PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NOV 0 1 2018

I. Name of Lobi	byist(s) Sam Levy, Sarah Hig	ginbotham		
II. Name of lob	byist's partnership, firm or c	orporation, if a	ny:	
Everytown for G	Sun Safety Action Fund			
	(Name of partnership, firm or co	rporation)		
PO Box 4184		New York	NY	10163
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(646) 324-82	250 (917)	410-6932	e-mail lobbyreg@	geverytown.org
(Teleph	none)	(Fax))	
reportable expe	ent covers: (Choose one – file ense transactions which are note transactions occurring in the	ot attributable t	to any one client).	
	Gun Safety Action Fund			
	(Full Name of Client as it	appears on the Lo	bbyist Registration Form)	
	e transactions by the lobbyist (i particular client.	ncluding the lob	byist's family), or the lobbying	g firm listed below which are
IV. Date of Rep	ort April 25, 2018 activity from date of registration	10 2/21/19	July 25, 2018 activity from 4/1/18 to 6/30/18	
Reports cover:	October 31, 2018	110 3/3 1/10	January 30, 2019	
	activity from 7/1/18 to 9/36	/18	activity from 10/1/18 to 12/31.	/18
	been no fees received and cked, complete just this form at 301.			
VL Check if ad	ditional reports are attached:			
	received fees or made expendit		ile Addendum A- Fees and E	xpenses
☐ If you have Expense Reimbu	paid an honorarium or reimbur ursement	sed expenses, yo	ou must file Addendum B- Re	port of Honorariums or
M If you, your	firm, or your family has made	political contrib	utions, you must file Addendu	m C- Political Contribution
I have read RSA and complete to (Signature of lo	nt/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and the best of my knowledge and bbyist)		ereby swear or affirm that the following the second	
Sam Levy (Print Name of	Iohhvist)			

Lobbyists Fees and Expenses Addendum A

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c) \$ _13,500

(RSA Chapter 15:6)

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E TATE

II. Name of lobbyist's partnership, firm or corporation, if any: Everytown for Gun Safety Action Fund (Name of partnership, firm or corporation) III. Name of Client Everytown for Gun Safety Action Fund IV. Fees Received Indicate the gross amount of all fees received from the client identified abot to lobbying, including fees for services such as public advocacy, governments	Date 10 31 16
(Name of partnership, firm or corporation) III. Name of Client Everytown for Gun Safety Action Fund IV. Fees Received Indicate the gross amount of all fees received from the client identified about	Date 10 31 18
III. Name of Client Everytown for Gun Safety Action Fund IV. Fees Received Indicate the gross amount of all fees received from the client identified about	Date 10 31 15
IV. Fees Received Indicate the gross amount of all fees received from the client identified abo	Date 10 31 15
Indicate the gross amount of all fees received from the client identified abo	
including research, monitoring legislation, and related legal work. The reduced by any expenses:	nent relations, or public relations serv
a) Total of all fees received in this reporting period	a) \$13,804.31
b) Total of all fees received this calendar year, prior to this reporting perio (This should equal the total of all prior monthly reports for this calenda	
c) Total of all fees received to date (Add lines a and b)	c) \$61,626.70
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ _0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. 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 reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for examination where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobe (c) an itemized statement of each individual expenditure made during this many purpose not covered by (a) (for example: purchase of a meal with value green to be given to the subject of lobbying with a value green restaurant expenses for a legislative reception). Expenses for honorariue contributions will be reported on separate addendums and should not be reported.	ach client and if expenditures are made out may be filed for the lobbyist(s)/fi the aggregate total of all expenses particles expenses; (b) the aggregate total of ample: meals purchased during a busin of less than \$10 that is given to the per- bbied with a value of \$25.00 or less); reporting period of greater than \$25.00 value of greater than \$25, purchase of reater than \$25, but not greater than \$25, purchase of the per- tent of greater than \$25, purchase of the per- tent of greater than \$25, purchase of the per- pense reimbursement, or politically appeared to the per- tent of the per- pense reimbursement, or politically appeared to the per- tent of the per- pense reimbursement, or politically appeared to the per- tent of the per- tent of the per- pense reimbursement, or politically appeared to the per- tent of the per- pense reimbursement, or politically appeared to the per- tent of the per- pense reimbursement, or politically appeared to the per- pense reimbursement, or politically appeared to the per- pense reimbursement, or politically appeared to the per- tent of the per- tent of the per- tent of the per- tent of the per- pense reimbursement, or politically appeared to the per- tent of the per- pense of the per- tent of the per- pense of the per- pense of the per- tent of the per- pense of the per-
 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) \$ <u>304.31</u>

