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STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

JUL 3 1 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

RECEIVED

PLEASE PRINT

I. Name of L	obbyist(s) Sebastian Fuentes, Bra	andon Lemay, Heather	Stockwell, Alison Nihar	t, Dogg Hugosdottir
II. Name of l	lobbyist's partnership, firm or co	rporation, if any:		
	& Democracy Proje			
	(Name of partnership, firm or con	<u>-</u>		
70	S. Winooski Ave, #205	Burlington	VT	05401
Business Addr	• /	(Town/City)	(State)	(Zip Code)
() (58	<u>35) 329-7366</u> ()		e-mail info-vt@r	radmovement.org
(Tel	lephone)	(Fax)		
III. This stat	ement covers: (Choose one – file	separate reports for	each client, OR you m	ay file a separate report for
reportable e	xpense transactions which are no	t attributable to any	one client).	
All report	table transactions occurring in the r	nonths prior to the rep	orting date relative to t	he following client:
_ `	v			
	(Full Name of Client as it	appears on the Lobbyist I	Registration Form)	
<u>OR</u>	V = 11.2 · 2 · 2 · 3 ·	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	
All reports	able transactions by the lobbyist (in	scluding the lobbyist's	family), or the lobbying	g firm listed below which are
unrelated to a	my particular client.			
IV. Date of F	Report April 24, 2024		July 31, 2024 Vity from 4/1/24 to 6/30/2	
Reports cover:	activity from date of registration to	3/31/24 acti	vity from 4/1/24 to 6/30/2	<u>u</u>
	October 30, 2024 activity from 7/1/24 to 9/30/24		January 29, 2025	ڶؚ
	activaly from 1/1/24 to 9/3/0/24	acuvuy	from 10/1/24 to 12/31/2	*
If this box is a	ave been no fees received and checked, complete just this form an			
State House,	Room 204, Concord, NH 03301.			
	additional reports are attached:			
	we received fees or made expenditu			
Expense Rein	ve paid an honorarium or reimburs nbursement	ed expenses, you must	file Addendum B- Re	eport of Honorariums or
	our firm, or your family has made p	political contributions,	you must file Addende	um C- Political Contributions
			•	
	ment/Affirmation by Lobbyist SA 15, RSA 15-B, RSA 14-C and	DSA 664 and baraby s	waar or offirm that the	foregoing information is true
and complete	to the best of my knowledge and b	pelief.	wear or arrive that the	torogoing information is nuc
MAR	1 2 Ha offer Marken 11	item thumosdéttir	07/25/2024	
(Signature)	54000bgsisDe+P084053F0192104F870F70F4C846	009505029FA09480	(Da	nte)
Sebastian Fuentes, Br	randon Lemay, Heather Stockwell, Albon Nihari, Dogg Huga	osdoth		
(Print Name	of lobbyist)			



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Rights & Democracy Project, INC (Name of partnership, firm or corporation)	
III. Name of Client	Date 07/25/2024
IV. Fees Received Indicate the gross amount of all fees received from the client identifies to lobbying, including fees for services such as public advocacy, governeluding research, monitoring legislation, and related legal work. reduced by any expenses:	emment relations, or public relations serv
a) Total of all fees received in this reporting period	a) \$
 Total of all fees received this calendar year, prior to this reporting (This should equal the total of all prior monthly reports for this calendar.) 	
c) Total of all fees received to date (Add lines a and b)	c) \$
 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 require fees. Separate reports are to be filed for expenditures made relative to the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expenses: during the reporting period for salaries, benefits, support staff, and condividual expenses where the expenditure was of \$25.00 or less (for lunch where the cost was \$25.00 or less, purchase of a pen with a val	to each client and if expenditures are mad report may be filed for the lobbyist(s)/i (a) the aggregate total of all expenses office expenses; (b) the aggregate total of example: meals purchased during a busi ue of less than \$10 that is given to the pe
being lobbied, purchase of a ceremonial object given to a person bein (c) an itemized statement of each individual expenditure made during tany purpose not covered by (a) (for example: purchase of a meal we ceremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for hono contributions will be reported on separate addendums and should not be	this reporting period of greater than \$25.0 with value of greater than \$25, purchase the greater than \$25, but not greater than stariums, expense reimbursement, or politically the stariums.
being lobbied, purchase of a ceremonial object given to a person bein (c) an itemized statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal we ceremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for hono	this reporting period of greater than \$25.0 with value of greater than \$25, purchase the greater than \$25, but not greater than startiums, expense reimbursement, or police reported on Addendum A.
being lobbied, purchase of a ceremonial object given to a person bein (c) an itemized statement of each individual expenditure made during t any purpose not covered by (a) (for example: purchase of a meal w ceremonial object to be given to the subject of lobbying with a valu restaurant expenses for a legislative reception). Expenses for hono contributions will be reported on separate addendums and should not b	this reporting period of greater than \$25.0 with value of greater than \$25, purchase the greater than \$25, but not greater than startiums, expense reimbursement, or pole reported on Addendum A. Softs, ying. a) \$ \$623.94

