# LEASE PRINT

### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) SHAINA KASPER	1
11. Name of lobbyist's partnership, firm or corporation, if any:	
TOXILS ACTION CONTER, DAA COMMUNITY (Name of partnership, firm or corporation)	AUTON WORKS
III. Name of Client	Date 0 19 2 1
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 3 0
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).	b) \$ 90 ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ [70
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of the lobbyist(s)/firm that are unrelated to any one client a separate report of the 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (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 by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; than \$10 that is given to the person d with a value of \$25.00 or less); and tring period of greater than \$25.00 for the of greater than \$25, purchase of or than \$25, but not greater than \$50 expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

	iod	d) \$
d) Total expenses for this reporting per (Add lines a, b and c)	iou	u) \$
e) Total of expenses paid this calendar (This should be the amount on line for	year, prior to this reporting period f addendum A for last month's report)	e) \$
f) Total of all expenses year to date		1. <b>f) \$</b>
VI. Other Expenses: Provide the following detail for all experiod, including by whom paid or to w	enditures of more than \$25 made from	_ •
Paid to:		Amount:
		\$
		\$
		\$
		¢
		\$
<u> </u>		\$
•.		
		<u> </u>
Sworn Statement/Affirmation by	Lohhvist	in the state of th
		rm that the foregoing information
I have read RSA 15, RSA 15-B and is true and complete to the best of m		mi that the folegoing information
is true and complete to the best of m		10/19/21
(Signature of lobbyist)		10/19/21 (Date)
(Signature of lobbyist)  SHAWA KASPER		10/19/21
(Signature of lobbyist)		10/19/21
(Signature of lobbyist)  SHAINA KASPER		10/19/21
(Signature of lobbyist)  SHAINA KASPER		10/19/21
(Signature of lobbyist)  SHAWA KASPER		10/19/21

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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OCT 21 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

8	Name of Lobbying partnership, firm, or corporation: TONIS ACTION CENTER, OBA COMM	wit
•	Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any	
	· ·	Works
	Date of Report (check one):	·
	April 28, 2021 July 28, 2021 October 27, 2021 January 26, 2022	
	I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):	
8	Addendum A(s).	٠
	Addendum B(s).	
	Addendum C(s).	
		•
	I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.	
	8/m/h~ 10/19/21	
	(Signature of lobbyist) (Date)	
	SHAINA KASPER	
Ê	(Print Name of lobbyist)	