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 13,804.31
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)	e) \$ _47,822.39
f) Total of all expenses year to date	f) \$61,626.70
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:
Demers, Blaisdell & Prasol Inc.	\$ <u>13,500.00</u>
	\$
	\$
	\$
	\$
	\$
	······································
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
Sam Levy	10/31/18
(Signature of Tobbyist)	(Date)
(Print Name of Jobbyist)	
(1 thit (valide of Jobbytst)	

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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	Sam Levy, Sarah Higginboth		DEPARTMENT
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
• •		• , ,	
Everytown for Gun Safety	r Action Fund partnership, firm or corporation)	<u> </u>	
(Name of	partnersnip, tirm or corporation)		
III. Name of Client Ever	ytown for Gun Safety Action	n Fund	Date 10 31 18
Political Contributions	•		
		nursuant to RSA Chan	oter 664 paid on behalf of the
	ying firm, indicate the fo		para on contain or me
	,,	B.	
Full name of candidate:	Watters	David	Wesley
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Condidate :	s Seeking State Senate - 4
Amount of contribution 3	-	Office Candidate i	s seeking
Full name of candidate:	Grassie	Anne	
Full name of candidate:	Grassie (Last Namc)	Anne (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Secking State Senate - 6
Amount of contribution \$	(Last Name) 1,000 -kind contribution, provide contribution on the line about	(First Name) Office Candidate is a description of the good	Seeking State Senate - 6 ds or services provided, and enter the
Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	(Last Name) 1,000 -kind contribution, provide contribution on the line abound the word "estimate."	(First Name) Office Candidate is a description of the good we for amount of contribution of Contribution (Cindy)	Secking State Senate - 6 ds or services provided, and enter the ution. If the actual cost is not known
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value an	(Last Name) 1,000 -kind contribution, provide contribution on the line abound the word "estimate."	(First Name) Office Candidate is a description of the good we for amount of contributions.	Secking State Senate - 6 ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
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) (Date)
Sam Levy
(Print Name of lobbyist)

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Full name of candidate: Chandley

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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II. Name of lobbyist's p	am Levy, Sarah Higginbot	nam - 	NEW HAMP DEPARTMENT	SHII SE S
	artnership, firm or cor	poration, if any:		<u> </u>
Everytown for Gun Safety	Action Fund	• •		•
(Name of p	partnership, firm or corporation)		 -	
III. Name of Client Every	rtown for Gun Safety Action	n Fund	Date 10 31 18	
Political Contributions		•	•	
		pursuant to RSA Chap	ter 664 paid on behalf of the	
client/lobbyist and lobby			•	
			•	
Full name of candidate:	Felles	Dan		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _	1,000	Office Candidate i	s Sceking <u>State</u> Senate - 15	
•				
enter an estimated value an				
	·			
Full name of candidate:	Donovan	Mason		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _	1,000	Office Candidate is	Sceking State Senate - 7	
	kind contribution, provide	a description of the good	ls or services provided, and enter	the
If the contribution is an in-	ontribution on the line abo		ition. If the actual cost is not kno	
If the contribution is an inactual cost of the in-kind co	ontribution on the line abo			
If the contribution is an inactual cost of the in-kind co	ontribution on the line abo			

Shannon (First Name)

Office Candidate is Seeking

(Last Name)

(turn over to continue \rightarrow)

State Senate - 11

(Middle Name/Initial)

.

