

STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

			ADMITTAL AND ADMIT			
I. Name of Lobbyist(s) Elizabeth C. Sargent						
II. Name of lobbyist's partnership	, firm or corporation, if s	nny:				
Sheehan Phinney Capitol Gro						
(Name of partners	hip, firm or corporation)					
Two Eagle Square	Concord	NH	03301			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)			
(603) 228-2370	_)	email_esargent@sheeha	an.com			
(Telephone)	(Fax)					
III. This statement covers: (Choose reportable expense transactions w			le a separate report for			
All reportable transactions occur	urring in the months prior to	o the reporting date relative to the fo	ollowing client:			
NH Funeral Directors Associ						
(Full OR All reportable transactions by unrelated to any particular client.		s on the Lobbyist Registration Form obbyist's family), or the lobbying fi				
IV. Date of Report April 24, Reports cover: activity from date of October 31 activity from 7/	of registration to 3/31/24 0, 2024 [July 31, 2024 ☐ activity from 4/1/24 to 6/30/24 January 29, 2025 ☒ activity from 10/1/24 to 12/31/2	24			
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.						
If you have paid an honor Expense Reimbursement	or made expenditures, you arium or reimbursed expens	must file Addendum A- Fees and less, you must file Addendum B- Rontributions, you must file Addend	eport of Honorariums or			
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief (Signature of lobbyist)	RSA 664 and hereby swear	r or affirm that the foregoing inform <u>January 29, 2025</u> (Date)	nation is true and complete to			
Elizabeth C. Sargent (Print Name of lobbyist)						



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

P	I. N	Name of Lobbyist(s) Elizabeth C. Sargent				
L E	11.	I. Name of lobbyist's partnership, firm or corporation, if any:				
A	Sh	Sheehan Phinney Capitol Group				
S	(Name of partnership, firm or corporation)					
E	III.	Name of Client NH Funeral Directors Association	Date January 29, 2025			
P R						
I	IV.	Fees Received				
N T	Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to including fees for services such as public advocacy, government relations, or public relations services including monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:					
	a)	Total of all fees received in this reporting period	a) \$ <u>0.00</u>			
	b) Total of all fees received this calendar year, prior to this reporting period b) \$ 10,000.00 (This should equal the total of all prior monthly reports for this calendar year)					
	c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>10,000.00</u>			
	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 report all expenses made from lobbying fees. Separat reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that at unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of thre categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for an purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendural and should not be reported on Addendura.					
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>8,267.00</u>			
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
	c)	Total of all itemized expenditures reported in detail in section VI.	c) \$			

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>8,267.00</u>
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) \$ <u>19,020.00</u>
f)	Total of all expenses year to date	F) \$ <u>27,287.00</u>
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from lobuding by whom paid or to whom charged.	obying fees during this reporting period,
Pai	d:	Amount:
_		s
		s
_		\$
_		\$
		s
		s
Sw	orn Statement/Affirmation by Lobbyist	
l ha is tr	we read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the ue and complete to the best of my knowledge and belief.	e foregoing information
(Sig	Eliabeth C Sargent Janu	ary 29, 2025 (Date)
	zabeth C. Sargent nt Name of lobbyist)	

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