# STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

Elliott Berry

RECEIVED

MAY 02 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	byist(s)	Elliott Beri	ту		DEPARTMEN
II. Name of lob	byist's partne	ership, firm or c	orporation, if any:		
	New Hamp	shire Legal .	Assistance		
	(Name of pair	nership, firm or co	orporation)		
	0 Elm Stre	et, Suite 7	Manchester	NH	03104
Business Address	: (Street)		(Town/City)	(State)	(Zip Code)
( ) 603-2 (Telep	224-4107 hone)	(	1-833-722-027 (Fax)	1 e-mail eberry	@nhla.org
reportable exp	ense transacti	ons which are n	e separate reports for e of attributable to any o months prior to the repo	ne client).	y file a separate report for  . e following ellent:
	(Full N	ame of Client as i	t appears on the Lobbyist Re	egistration Form)	•
OR  All reportable unrelated to any	e transactions particular clie	by the lobbyist ( nt.	including the lobbyist's f	amily), or the lobbying	; firm listed below which are
IV. Date of Reg Reports cover:	activity from a	27, 2022		July 27, 2022 by from 4/1/22 to 6/30/22 January 25, 2023 January 25, 2023 by from 10/1/22 to 12/31/	722
V. There have If this box is che State House, Ro	cked, complete	just this form a	no reportable transa nd submit it to the Secret	ctions made since that ary of State's Office, 10	ne last report,
If you have Expense Reimbu	received fees o pald an honora arsement	r made expendi rium or reimbur	tures, you must file Adde sed expenses, you must f	ile Addendum B-Rep	penses port of Honorariums or m C- Political Contributions
(Signature of lol	15, RSA 15-B the best of my bbyist)	, RSA 14-C and	RSA 664 and hereby sw belief.	ear or affirm that the fo	oregoing information is true
Elliott Berr					

# LEASE PRINT

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Elliott Berry	· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Legal Assistance	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Legal Assistance	Date
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 greated by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$No fees received
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) \$
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 reffees. 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 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 greater 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 e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 fo ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
<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)\$ 2,425.36 b)\$ 0
in a), of \$25 or less.	b) \$ <i>D</i>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <i>O</i>

		•	
	d) Total expenses for this reporting period	d)\$2,425,36	
	(Add lines a, b and c)  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)\$n a	
•	(This should be the amount on line f of addendum A for last month's report)  f) Total of all expenses year to date	0,\$ 2,425.36	
	VI. Other Expenses:		
	Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting	
	Paid to:	Amount:	
		\$	
		\$	,
		\$	
		\$	
		\$	
		\$	٠.
		•	
	•		
	Sworn Statement/Affirmation by Lobbyist		
	Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information	
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir	m that the foregoing information	
	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.  (Signature of lobbyist)	m that the foregoing information  (Date)	
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  Elllott Berry		
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# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	2021011 10 33		
II. Name of lobbyist's p	artnership, firm or corp	poration, if any:	
N.H. Legal	ASSIGTANCE		
III. Name of Client	<del> </del>		_Date
			664 paid on behalf of the
Full name of candidate:	HA-SSAN (Last Name)	MACG1E	(Middle Name/Initial) eking U.S. Seんごを
Amount of contribution \$	315 00	Office Candidate is Se	eking U.S. Sehate
enter an ëstimated value an	d the word "estimate"		n. If the actual cost is not known,
enter an êstimated value an	d the word "estimate."		
Full name of candidate:	Sherman (Last Name)	Thomas (First Name)	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$_  If the contribution is an in-	Sherman (Last Name)  100  kind contribution, provide a contribution on the line abov	Thom A S (First Name) Office Candidate is Second description of the goods of	
Full name of candidate:  Amount of contribution \$_  If the contribution is an in- actual cost of the in-kind co	Sherman (Last Name) 100 kind contribution, provide a contribution on the line above defined the word "estimate."	Thom A S (First Name)  Office Candidate is Second description of the goods of the for amount of contribution	(Middle Name/Initial) eking

If the contribution is an in-kind contribution, provide a descrip	
actual cost of the in-kind contribution on the line above for an enter an estimated value and the word "estimate."	iount of contribution. If the actual cost is not known,
ones an estimated variety and the word restinate.	
	·
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
(Signature of lobbyist)	4(22/2022 (Date)
(Print Name of lobbyist)	