If the contribution is an in-kind contribution, provide a descriptio actual cost of the in-kind contribution on the line above for amounts.	n of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	in or controllion. If the actual cost is not known,
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swis true and complete to the best of my knowledge and belief	vear or affirm that the foregoing information
	10 1321 1 0
(Signature of loobyist)	(Date)
Sam Levy	
(Print Name of lobbyist)	

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

	rtnership, firm or cor	poration, if any:	
erytown for Gun Safety A	Action Fund		
· · · · · · · · · · · · · · · · · · ·	intnership, firm or corporation)		
Name of Client Everyt	own for Gun Safety Action	ı Fund	Date 10/3/18
litical Contributions			
	ution that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the
	ing firm, indicate the fo		•
	Kaha	lav	
I name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
		, , , , , , , , , , , , , , , , , , ,	,
ount of contribution \$ $_1$	1,000	Office Candidate is	s Sceking State Senate - 10
I name of candidate:	Morgan	Jon	
I name of candidate:	(Last Name)	Jon (First Name)	(Middle Name/Initial)
If name of candidate: $\frac{1}{2}$	(Last Name)	(First Name)	(Middle Name/Initial) Seeking State Senate - 23
nount of contribution $\frac{1}{2}$ the contribution is an in-k	(Last Name) ,000 and contribution, provide ntribution on the line above	(First Name)Office Candidate is a description of the good	,
nount of contribution \$ \frac{1}{2} \] the contribution is an in-kall cost of the in-kind co	(Last Name) ,000 and contribution, provide ntribution on the line above	(First Name)Office Candidate is a description of the good	Seeking State Senate - 23
nount of contribution \$ \frac{1}{2} he contribution is an in-k ual cost of the in-kind coer an estimated value and	(Last Name) ,000 and contribution, provide ntribution on the line above	(First Name)Office Candidate is a description of the good	Seeking State Senate - 23
nount of contribution \$ \frac{1}{2} \] the contribution is an in-kall cost of the in-kind co	(Last Name) ,000 and contribution, provide ntribution on the line about the word "estimate."	(First Name)Office Candidate is a description of the good ve for amount of contribu	Seeking State Senate - 23
nount of contribution \$ \frac{1}{2} \] the contribution is an in-kall cost of the in-kind co	(Last Name) ,000 and contribution, provide ntribution on the line above	(First Name)Office Candidate is a description of the good	Seeking State Senate - 23

(turn over to continue \rightarrow)

actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."
· · · · · · · · · · · · · · · · · · ·
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
(Thiore than three contributions were made, report additional contributions on separate addendum C forms.)
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.
10/3/18
(Date)
Sam Levy
(Print Name of lobbyist)

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-Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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Everytown for Gun Safety			
	partnership, firm or corporation)		
II. Name of Client Every	ytown for Gun Safety Actio	n Fund	Date 10/31/18
			oter 664 paid on behalf of the
Full name of candidate:	Hennessey	Martha	s .
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate i	s Seeking State Senate - 5
	D'Allesandro	Lou	
Full name of candidate:	D'Allesandro (Last Name)	Lou (First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial) s Seeking _State Senate - 20
Amount of contribution \$] If the contribution is an inactual cost of the in-kind c	(Last Name) 1,000 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	•
Amount of contribution \$ _	(Last Name) 1,000 kind contribution, provide ontribution on the line about the word "estimate." Clark	(First Name)Office Candidate is a description of the good ve for amount of contribution of the Martha	s Secking State Senate - 20 ds or services provided, and enter to the actual cost is not know the services of the actual cost is not know fuller
Amount of contribution \$	(Last Name) 1,000 kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contributions.	s Secking State Senate - 20 ds or services provided, and enter to the actual cost is not know the services of the actual cost is not know the services.

•	
(If more than three contributions were made, report additional	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	hereby swear or affirm that the foregoing informatio and belief.
	10/31/18
	(Date)
(Signature of lobbyist)	(Date)

NOV 0 1 2018

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NOV 0 1 2018

I. Name of Lobbyist(s) _S	Sam Levy, Sarah Higginbot	ham	DEPARTMENT
II. Name of lobbyist's p	artnership, firm or cor	rporation, if any:	
Everytown for Gun Safety	Action Fund	•	
	partnership, firm or corporation)		
•	ytown for Gun Safety Actio	n Fund	Date 10/31/18
Political Contributions	;		•
			ter 664 paid on behalf of the
client/lobbyist and lobby	ying firm, indicate the fo	ollowing:	
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate i	s Seeking State Senate - 18
initial of controlling		Office Candidate is	3 Oceaning
Full name of candidate:	Alford-Teaster	Jennifer	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate is	Secking State Senate - 8
	ontribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known
.,		·	
			