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ \$623.94
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) f) Total of all expenses year to date 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.	e) \$ 1492.33 f) \$ 2116.27 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. Signed by:	m that the foregoing information
Sebastian Fuentes, Brandon Lemay, Heather Stockwell, Alison Nihart, Dogg Hugosdottir (Print Name of lobbyist)	07/25/2025 (Date)

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 pa	rtnership, firm, or corpora	tion: Rights and De	mocracy Project	, INC
Name of Client (leave	blank if Statement is for t	the partnership, firm, or	corporation and no	t related to any
particular client):	-44.	 		
Date of Report (check	t one):			
April 24, 2024 🛘	July 31, 2024 🗹	October 30, 2024	January 29, 2025	



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

(Name of Partnership, finn or corporation) III. Name of Client	•	racy Project, INC	
State the full name of the person receiving the honorarium or expense reimbursement: Hugosdottir Dogg Last Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement? \$\frac{160.8}{200.8} Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna In Montpelier (vertical interest 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 inform is true and complete to the best of my knowledge and belief. Signed by: 1/25/2024	(Name of partn	ership, firm or corporation)	07/25/2024
Hugosdottir Last Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement? \$\frac{160.8}{200.8}\$ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna in Montpelier (v.) What is the value of the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna in Montpelier (v.) Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing inform is true and complete to the best of my knowledge and belief. Pignet by: 7/25/2024	III. Name of Client		Date OFFEDIZOZA
Last Name First Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement? Bescribe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna In Montpelier (v.) What is the value of the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna In Montpelier (v.) Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing inform is true and complete to the best of my knowledge and belief. Pignet by: 7/25/2024	State the full name of the	person receiving the honorarium	n or expense reimbursement:
What is the value of the honorarium or expense reimbursement? \$\frac{160.8}{\text{Describe}}\$ the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna in Montpelier (Vertical Section 2014). What is the value of the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna in Montpelier (Vertical Section 2014). Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing inform is true and complete to the best of my knowledge and belief. Signed by: 7/25/2024	Hugosdottir	Dogg	
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna in Montpelier (vertical filtration of the event). Where 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 inform is true and complete to the best of my knowledge and belief. Tignedby: Tignedby	Last Name		
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and locat of the event). Mileage reimbursement for community conversation and dinner with US congressman Ro Khanna in Montpelier (vertical form). (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 inform is true and complete to the best of my knowledge and belief. Pây laystálir 7/25/2024	What is the value of the honor	rarium or expense reimbursement?	_s 160.8
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing inform is true and complete to the best of my knowledge and belief. Signed by: 7/25/2024	Describe the event to which th	ie honorarium or expense reimbursen	ent relates. (Include the date(s) and location
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing inform is true and complete to the best of my knowledge and belief. Signed by: 7/25/2024	of the event).	•	
Diogy thyposolottin 7/25/2024	of the event). Mileage reimbursement for con	nmunity conversation and dinner with U	S congressman Ro Khanna in Montpelier (VT).
Man Dosa San Carlo	of the event). Mileage reimbursement for con (If there is more than one honorar Sworn Statement/Affirma I have read RSA 15, RSA 1	nmunity conversation and dinner with U rium or expense reimbursement use a separation by Lobbyist 15-B and RSA 664 and hereby swe	S congressman Ro Khanna in Montpelier (VT). trate addendum B form for each.)
(Signature of lobbyist) (Date) Dögg Hugosdóttir	of the event). Mileage reimbursement for con (If there is more than one honorar Sworn Statement/Affirma I have read RSA 15, RSA 1 is true and complete to the lighter than the signed by: Day thugs Littler	nmunity conversation and dinner with U rium or expense reimbursement use a separation by Lobbyist 15-B and RSA 664 and hereby swe	S congressman Ro Khanna in Montpelier (VT). Trate addendum B form for each.) Par or affirm that the foregoing information of the control of



