

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 28 2021

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Chery	l Steinberg		
II. Name of lobbyist's partnership, fir	m or corporation, if any:		
New Hampshire Lega	l Assistance		
(Name of partnership, fir	m or corporation)		
117 North State Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-224-4107</u> (Telephone)	() <u>603-224-205</u> (Fax)	3 e-mail csteint	perg@nhla.org
III. This statement covers: (Choose on			y file a separate report for
reportable expense transactions which	are not attributable to any	one client).	
☐ All reportable transactions occurring	in the months prior to the re	porting date relative to the	following client:
,	•		
(Full Name of Clie	ent as it appears on the Lobbyist	Registration Form)	N-04-44
OR			
All reportable transactions by the lob	byist (including the lobbyist'	s family), or the lobbying	firm listed below which are
unrelated to any particular client.			
IV. Date of Report April 29, 2020		July 29, 2020 🛘	
Reports cover: activity from date of regi	_	vity from 4/1/20 to 6/30/20	
October 28, 202 activity from 7/1/20		January 27, 2021 (7) ivity from 10/1/20 to 12/31/2	20
V. There have been no fees received If this box is checked, complete just this j State House, Room 204, Concord, NH 03	form and submit it to the Seci	sactions made since the retary of State's Office, 10	e last report. X 7 North Main Street,
VI. Check if additional reports are atta	ached:		
☐ If you have received fees or made ex		dendum A - Fees and Exp	oenses
☐ If you have paid an honorarium or re Expense Reimbursement		_	
If you, your firm, or your family has	made political contributions,	you must file Addendum	C-Political Contributions
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledg	C and RSA 664 and hereby:	swear or affirm that the fo	regoing information is true
Cheryl Steinberg (Signature of lobbyist)		1/26/2021	
(Signature of lobbyist)	· · · · · · · · · · · · · · · · · · ·	(Date))
Cheryl Steinberg			
(Print Name of lobbyist)			

STATE OF NEW HAMPSHIRE

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

P	I. Name of Lobbyist(s) Ch	eryl Steinberg				
L E II. Name of lobbyist's partnership, firm or corporation, if any:						
A S	New Hampshire Lega	ıl Assistance				
E	· · · · · · · · · · · · · · · · · · ·	tnership, firm or corporation)				
P	III. Name of Client New I	I. Name of Client New Hampshire Legal Assistance Date 1/25/2021				
R						
[Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:					
N T						
				,		
	Full name of candidate:	Biden	Joseph			
	_	(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 25	5	Office Candidate i	s Seeking President		
				ds or services provided, and enter the		
	actual cost of the in-kind con enter an estimated value and	ribution on the line abo the word "estimate."	ve for amount of contrib	ution. If the actual cost is not known,		
	Full name of candidate:	America Votes - to	help get out the vo	ote in GA senatorial races		
	•	(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 30)	Office Candidate is	Seeking Georgia - US Senate		
				-		
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and ent actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not k		Is or services provided, and enter the				
	enter an estimated value and the word "estimate."					
			· · · · · · · · · · · · · · · · · · ·	***		
			···	<u> </u>		
	F.11		<u> </u>	<u> </u>		
	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
	Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is	(Middle Name/Initial)		

· •	escription of the goods or services provided, and enter the for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	of amount of contribution. If the actual cost is not known,
	
(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and h	ereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge an	•
Charles Stainhain	4/05/0004
Cheryl Steinberg (Signature of lobbyist)	1/25/2021
(Signature of lobbyist)	(Date)
Cheryl S. Steinberg	
(Print Name of lobbyist)	-

STATE OF NEW HAMPSHIRE

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

P	I. Name of Lobbyist(s) Cheryl Steinberg					
L E II. Name of lobbyist's partnership, firm or corporation, if any:						
A S	New Hampshire Legal	Assistance				
E	(Name of partnership, firm or corporation)					
P	III. Name of Client New Hampshire Legal Assistance Date 1/25/2021					
R I Political Contributions N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of client/lobbyist and lobbying firm, indicate the following:			oter 664 paid on behalf of the			
	Full name of candidate:	Feltes	Dan			
		(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 10	00	Office Candidate i	s Seeking NH - Governor		
			-			
	Full name of candidate:	Biden	Joseph			
		(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 25		Office Candidate is	Seeking President		
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is nenter an estimated value and the word "estimate."		ls or services provided, and enter the				
	Full name of candidate:	Cushing	Robert	Renny		
		(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 50	!	Office Candidate is	Seeking NH - State Rep.		

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."	to amount of contribution. If the actual cost is not known,		
(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 h is true and complete to the best of my knowledge at	nereby swear or affirm that the foregoing information nd belief.		
Cheryl Steinberg (Signature of lobbyist)	1/25/2021		
(Signature of lobbyist)	(Date)		
Cheryl S. Steinberg			
(Print Name of lobbyist)			