

## STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s)Elizabeth C. Sargent						
II. Name of lobbyist's partnershi	p, firm or corporation, if ar	y:				
Sheehan Phinney Capitol Gr	oup					
(Name of partners	ship, firm or corporation)		•			
Two Eagle Square	Concord	NH	03301			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)			
(603) 228-2370(		email_esargent@shee	han.com			
(Telephone)	(Fax)					
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:						
New Hampshire Society of Health System Pharmacists, Inc.  (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.						
Reports cover: activity from date October 3	2024	July 31, 2024 ☑ activity from 4/1/24 to 6/30/2 January 29, 2025 ☐ activity from 10/1/24 to 12/3				
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, State House, Room 204, Concord, NH 03301.						
If you have paid an honor Expense Reimbursement	or made expenditures, you n rarium or reimbursed expense	nust file Addendum A- Fees an es, you must file Addendum B- ntributions, you must file Adde	d Expenses - Report of Honorariums or ndum C– Political Contributions			
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and believed at the best of the best of the knowledge and believed.	RSA 664 and hereby swear		rmation is true and complete to			
(Signature of lobbyist)	<u> </u>	July 31, 2024 (Date)	<u> </u>			
Elizabeth C. Sargent (Print Name of lobbyist)						



## STATE OF NEW HAMPSHIRE

## **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

P	I. N	I. Name of Lobbyist(s) Elizabeth C. Sargent  II. Name of lobbyist's partnership, firm or corporation, if any:  Sheehan Phinney Capitol Group  (Name of partnership, firm or corporation)				
L E	II.					
A. S	<u>Sh</u>					
P	ш	III. Name of Client New Hampshire Society of Health System Pharmacists, Inc.  Date July 3				
R N T	Ind inc	IV. Fees Received  Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lob including fees for services such as public advocacy, government relations, or public relations services including resmonitoring 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) \$ 3,125.00			
	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	b) \$ <u>3,125.00</u> ur)			
	c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>6,250.00</u>			
	ď)	Indicate the amount of any such fees that are due, but have not yet been paid	d d) \$			
	Lob representations and mea give and pur- give reco	Expenses: bbyist(s)/Lobbying partnerships, firms, or corporations are required to report outs are to be filed for expenditures made relative to each client and if expenselated to any one client a separate report may be filed for the lobbyist(s)/fivegories of expenses: (a) the aggregate total of all expenses paid during the replacement of the expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purchent to the person being lobbied, purchase of a ceremonial object given to a per the continuous distribution of each individual expenditure made during this pose not covered by (a) (for example: purchase of a meal with value of greate en to the subject of lobbying with a value greater than \$25, but not greate eption). Expenses for honorariums, expense reimbursement, or political contribution of the protect of lobbying with a value greater than \$25 and the protect of lobbying with a value greater tha	nditures are made by the lobbyist(s)/firm that are true. Expenses are to be reported in one of three porting period for salaries, benefits, support staff expenditure was of \$25.00 or less (for example hase of a pen with a value of less than \$10 that i son being lobbied with a value of \$25.00 or less) reporting period of greater than \$25.00 for any or than \$25, purchase of a ceremonial object to but than \$50, restaurant expenses for a legislative			
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>6,173.00</u>			
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
	c)	Total of all itemized expenditures reported in detail in section VI.	c) \$			

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>6,173.00</u>
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 reporting	e) \$ <u>6,111.00</u> ort)
f)	Total of all expenses year to date	F) \$ <u>12,284.00</u>
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from uding by whom paid or to whom charged.	lobbying fees during this reporting period,
Paid	i:	Amount:
_		<b>\$</b>
_		s
		<b>s</b>
		s
		s
		\$
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Sw	orn Statement/Affirmation by Lobbyist	
I ha	we read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that ue and complete to the best of my knowledge and belief.	the foregoing information
Eliabeth C Sayset (Signature of lobbyist)		y 31, 2024 (Date)
	zabeth C. Sargent nt Name of lobbyist)	