

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Daphne Pellec	jrino		
II. Name of lobbyist's partnership, firm or o	corporation, if any:		
RAPE ABUSE & INCEST NATIONAL	NETWORK (RAINN)		
(Name of partnership, firm or c	orporation)		
1220 L STREET NW STE 500	Washington,	D.C.	20005
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(203) 815-0379 ()	_{e-mail} daphr	nep@rainn.org
(Telephone)	(Fax)		
III. This statement covers: (Choose one – fil reportable expense transactions which are r			ay file a separate report for
All reportable transactions occurring in the	months prior to the reporti	ng date relative to t	he following client:
RAPE ABUSE & INCEST NATIONAL	NETWORK (RAINN)		
·	t appears on the Lobbyist Regi	stration Form)	
OR			
☐ All reportable transactions by the lobbyist (unrelated to any particular client.	including the lobbyist's fan	nily), or the lobbyin	g firm listed below which are
IV. Date of Report April 28, 2021 X Reports cover: activity from date of registration		uly 28, 2021 [] from 4/1/21 to 6/30/2	I
October 27, 2021 activity from 7/1/21 to 9/3		anuary 26, 2022] from 10/1/21 to 12/3	1/21
V. There have been no fees received and If this box is checked, complete just this form a State House, Room 204. Concord, NH 03301.			
VI. Check if additional reports are attached	:		
If you have received fees or made expendi		dum A Fees and E	Expenses
☐ If you have paid an honorarium or reimbu Expense Reimbursement	rsed expenses, you must file	e Addendum B - Ro	eport of Honorariums or
☐ If you, your firm, or your family has made	political contributions, you	ı must file Addend ı	um C Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge and (Signature of lobbyist)	d RSA 664 and hereby swea belief.	April 19, 20	21
		F	RECEIVED
Daphne Pellegrino (Print Name of lobbyist)			
(APR 2 7 2021
		DEP	NEW HAMPSHIRE ARTMENT OF STATE