

I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

Sam Levy, Mallory Nugent

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JAN 3 0 2020

PLEASE PRINT NEW HAMPSHIRE DEPARTMENT OF STATE

	ety Action Fund		
(Name of part	nership, firm or corporation)		
P.O. Box 4184	New York	NY	10163
Business Address: (Street)	(Town/City)	. (State)	(Zip Code)
(646) 324-8250	(917) 410-6932	e-mail <u>lobbyreg@</u>	everytown.org
(Telephone)	(Fax)		
	Choose one – file separate reports to ons which are not attributable to a		file a separate report for
✓ All reportable transactions	occurring in the months prior to the	reporting date relative to the	following client:
Everytown for Gun Safe	ety Action Fund		
	ame of Client as it appears on the Lobby	ist Registration Form)	<u> </u>
<u>OR</u>	,, ,	,	
All reportable transactions unrelated to any particular clie	by the lobbyist (including the lobbyi nt.	st's family), or the lobbying	irm listed below which are
	24, 2019 🗆	July 31, 2019 🛚	
•		ctivity from 4/1/19 to 6/30/19	•
	per 30, 2019 5 from 7/1/19 to 9/30/19	January 29, 2020 🗍 activity from 10/1/19 to 12/31/1	9
	s received and no reportable tra is just this form and submit it to the St ord, NH 03301.		
VI. Check if additional repor	ts are attached:		
	or made expenditures, you must file a	Addendum A- Fees and Exp	enses
If you have received fees of	irium or reimbursed expenses, you m	ust file Addendum B- Repo	ort of Honorariums or
	• • •		

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Sam Levy, Mallory Nugent	DEPARTMENT C
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	Date
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 granteduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 43,858.07
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) \$_60,054.23 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ _103,912.30
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
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 of 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 lobbied (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 if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person of with a value of \$25.00 or less); and arting period of greater than \$25.00 for the of greater than \$25.00 for the of greater than \$25, purchase of a cr 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. 	a) \$ _5,772.32
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) \$ 38,085.75

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 43,858.07
•	60 054 22
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) \$ _60,054.23
f) Total of all expenses year to date	ns 103,912.30
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Demers, Blaisdell & Prasol Inc.	s 15,000.00
Chong + Koster LLC	s 10,950.00
iHeart Media	s_5,662.00
Winning Connections, Inc.	\$ 1,473.75
	\$
	s
Sworn Statement/Affirmation by Lobbyist	
, ,	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire is true and complete to the best of my knowledge and belief.	n that the foregoing information
· · · · · · · · · · · · · · · · · · ·	
MN	1/30/2020
(Signature of lobbyist)	(Date)
Mallory Nugent	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Sam Levy, Mallory N	lugent .		DEPARTMENT O
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:		
Everytown for Gun Sa	fety Action Fund			
III. Name of Client _ Ever	,	v Action Fund	Date	
	,	y readour t una	Datc	
Political Contributions		DOA O		1 1 10 04
For each political contribution client/lobbyist and lobbyist	ng firm, indicate the fo	pursuant to RSA Chap llowing:	ter oo4 paid or	ochair of the
		<u> </u>		
Full name of candidate:	New Hampshire De	emocratic Party		
·	(Last Name)	(First Name)	(Middle N	ame/Initial)
Amount of contribution \$	5,000.00	Office Candidate is	Seeking N/	A
Full name of candidate:				
_	(Last Name)	· (First Name)	(Middle N	ame/Initial)
Amount of contribution \$		Office Candidate is	Seeking	
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	stribution on the line above	a description of the good we for amount of contribu	ls or services pro ttion. If the actu	ovided, and enter the all cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	(Middle N	eme/Initial)
Amount of contribution \$		Office Candidate is	Seeking	

(turn over to continue \rightarrow)

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 aborenter an estimated value and the word "estimate."	ve 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 addition	nal 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	d hereby swear or affirm that the foregoing information and belief.
110/11	1/30/2020
(Signature of lobbyist)	(Date)
Mallory Nugent	
(Print Name of Johnvist)	

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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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Name of Lobbying partnership,	firm, or corporatio	n: Everytown for Gu	ın Safety Action Fund
Name of Client (leave blank if S particular client): Everytown			orporation and not related to any
Date of Report (check one):			
April 24, 2019 July 31	, 2019 🗆 O	ctober 30, 2019 🗹	January 29, 2020 □
	Qu	arter 3 Amendmen	t
I have read RSA 15, RSA 15-B, the following Addendums submitted):	, RSA 664, the Str litted with that Str	atement of Income and atement (insert the nur	Expenses described above, and nber of Addendum forms being
1 Addendum A(s).			
O Addendum B(s).			
1 Addendum C(s).			
I hereby swear or affirm that the complete to the best of my know			and each Addendum is true and . 1/30/2020
(Signature of lobbyist)	\rightarrow		(Date)
Sam Levy (Print Name of Johnwist)	·	_	