Total aggregate of expenditures during this reporting period, not reported	a) \$168.69
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 168.69
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) \$2389.38
f) Total of all expenses year to date	f) \$2558.07
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:
	\$
	\$
	\$
	\$
	\$
	\$
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
Pamela Keilig	10/22/2020
(Signature of lobbyist)	(Date)
Pamela Keilig	
(Print Name of lobbyist)	

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2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Amanda Gra	dy Sexton		· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's p	partnership, firm o	r corporation, if ar	y: .	
New Hampshi	re Coalition Aga	ainst Domestic	& Sexual Violence	
(Name	of partnership, firm or	corporation)		
PO Box 3	53	Concord	NH	03302
Business Address: (Stree	et)	(Town/City)	(State)	(Zip Code)
(603) 224-8893	()	e-mail_amar	nda@nhcadsv.org
(Telephone)		(Fax)		
reportable expense tra	nsactions which are	e not attributable t	o any one client).	u may file a separate report fo
☐ All reportable transa	ctions occurring in t	he months prior to t	he reporting date relative	to the following client:
			tic & Sexual Violen	ce
OR	(Full Name of Client a	s it appears on the Lol	obyist Registration Form)	
		t (including the lobl	oyist's family), or the lobb	oying firm listed below which ar
	April 29, 2020 from date of registral	tion to 3/31/20	July 29, 2020 activity from 4/1/20 to 6/3	
ac	October 28, 2020 (ctivity from 7/1/20 to 9.		January 27, 2021 activity from 10/1/20 to 1	
	mplete just this form	and submit it to the	transactions made sin e Secretary of State's Offic	ce the last report. — ce. 107 North Main Street,
VI. Check if additional	reports are attache	act.		
_	•		le Addendum A- Fees an	nd Expenses
	honorarium or reimb	-		- Report of Honorariums or
☐ If you, your firm, or	your family has mad	de political contribu	itions, you must file Adde	endum C- Political Contribution
Sworn Statement/Affir 1 have read RSA 15, RS, and complete to the best	A 15-B, RSA 14-C a	and RSA 664 and he	reby swear or affirm that	the foregoing information is tru
Amanda Grady Sext	on	•	10/22/2020	0
(Signature of lobbyist)	· · · · · · · · · · · · · · · · · · ·			(Date)
Amanda Grady S	exton		ť	
(Print Name of lobbyist				

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

The second of th		
I. Name of Lobbyist(s) Amanda Grady Sexton		
11. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Coalition Against Domestic and Sexu	al Viole	nce
III. Name of Client New Hampshire Coalition Against Domestic & Sexual Violence	Date	10/22/2020
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
a) Total of all fees received in this reporting period	a) \$	·
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).		
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 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.	client and may be file aggregate spenses; (lee: meals person \$10 d with a verting periode of greater than \$2 expense	if expenditures are made by led for the lobbyist(s)/firm e total of all expenses paid b) the aggregate total of all ourchased during a business 0 that is given to the persor value of \$25.00 or less); and of greater than \$25.00 for ter than \$25, purchase of a 5, but not greater than \$50 reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	493.09
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	493.09
(Add lines a, b and c)		
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) \$	7111.70
f) Total of all expenses year to date	f) \$	7604.79
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees d	uring this reportin
Paid to:	Amount:	
	\$	_
	\$	
	\$	
	\$	
	\$	·- <u>-</u>
	\$	
·	***************************************	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinition is true and complete to the best of my knowledge and belief.	m that the for	egoing informat
Amanda Grady Sexton	10/22/2	2020
(Signature of lobbyist)	(Da	ate)
Amanda Grady Sexton		
(Print Name of lobbyist)		

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