## STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PECRIVED

JUL 03 2024

NEW HAMPSHIRE

DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Pamela Keilig

II. Name of lobbyist's partnership, firm or	corporation, if any:			
New Hampshire Coalition A	•	and Sexual V	iolence	
(Name of partnership, firm or	-	<b>5</b> 11 1	2222	
PO BOX 353	CONCORD	NH	03302	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
( ) 603 224-8893	)	<sub>e-mail</sub> pkeilig@	nhcadsv.org	
(Telephone)	(Fax)			
III. This statement covers: (Choose one – fi reportable expense transactions which are			/ file a separate report for	
All reportable transactions occurring in th	e months prior to the report	ing date relative to the	following client:	
New Hampshire Coalition Against Domestic and Sexual Violence				
(Full Name of Client as it appears on the Lobbyist Registration Form)				
<u>OR</u>				
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  Reports cover: activity from date of registration  October 30, 2024  activity from 7/1/24 to 9/30/2	Jan	July 31, 2024 X from 4/1/24 to 6/30/24 mary 29, 2025 om 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	d:			
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses				
If you have paid an honorarium or reimbit Expense Reimbursement	ırsed expenses, you must fii	e Addendum B– Rep	ort of Honorariums or	
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 ar and complete to the best of my knowledge and		ar or affirm that the fo	regoing information is true	
Pamela Keilig	-	7/2/2024		
(Signature of lobbyist)		(Date	)	
Pamela Keilig		`		
(Print Name of lobbyist)				

### L E A S E P R I

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# 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 & Sexua	al Violence
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Coalition Against Domestic & Sexual Viole	ence <sub>Date</sub> 7/2/2024
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:	t relations, or public relations service:
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 year).	b) \$ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 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 examplunch 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 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 a aggregate total of all expenses paid expenses; (b) the aggregate total of alle; meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of a treatment \$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) \$ 1358.73
in a), of \$25 or less.	b) \$0.00
c) Total of all itemized expenditures reported in detail in section VI	c) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$1358.73			
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) \$1390.83			
f) Total of all expenses year to date	ŋs <u>2749.56</u>			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.				
Paid to:	Amount:			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
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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.	n that the foregoing information			
, -				
Pamela Keilig	7/2/2024			
(Signature of lobbyist)	(Date)			
Pamela Keilig (Print Name of lobbyist)				
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