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

(Name of par	tnership, firm or corporation)	
III, Name of Client		Date 07/25/2024
State the full name of the Stockwell	e person receiving the honorar Heather	ium or expense reimbursement:
Last Name	First Name	Middle Name/Initial
Last Name	First Name	
What is the value of the hone	orarium or expense reimbursement?	_s 62.58
Describe the event to which of the event).	the honorarium or expense reimbur	sement relates. (Include the date(s) and location(
Describe the event to which of the event).	the honorarium or expense reimbur	
Describe the event to which of the event). Mileage reimbursement for the event for th	the honorarium or expense reimburs trip to Senate sessions on 05/10 on	sement relates. (Include the date(s) and location(
Describe the event to which of the event). Mileage reimbursement for the event for th	the honorarium or expense reimburs trip to Senate sessions on 05/10 on	sement relates. (Include the date(s) and location(
Describe the event to which of the event). Mileage reimbursement for the event of	the honorarium or expense reimburs trip to Senate sessions on 05/10 on arium or expense reimbursement use a second of the control of the cont	sement relates. (Include the date(s) and location(Disability Housing bill Healthcare and Housing separate addendum B form for each.)
Describe the event to which of the event). Mileage reimbursement for the event of the event. (If there is more than one honor sworn statement/Affirm I have read RSA 15, RSA is true and complete to the event of t	trip to Senate sessions on 05/10 on arium or expense reimbursement use a station by Lobbyist 15-B and RSA 664 and hereby s	sement relates. (Include the date(s) and location(Disability Housing bill Healthcare and Housing separate addendum B form for each.)
Describe the event to which of the event). Mileage reimbursement for the event of the event. (If there is more than one honor sworn Statement/Affirm I have read RSA 15, RSA is true and complete to the bocushmed by:	trip to Senate sessions on 05/10 on arium or expense reimbursement use a station by Lobbyist 15-B and RSA 664 and hereby s	sement relates. (Include the date(s) and location(Disability Housing bill Healthcare and Housing separate addendum B form for each.) swear or affirm that the foregoing informations.



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

	ocracy Project, INC	
	partnership, firm or corporation)	Date 07/25/2024
State the full name of t	the person receiving the honorarium	or expense reimbursement:
Fuentes	Sebastian	
Last Name	First Name	Middle Name/Initial
What is the value of the ho	onorarium or expense reimbursement? \$	\$151.42
	-	
	h the honorarium or expense reimbursemen	nt relates. (Include the date(s) and location
Describe the event to whice of the event).		
Describe the event to whice of the event).	h the honorarium or expense reimbursemen	
Describe the event to whic of the event).	h the honorarium or expense reimbursemen	
Describe the event to whic of the event).	h the honorarium or expense reimbursemen	
Describe the event to whice of the event). Mileage reimburser	h the honorarium or expense reimbursemen	on 05/09/2024 and 06/04/2024
Describe the event to whice of the event). Mileage reimburser	the honorarium or expense reimbursement ment for trip to Senate sessions	on 05/09/2024 and 06/04/2024
Describe the event to whice of the event). Mileage reimburser (If there is more than one hone sworn Statement/Affir	the honorarium or expense reimbursement ment for trip to Senate sessions	on 05/09/2024 and 06/04/2024 te sddendum B form for each.)
Describe the event to whice of the event). Mileage reimburser (If there is more than one hom Sworn Statement/Affir	the honorarium or expense reimbursement ment for trip to Senate sessions recording or expense reimbursement use a separarmation by Lobbyist A 15-B and RSA 664 and hereby swea	on 05/09/2024 and 06/04/2024 te sddendum B form for each.)
Describe the event to which of the event). Mileage reimburser (If there is more than one hor Sworn Statement/Affir I have read RSA 15, RS is true and complete to the statement of the statemen	the honorarium or expense reimbursement ment for trip to Senate sessions recording or expense reimbursement use a separarmation by Lobbyist A 15-B and RSA 664 and hereby swea	on 05/09/2024 and 06/04/2024 te addendum B form for each.)

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.

