PLEASE PRINT	STATE OF NEW E 2024 Statement of Expenses for LO (RSA Chapt	Income and BBYISTS	RECEIV JAN 14 2 NEW HAMPS DEPARTMENT O
I. Name of Lobbyist(s) Sarah Seel			
II. Name of lobbyist's partnership, firm			
New Hampshire Coalition		and Sexual Vic	olence
(Name of partnership, firm		NILI	03302
PO BOX 353	CONCORD	(State)	(Zip Code)
Business Address: (Street)	(Town/City)	e-mail sarah@n	
( ) <u>603 224-8893</u> (	)(Fax)	e-mail	ileadsv.org
OR	t as it appears on the Lobbyist Regi	stration Form)	
New Hampshire Coalition (Full Name of Client All reportable transactions by the lobby unrelated to any particular client. IV. Date of Report April 24, 2024 Reports cover: activity from date of registration October 30, 2024 activity from 7/1/24 to 9/	as it appears on the Lobbyist Reginits (including the lobbyist's fan ion to 3/31/24 activity 30/24 activity fro	stration Form) nily), or the lobbying fi July 31, 2024 from 4/1/24 to 6/30/24 uary 29, 2025	irm listed below which are
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