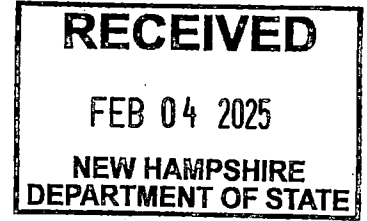


STATE OF NEW HAMPSHIRE
2024 Statement of Income and
Expenses for LOBBYISTS
(RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Meagan Forbes

II. Name of lobbyist's partnership, firm or corporation, if any:
Institute for Justice
(Name of partnership, firm or corporation)

901 N. Glebe Road, Suite 900 Arlington VA 22203
Business Address: (Street) (Town/City) (State) (Zip Code)
 () 703-682-9320 () _____ e-mail mforbes@ij.org
(Telephone) (Fax)

III. This statement covers: (Choose one – file separate reports for each client, OR you may 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 reporting date relative to the following client:
Institute for Justice
(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 24, 2024 July 31, 2024
Reports cover: activity from date of registration to 3/31/24 activity from 4/1/24 to 6/30/24
 October 30, 2024 January 29, 2025
activity from 7/1/24 to 9/30/24 activity from 10/1/24 to 12/31/24

V. There have been no fees received and no reportable transactions made since the last report.
If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

- If you have received fees or made expenditures, you must file Addendum A– Fees and Expenses
- If you have paid an honorarium or reimbursed expenses, you must file Addendum B– Report of Honorariums or Expense Reimbursement
- If you, your firm, or your family has made political contributions, you must file Addendum C– Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Meagan Forbes
(Signature of lobbyist)

2/3/25
(Date)

Meagan Forbes
(Print Name of lobbyist)

2025 Lobbyist Registration Form
RSA Chapter 15



A lobbyist registration form reports the existence of a relationship between a single client and either a single lobbyist or a partnership, firm, or corporation with one or more partners, members, or employees who will be acting as lobbyists for that client. A lobbyist is a person employed in a representative capacity to promote or oppose, directly or indirectly, any legislation pending or proposed before the general court, or to promote or oppose, directly or indirectly, any action by the governor, governor and council, or any state agency, where such action concerns legislation or contracts pending or proposed before the general court, any pending administrative rule, or the procurement of goods or services that are being or may be purchased by the state. RSA 15:1: See also RSA 15:1, III (for a description of persons who fall within this definition but who are not required to register).

PLEASE PRINT:
I. Lobbyist Registering

Forbes	Meagan	Anne
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name/Initial</small>
703) 682-9320	()	mforbes@ij.org
<small>(telephone)</small>	<small>(fax)</small>	<small>(e-mail)</small>
901 N. Glebe Road, Suite 900	Arlington VA	22203
<small>(mailing address)</small>	<small>(city)</small>	<small>(state)</small>
Usual occupation or primary field of business: check one: <input type="checkbox"/> Lobbyist <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Other <small>Director of Legislation and Senior Legislative Counsel</small>		

II. Name of the lobbyist's partnership, firm, or corporation
 If the lobbyist listed above is affiliated with a partnership, firm, or corporation please provide:

Institute for Justice : _____
 Lobbyist's partnership, firm, or corporation name

703-682-9320	dknepper@ij.org
<small>(telephone)</small>	<small>(e-mail)</small>
901 N. Glebe Road, Suite 900	Arlington VA 22203
<small>(mailing address)</small>	<small>(city)</small> <small>(state)</small> <small>(zip code)</small>

III. Character of Employment

- a. Full-time/part-time employee of Client
- b. Independent Contractor working directly for Client
- c. Contract between Client and Lobbyist/Lobbyist's Firm
- d. Other: _____

IV. Duration of employment *All registrations for 2025 legislative session END on December 31, 2025*

- a. Ongoing full-time employee of Client
- b. Representation period starts _____

V. Client

Where the client is a corporation, a registered business (doing business as), a legally established non-profit, a political committee, or other legally recognized entity provide both the name of the entity and the name of either the principal or a designated representative of that client. Where the client is an individual, list only the individual's name.

Institute for Justice

Business, Corporation, Organization, entity name

Knepper

Daniel

E

Last Name

First Name

Middle Name/Initial

Usual Occupation or primary field of business: non-profit public interest law firm

Provide business address and contact information or if none, residence address and contact information for individual client or principal/representative:

703-682-9320

dknepper@ij.org

(telephone)

(fax)

(e-mail)

901 N. Glebe Road, Suite 900, Arlington, VA 22203

(mailing address)

(city)

(state)

(zip code)

VI. Subject

Describe the subjects of legislative or executive branch action to which the lobbying relationship being reported relates:

Advocating for cottage food reform and cosmetology licensing reform

VII. Signature of Registering Lobbyist

I have read RSA Chapter 15 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Melissa Anderson
Signature

2/3/25
Date

Return to: Secretary of State's Office
107 North Main Street
State House, Room 204
Concord, N.H. 03301

Phone: 603-271-3242 Fax: 603-271-6316
Email: Elections@sos.nh.gov

Fee: \$50

FOR OFFICE USE ONLY:

Registration Fee Paid: _____ Check No. _____ Amount _____