STATE OF NEW HAMPSHIRE

023 Statement of Income
Expenses for LOBBYISTS

PSA Chapter 15) 2023 Statement of Income and

RECEIVED

JUL 1 1 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

. PLEASE PRINT

PLEASE PRINT		•	NEW HAMPSH
I. Name of Lobbyist(s) Sara Lobdell	saspitta Tipa jirgir hiti.	ेक के अधित अस्तिक विक्र	DEI ATTIALITY OF
		, લી જ્લાન કે.	
II. Name of lobbyist's partnership, firm or c			
Coalition for Open Democracy (Name of partnership, firm or co		•	
4 Park Street #301	Concord	. New Hampsh	ire 03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 603-715-8197	- 2/	sara@opender	
(Telephone)	(Fax)	e-mail	
 III. This statement covers: (Choose one – file reportable expense transactions which are n All reportable transactions occurring in the 	ot attributable to an	y one client).	
Coalition for Open Democracy	·		J
(Full Name of Client as it OR All reportable transactions by the lobbyist (unrelated to any particular client: IV. Date of Report April 26, 2023	including the lobbyist	• • • • • • • • • • • • • • • • • • • •	
Reports cover: activity from date of registration October 25, 2023	n to 3/31/23 a	January 31, 2024	
V. There have been no fees received and If this box is checked, complete just this form a State House, Room 204, Concord, NH 03301.	l no reportable trained submit it to the Sec		
VI. Check if additional reports are attached If you have received fees or made expendi If you have paid an honorarium or reimbur Expense Reimbursement If you, your firm, or your family has made	tures, you must file Acres expenses, you mu	st file Addendum B Report o	of Honorariums or
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and		_	oing information is true
Men Full		7/7/2023	<u> </u>
(Signature of lobbyist)		(Date)	
Sara Lobdell	<u> </u>	•	•
(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.

(Print Name of lobbyist)

Name of Lobbying partnership, firm, or corporation:	•	ome and Expenses for:	-	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Coalition for Open Democracy Date of Report (check one): April 26, 2023	Name of Lobbying	partnership, firm, or corpo	oration: Coalition for O	pen Democracy
April 26, 2023	Name of Client (lea	ve blank if Statement is f	or the partnership, firm, or	corporation and not related to
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) 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.	Date of Report (ch	eck one):		•
the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s) Addendum B(s) 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.	April 26, 2023 □	July 26, 2023 ⊠	October 25, 2023 □	January 31, 2024 □
Addendum B(s) 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.	the following Addsubmitted):	endums submitted with the		
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.				·
complete to the best of my knowledge and belief.	Addendum	C(s)	.*	
Y 1(/V VVV // 1)/V V V UUIY 1, 2020		t of my knowledge and be	elief.	
(Signature of lobbyist) (Date)	(Signature of lobby	rist) /		
Sara Lobdell			,	

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Coalition for Open Democracy	
(Name of partnership, firm or corporation) III. Name of Client Coalition for Open Democrac	cy Date 7/7/2023
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 fee amount reported shall not
a) Total of all fees received in this reporting periodb) 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	a) \$ 152.03 b) \$ 612.60
c) Total of all fees received to date (Add lines a and b)	. c) \$ 764.63
d) Indicate the amount of any such fees that are due, but have not yet been paid	764.63 d) \$ 0
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) th during the reporting period for salaries, benefits, support staff, and office e individual 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 repeany purpose not covered by (a) (for example: purchase of a meal with val ceremonial object to be given to the subject of lobbying with a value great 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 may be filed for the lobbyist(s)/fir e aggregate total of all expenses pa xpenses; (b) the aggregate total of ele: meals purchased during a busine ses than \$10 that is given to the persed with a value of \$25.00 or less); a orting period of greater than \$25.00 ue of greater than \$25, purchase of er than \$25, but not greater than \$25, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 65°
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	a) \$ 65: b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	_{c) \$} 0

d) Total expenses for this reporting period (Add lines a, b and c)	_{d)} \$ 65	
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) \$ 238.38	
f) Total of all expenses year to date	_{1) \$} 303.38	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, 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 affir is true and complete to the best of my knowledge and belief.	m that the foregoing information	
Aan Hollen	7/7/2023	
(Signature of lobbyist)	(Date)	
Sara Lobdell		
(Print Name of lobbyist)		