Full name of candidate:	Sherman	Tom	
			(Middle Name/Initial)
Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) s Seeking State Senate - 24

f the contribution is an in-kind contribution, provide a	description of the goods or services provided, and enter the
ictual cost of the in-kind contribution on the line above	for amount of contribution. If the actual cost is not known,
nter an estimated value and the word "estimate."	The actual cost is not known,
	<u> </u>
f more than three contributions were made, report additional	contributions on separate addendum C forms.)
St. d. d. am	
worn Statement/Affirmation by Lobbyist	
have read DSA 15 DSA 15 D and DSA 664 and 1	horalis assessment of the state
true and complete to the best of my knowledge a	hereby swear or affirm that the foregoing information
and complete to the best of my knowledge a	ilu bellet.
	i v
	10/3/18
Signature of (obbyist)	(Date)
	(Bate)
Sam Levy	
Print Name of lobbyist)	_
• •	

NOV 0 1 2018



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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Everytown for Gun Safety			
	partnership, firm or corporation)		1 .
II. Name of Client Ever	ytown for Gun Safety Action	Fund	Date 103118
Political Contributions	s		
			oter 664 paid on behalf of the
client/lobbyist and lobby	ying firm, indicate the fo	llowing:	
	<u> </u>		
	Balan	1470	
Full name of candidate:	Bolton (Last Name)	William (Eigh Nama)	(A.C.4.11 - N1 - (C. 12 - 13
	,	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000 ——————————————————————————————————	Office Candidate is	s Sceking State Senate - 2
	nd the word "estimate."	·	ution. If the actual cost is not kno
	Committee to Elect House		
Full name of candidate:	Committee to Elect House (Last Namc)	e Democrats (First Name)	(Middle Name/Initial)
Full name of candidate:	Committee to Elect House (Last Name) 2,500	(First Name)Office Candidate is	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Committee to Elect House (Last Name) 2,500 kind contribution, provide contribution on the line above	(First Name)Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-	Committee to Elect House (Last Name) 2,500 -kind contribution, provide contribution on the line abound the word "estimate." New Hampshire Senate	(First Name) Office Candidate is a description of the good we for amount of contribution of c	(Middle Name/Initial) Seeking N/A Is or services provided, and enter aution If the actual cost is not kno
Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind center an estimated value ar	Committee to Elect House (Last Name) 2,500 -kind contribution, provide contribution on the line abound the word "estimate."	(First Name)Office Candidate is a description of the good we for amount of contributions.	(Middle Name/Initial) Seeking N/A ds or services provided, and enter

enter an estimated value and the word "estimate."	
If more than three contributions were made, report addition	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and s true and complete to the best of my knowledge	I hereby swear or affirm that the foregoing information and belief.
	10/31/18
(Signature of lobbyist)	(Date)
Sam Levy	

NOV 0 1 2018

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:

NOV 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying partn	ership, firm, or corpor	ration: Everytown for Gun Sa	afety Action Fund
Name of Client (leave bl	ank if Statement is for	r the partnership, firm, or	corporation and not related to any
particular client): Everyto			<u> </u>
Date of Report (check o	ne):		
April 25, 2018 🗆	July 25, 2018 □	October 31, 2018	January 30, 2019 🗆
I have read RSA 15, RS the following Addendun submitted):	A 15-B, RSA 664, thens submitted with tha	e Statement of Income and t Statement (insert the nu	d Expenses described above, and mber of Addendum forms being
1 Addendum A(s).			,
Addendum B(s).			
1 Addendum C(s).	·		
I hereby swear or affirm complete to the best of m			t and each Addendum is true and
(Signature of lobbyist)		. 1.0	(Date)
Sam Levy			
(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/Affirmation by Lobbyist Statement of Income and Expenses for:

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NOV 0 1 2018

Name of Lobbying partnership, firm, or corporation: Everytown for Gun Safety Action Fund
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Everytown for Gun Safety Action Fund
Date of Report (check one):
April 25, 2018 ☐ July 25, 2018 ☐ October 31, 2018 ☑ January 30, 2019 ☐
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).
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. 10 21 18 (Signature of lobbyist) (Date)
Sarah Higginbotham
(Print Name of lobbyist)