

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 15 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

	bbyist's partnership,	firm or corpo	ration, if any:		
N/A					
40 NI	(Name of partnership	· _	1	N 4 A	
48 N.	Pleasant St. S	Suite 304 A	mherst	MA	01002
Business Addre	• •	(To	wn/City)	(State)	(Zip Code)
() <u>917</u>	-796-8782	()		susan@frees e-mail	peechforpeople.org
(Tele	phone)		(Fax)		
III. This state reportable ex	ement covers: (Choose pense transactions wl	e one – file sepa nich are not att	rate reports for e ributable to any o	ach client, OR you may ne client).	file a separate report for
All reports	able transactions occur	ring in the mont	hs prior to the repo	rting date relative to the	following client:
	eech for Peor				
<u> </u>	(Full Name of	Client as it appea	ars on the Lobbyist R	egistration Form)	
<u>OR</u>			•	,	
	ble transactions by the ny particular client.	lobbyist (includ	ing the lobbyist's f	amily), or the lobbying f	irm listed below which are
IV. Date of Re Reports cover:	activity from date of reg	istration to 3/31/		July 30, 2025 July from 4/1/25 to 6/30/25	
	October 29, activity from 7/1/25			anuary 28, 2026	
If this box is c		his form and sui		actions made since the tary of State's Office, 10	
VI. Check if a	additional reports are	attached:			
If you hav	e received fees or mad	e expenditures,	you must file Add e	endum A– Fees and Exp	enses
If you hav Expense Reim	e paid an honorarium o bursement	or reimbursed ex	kpenses, you must	file Addendum B – Repo	ort of Honorariums or
If you, you	ur firm, or your family	has made politi	cal contributions, y	ou must file Addendum	C– Political Contribution
I have read RS and complete (Signature of	to the best of my know	. 14-C and RSA	664 and hereby sv	vear or affirm that the for	regoing information is true