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#### STATE OF NEW HAMPSHIRE

#### 2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# RECEIVED

OCT 14 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

I Name of Labbuist(s)	Pamela Keilig		52,7,1,4,1,1,2,1
I. Name of Lobbyist(s)			
	tnership, firm or corporation, it		
·	palition Against Domestic	and Sexual Violence	<u> </u>
-	partnership, firm or corporation)	<b>.</b>	20000
PO Box 353	Concord		03302
Business Address: (Street)	(Town/City)		(Zip Code)
(603) <u>224-8893</u>	( )	e-mail <b>pkeilig</b> (	@nhcadsv.org
(Telephone)	(F	axy	
	: (Choose one – file separate rep ctions which are not attributab	oorts for each client, OR you ma	ay file a separate report
	ctions which are not attributed	ie to any one chency.	
All reportable transaction	ons occurring in the months prior	to the reporting date relative to th	ne following client:
New Hampshire Coa	alition Against Domestic a	and Sexual Violence	
(Ful	I Name of Client as it appears on the	Lobbyist Registration Form)	
OR			
All reportable transaction unrelated to any particular		obbyist's family), or the lobbying	firm listed below which
	April 30, 2025	July 30, 2025	
Reports cover: activity from		activity from 4/1/25 to 6/30/25	•
	tober 29, 2025 X From 7/1/25 to 9/30/25	January 28, 2026 activity from 10/1/25 to 12/31/25	5
	lete just this form and submit it to	ble transactions made since to the Secretary of State's Office, i	
VI. Check if additional re	ports are attached:		
		st file Addendum A- Fees and E	
If you have paid an hor Expense Reimbursement	orarium or reimbursed expenses,	, you must file <b>Addendum B</b> - Re	eport of Honorariums or
<del></del>	ur family has made political cont	ributions, you must file Addendu	um C– Political Contribu
	, ,	, <b>.</b>	
Sworn Statement/Affirma I have read RSA 15, RSA 1 and complete to the best of	5-B, RSA 14-C and RSA 664 and	d hereby swear or affirm that the	foregoing information is
Pamela Keilig		10/8/2025	
(Signature of lobbyist)		(Da	ite)
Pamela Keilig			
(Print Name of lobbyist)			

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Pamela Keilig		
II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Coalition Against Domestic & Sexual Vi	olence	
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Coalition Against Domestic & Sexual Viole	ence Date _	10/8/2025
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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations,	or public relations serv
a) Total of all fees received in this reporting period	a) \$	
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 y	b) \$ ear)	
c) Total of all fees received to date (Add lines a and b)		
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 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: 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 e individual 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 lebeing 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 greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and i may be file e aggregate xpenses; (b le: meals p ss than \$10 ed with a va orting perioue of greate er than \$25 , expense r	f expenditures are maded for the lobbyist(s)/is total of all expenses) the aggregate total of urchased during a busic that is given to the pealue of \$25.00 or less); d of greater than \$25.00 er than \$25, purchase to but not greater than reimbursement, or police the police of the pealue of \$25.00 er than \$
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	1188.95
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00

c) \$ \_\_\_\_\_

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period	d) \$	1188.95		
(Add lines a, b and c)	, <u> </u>			
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) \$	3219.47		
f) Total of all expenses year to date	f) \$	4408.42		
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from beginning 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 is true and complete to the best of my knowledge and belief.	m that the fo	oregoing information		
Pamela Keilig	10	/8/2025		
(Signature of lobbyist)	(I	Date)		
Pamela Keilig				
(Print Name of lobbyist)				