	Affirmation by Lobby ne and Expenses for:	yist		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Rights and De	emocracy Project, INC	
Name of Client (leave		or the partnership, firm, o	partnership, firm, or corporation and not related to any	
Date of Report (checi	k one):			
April 24, 2024 □	July 31, 2024 🗹	October 30, 2024	January 29, 2025 □	
I have read RSA 15, the following Addeno submitted):	RSA 15-B, RSA 664, the fundamental submitted with the fundamental submitted submitted with the fundamental submitted submitted with submitted with the fundamental submitted	he Statement of Income a at Statement (insert the r	and Expenses described above, and number of Addendum forms being	
Addendum A	(s). 1			
Addendum B	(s). <u>3</u>			
Addendum C	(s)			
	rm that the foregoing in f my knowledge and bel		ent and each Addendum is true and	
Heather Stockwel	1	7/3	29/2024	
Signature of lobbyist)		(Date)	
Heather Stockwell				
(Print Name of lobby)	st)			

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 Incon	ne and Expenses for:			
Name of Lobbying pa	rtnership, firm, or corpo	oration: Rights and De	emocracy Project, INC)
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client):				
Date of Report (check	(one):			
April 24, 2024 🛘	July 31, 2024 🗹	October 30, 2024 🗆	January 29, 2025 □	
I have read RSA 15, the following Addenous submitted):	RSA 15-B, RSA 664, the description of the submitted with the submitted	he Statement of Income a at Statement (insert the n	nd Expenses described a umber of Addendum for	bove, and ms being
Addendum A	(s). 1			
Addendum B	(s). <u>3</u>			
Addendum C	(s)			
	rm that the foregoing in f my knowledge and be	aformation on the Stateme	nt and each Addendum is	s true and
Signed by:		7/2	5/2024	
(Signature of lobbyist)		(Date)	_
Sebastian Fuentes				

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(Print Name of lobbyist)

(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.

	ffirmation by Lobbyi e aud Expenses for:	st		
Name of Lobbying par	tnership, firm, or corpora	ation: Rights and De	emocracy Project, INC	
		the partnership, firm, or	partnership, firm, or corporation and not related to any	
Date of Report (check	one):			
April 24, 2024 🛘	July 31, 2024 🗹	October 30, 2024 🗆	January 29, 2025 □	
I have read RSA 15, F the following Addendersubmitted):	RSA 15-B, RSA 664, the ums submitted with that	Statement of Income a Statement (insert the n	nd Expenses described above, and umber of Addendum forms being	
Addendum A(s). <u>1</u>			
Addendum B(s). <u>3</u>			
Addendum C(s)			
	m that the foregoing info		nt and each Addendum is true and	
Dog Hugssdellin		7/2	5/2024	
(Signature of lobbyist)			(Date)	
Dögg Hugosdóttir				

3

(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.

Sworn Statement/Affirm Statement of Income ar		rist	
Name of Lobbying partners	ship, firm, or corpor	ration: Rights and De	emocracy Project, INC
Name of Client (leave blank if Statement is for the particular client):		r the partnership, firm, or	corporation and not related to any
Date of Report (check one):		
April 24, 2024 🗀 Ji	nly 31, 2024 💋	October 30, 2024	January 29, 2025 □
I have read RSA 15, RSA the following Addendums submitted):	15-B, RSA 664, th submitted with tha	ne Statement of Income at at Statement (insert the n	nd Expenses described above, and umber of Addendum forms being
Addendum A(s).	1		
Addendum B(s).	} ————————————————————————————————————		
Addendum C(s).	_ 		
I hereby swear or affirm the complete to the best of my			nt and each Addendum is true and
Signed by:		7/25	/2024
(Signature of lobbyist)			(Date)
Brandon Lemay			

.

(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.

	Affirmation by Lobb ne and Expenses for:	•		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Rights and De	emocracy Project, INC	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to a particular client):				
Date of Report (check	k one):			
April 24, 2024 🗆	July 31, 2024 🗹	October 30, 2024 🗆	January 29, 2025 □	
I have read RSA 15, the following Addend submitted):	RSA 15-B, RSA 664, t lums submitted with th	he Statement of Income a nat Statement (insert the r	and Expenses described above, and number of Addendum forms being	
Addendum A	(s). 1			
Addendum B	(s). <u>3</u>			
Addendum Co	(s)			
	rm that the foregoing in f my knowledge and be		ent and each Addendum is true and	
—Docusioned by: Alison Mhart		7,	/26/2024	
(Signature of lobbyist)		(Date)	
Alison Nihart				