

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

- PLEASE PRINT

I. Name of Lobbyist	(s) Ench	John	SON				
II. Name of lobbyist	_)	oration, if any:				•
108	•			. •	•	•	i a i
(Na	me of partnership	, firm or corpo	ration)				<u> </u>
gaa	Marth C	outal 5	+ NE Han	Mashi	mlan	DC 20	707
Business Address: (S	treet)	prior 3	Town/City)	$\frac{O}{-}$ (Sta	(te)	Zip C	Code)
(201) (440-6	600	, , ,		1	9		
(Telephone)		_ ()	(Fax)	e-mail _	,		
III. This statement of	overs: (Choose		narata ranarte fo	vroach aliant ()	n von mass	Gla a sanaya	to more out for
reportable expense t	ransactions wh	ich are not a	ttributable to ar	n each cheng o y one client).	к уой шау	ше а ѕерага	te report for
1		1 - 2				*****	-
All reportable tran	isactions occurr	ing in the mo	nths prior to the r	eporting date rel	ative to the	following clie	ent:
Save the	Children	Action	Network	, 			
OD	(Full Name of	Client as it app	ears on the Lobbyi	st Registration For	m)		•
OR	aaatiama kuutka '		. 41 41 1. 11 1.	9. 6. 9. X ¹ . a.		* 11 . 11 1	
☐ All reportable tran unrelated to any partic	sactions by the l cular client.	obbyist (inch	iding the lobbyis	i's family), or the	e lobbying f	arm listed belo	ow which are
	, , , , , , , , , , , , , , , , , , ,	/					
IV. Date of Report	April 28, 202			July 28, 202	1 🗆	••	•
Reports cover: activ	vity from date of i	_	3/31/21 ac	tivity from 4/1/21	_		
	October 27, activity from 7/1			· · · · January 26, ctivity from 10/1/2		, ,	
	activity from 7/1	721 to 9/30/21		cuvuy jrom 10/1/2	1 10 12/31/21	ı.	
V. There have been	n no fees recei	ved and no	reportable tra	nsactions mad	e since the	last report	. ! 🗆
If this box is checked, State House, Room 20	complete just th U. Concord NF	nis form and s 1 03301	ubmit it to the Se	cretary of State's	S Office, 107	7 North Main	Street,
Sidie Touse, Room 20	rt, Concora, 111	. 03301.	\psi_+	•			
V. Check if addition		•		*****	. :		
If you have received							
☐ If you have paid a Expense Reimbursem		r reimbursed	expenses, you mu	ist file Addendu	m B— Repo	rt of Honorari	iums or
☐ If you, your firm,		has made poli	tical contribution	s, you must file	Addendum	C- Political	Contributions
	· .					••••	!
			••			*** * ****	
Sworn Statement/Af	firmatión by L	obbyist	*,		•		17.4.424
I have read RSA 15, F	tSA 15-B, RSA	14-C and RS	A 664 and hereby	swear or affirm	that the for	egoing inform	nation is true
and complete to the b	est of my knowl	euge and ben	c1.	1112	7/2	.5.1	
amy			_	4/2	. [] 49	<u>'ムし。</u>	
(Signature of lobbyis	l)			. /	(Date)	~	RECEIV
Emily Ju	Wholl		_				•
(Daine Manne L. C.) 11	:		_			Ħ	· ADD 2 Q 21

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) EMILY JOHNSON	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Save the Children Action Network	
(Name of partnership, firm or corporation)	
III. Name of Client	Date 4/26/2021
and the second of the second o	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above	that are related directly or indirect
to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 562.66
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)	(x b) \$. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>562.66</u>
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ N/A
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 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 examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbie (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 may be filed for the lobbyist(s)/fir a aggregate total of all expenses particles, total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of aggregate total of the meals purchased during a business than \$10 that is given to the persect with a value of \$25.00 or less); and the persect with a value of greater than \$25.00 are of greater than \$25, purchase of the persect than \$25, but not greater than \$25, expense reimbursement, or politically aggregate total of all expenses aggregate total of
programs and septiminate of the control of the cont	·
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
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) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobby ist)	4/27/2021 (Date)
Emily Johnson (Print Name of Jobbyist)	

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