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STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUN 17 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Susan Greenhalgh

(I, Name of lo N/A	obbyist's partnership, firm or co	orporation, if any:		
	(Name of partnership, firm or co.	rporation)		
48 N.	Pleasant St. Suite 304		MA	01002
Business Addre	ss: (Street)	(Town/City)	(State)	(Zip Code)
、413	-253-2700		susan@freespe e-mail	eechforpeople.org
	ephone)	(Fax)	C-man	
eportable ex ¬	ement covers: (Choose one – file pense transactions which are no able transactions occurring in the	ot attributable to any	one client).	-
Free Sp	eech for People			
OR	(Full Name of Client as it	appears on the Lobbyist R	Registration Form)	
	ble transactions by the lobbyist (in any particular client.	acluding the lobbyist's t	family), or the lobbying fir	m listed below wh
IV. Date of R Reports cover:	activity from date of registration to	1	July 30, 2025 (1) July 30, 2025 (1) July 30, 2025	
	October 29, 2025 activity from 7/1/25 to 9/30/25		January 28, 2026 from 10/1/25 to 12/31/25	
If this box is c State House, I	ve been no fees received and hecked, complete just this form a Room 204, Concord, NH 03301. additional reports are attached:	nd submit it to the Secre		
If you hav	e received fees or made expendit	ures, you must file Add	lendum A– Fees and Expe	enses
If you hav Expense Reim	ve paid an honorarium or reimbur	sed expenses, you must	file Addendum B- Repor	t of Honorariums
	our firm, or your family has made	nolitical contributions	you must file Addendum	C_Political Cont
11	ar min, or your raining has made	pondour conditionations,	you must me rautenum	C Tonical Conc
have read RS	nent/Affirmation by Lobbyist SA 15, RSA 15-B, RSA 14-C and to the best of my knowledge and		wear or affirm that the fore	1
(Signature of	• •		(Date)	
Susan (Greenhalgh			
(Print Name	of lobbyist)			