

## STATE OF NEW HAMPSHIRE

2024 Statement of Income and **Expenses for LOBBYISTS** 

(RSA Chapter 15)



PLEASE PRINT

I, Name of Lobbyist(s) Sarah See	ley		
II. Name of lobbyist's partnership, firm			
New Hampshire Coalition		and Sexual V	ïolence
(Name of partnership, firm			
PO BOX 353	·	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
. 、603 224-8893	1	e-mail sarah@nhcadsv.org	
(Telephone) 603 224-8893 (	(Fax)	_ C-IIIAII	
III. This statement covers: (Choose one- reportable expense transactions which a			y file a separate report f
All reportable transactions occurring in	the months prior to the reporti	ng date relative to the	following client:
New Hampshire Coalition	Against Domestic	and Sexual V	iolence
•	as it appears on the Lobbyist Regi	stration Form)	
OR			
All reportable transactions by the lobby unrelated to any particular client.	ist (including the lobbyist's fan	nily), or the lobbying	firm listed below which a
IV. Date of Report April 24, 2024 Reports cover: activity from date of registrat October 30, 2024 activity from 7/1/24 to 9/2  V. There have been no fees received If this box is checked, complete just this for State House, Room 204, Concord, NH 033	Jan 30/24  activity  Jan 30/24  activity fro  and no reportable transact  rm and submit it to the Secretar		
VI. Check if additional reports are attac			
If you have received fees or made exp  If you have paid an honorarium or rein	•		•
Expense Reimbursement	noursed expenses, you must in	s Audendam <b>b</b> - Nep	GIT OF LIGHORATIONS OF
If you, your firm, or your family has n	nade political contributions, you	ı must file Addendur	n C- Political Contributio
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge Sarah Seeley  (Signature of lobbyist)	C and RSA 664 and hereby swe and belief.	ar or affirm that the fo	<u>-</u>
Sarah Seeley			
(Print Name of lobbyist)			