STATE OF NEW HAMPSHIRE

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

RECEIVED

FEB 04 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

| I. Name of Lobbyist(s) Patience Crozier | | | DEPARIMENTO | |
|--|---------------------------------------|-------------------------------------|--|--|
| II. Name of lobbyist's partnership, fir | m or corporation, if any: | | | |
| GLBTQ Legal Advocates | s & Defenders | | | |
| (Name of partnership, fir | | | | |
| 18 Tremont Street Suite 950 | Boston | MA | 02108 | |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) | |
| () 617 426-1350 | () | _{e-mail} pcrozier@glad.org | | |
| (Telephone) | (Fax) | C-man | | |
| III. This statement covers: (Choose on | ne – file senarate renorts for | each client OR you may | - · / file a senarate report | |
| reportable expense transactions which | | | me a separate report | |
| 7 | | | | |
| All reportable transactions occurring | | porting date relative to the | following client: | |
| GLBTQ Legal Advocates | s & Defenders | | | |
| • | ent as it appears on the Lobbyist | Registration Form) | | |
| OR | | | | |
| All reportable transactions by the lob unrelated to any particular client. | byist (including the lobbyist' | s family), or the lobbying | firm listed below which | |
| Figure 10 may Figure 1 mm 1 | | | | |
| IV. Date of Report April 24, 20 | 24 | July 31, 2024 | | |
| Reports cover: activity from date of registr | | tivity from 4/1/24 to 6/30/24 | | |
| October 30, 202 | <u> </u> | January 29, 2025 | | |
| activity from 7/1/24 to | 9/30/24 activit | ty from 10/1/24 to 12/31/24 | | |
| V. There have been no fees receive | ed and no reportable tran | sactions made since th | e last report. | |
| If this box is checked, complete just this | form and submit it to the Sect | | | |
| State House, Room 204, Concord, NH 0 | 3301. | · | | |
| VI. Check if additional reports are att | tached: | | | |
| If you have received fees or made e | xpenditures, you must file Ad | dendum A – Fees and Exp | penses | |
| If you have paid an honorarium or r | | | | |
| Expense Reimbursement | | | | |
| If you, your firm, or your family has | s made political contributions | , you must file Addendun | a C– Political Contribut | |
| | • | • | | |
| | | | | |
| Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B, RSA 14 | | swear or affirm that the fo | recains information is t | |
| and complete to the best of my knowled | | swear or armin that the to | | |
| 2 | | 1/26/ | 21 | |
| (Signature of lobbyist) | | 1/28/ | <u>) </u> | |
| Patience Crozier | | · | <i>,</i> | |
| | · · · · · · · · · · · · · · · · · · · | | • | |
| (Print Name of lobbyist) | | | 9 - | |