STATE OF NEW HAMPSHIRE

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

PECEIVED

JAN 2 8 2025

NEW HAMPSHIRE

DEPARTMENT OF STATE

PLEASE PRINT

. Name of Lobb	yist(s) Sarah Mat	tson Dustin			
I. Name of lobb	yist's partnership, firm (or corporation, if any:			
	oshire Legal Ass				
(Name of partnership, firm or corporation)					
117 North	State Street	Concord	NH	03301	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)	
603-2	06-2231	1-833-722-027	1 e-mail smattsond	ustin@nhla.org	
(Telepho		(Fax)	e-man		
III. This stateme	nt covers: (Choose one -	file separate reports for eac	ch client. OR vou may	file a separate repor	
		re not attributable to any on			
7					
All reportable	transactions occurring in	the months prior to the report	ing date relative to the	following client:	
	(Full Name of Client	as it appears on the Lobbyist Reg	ristration Form)		
OR	(,		
	transactions by the lobbyi	st (including the lobbyist's fa	mily), or the lobbying	firm listed below which	
inrelated to any p		` 0	,,,		
IV. Date of Repo		2/21/24 activity	July 31, 2024 from 4/1/24 to 6/30/24		
Reports cover: act	tivity from date of registration				
	October 30, 2024 activity from 7/1/24 to 9/3		nuary 29, 2025 v om 10/1/24 to 12/31/24		
	activity ji on 7,1724 to 273	war activity fr	om 10/1/24 to 12/31/24		
V. There have l	peen no fees received a	nd no reportable transac	tions made since the	e last report.	
		m and submit it to the Secreta			
State House, Room	n 204, Concord, NH 0330	01,			
VI. Check if addi	itional reports are attach	ned:			
		nditures, you must file Adder	dum A- Fees and Exr	enses	
		bursed expenses, you must fil			
Expense Reimbur			210		
If you, your f	irm, or your family has m	ade political contributions, yo	u must file Addendum	C- Political Contribu	
Sworn Statement	t/Affirmation by Lobbyis	st			
		and RSA 664 and hereby swe	ar or affirm that the for	regoing information is	
	ne best of my knowledge a				
111	ble -		1/20125		
Signature of lobl	ovist)		/24/25	<u> </u>	
	ttson Dustin		(Zate)		
(Print Name of lo	bbyist)				

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist	's partnership, firm or corporation, if any:		
	Hampshire Legal Assistance		
(Name	e of partnership, firm or corporation)		
III. Name of Client _	New Hampshire Legal Assistance	Date	<u></u>
88	OW.		
to lobbying, including	unt of all fees received from the client identified above fees for services such as public advocacy; government onitoring legislation, and related legal work. The grees:	relations	, or public relations se
a) Total of all fees rec	eived in this reporting period	a) \$	No fees received
a) Total of all fees received in this reporting periodb) Total of all fees received this calendar year, prior to this reporting period		b) \$	(۵
(This should equal	the total of all prior monthly reports for this calendar y	ear)	49
c) Total of all fees rec (Add lines a and		c) \$	0
d) Indicate the amount yet been paid	t of any such fees that are due, but have not	d) \$	0
S ₂₇	411		
fees. Separate reports the lobbyist(s)/firm the Expenses are to be reduring the reporting pindividual expenses where the cost when the cost wh	partnerships, firms, or corporations are required to reper are to be filed for expenditures made relative to each at are unrelated to any one client a separate reporter ported in one of three categories of expenses: (a) the eriod for salaries, benefits, support staff, and office experted the expenditure was of \$25.00 or less (for example as \$25.00 or less, purchase of a pen with a value of lever of a ceremonial object given to a person being lobbid and of each individual expenditure made during this reported by (a) (for example: purchase of a meal with value greater a legislative reception). Expenses for honorariums apported on separate addendums and should not be reported.	client and may be fire aggregative aggregative de: meals so than \$1 and with a sorting perion of greater than \$2 expense	if expenditures are mailed for the lobbyist(see total of all expense (b) the aggregate total purchased during a but 0 that is given to the parties of \$25.00 or less od of greater than \$25.00 or less than \$25, purchas (5, but not greater than reimbursement, or possible to the parties of the parties (5, but not greater than parties (5).
	*	- 4	
	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) \$	2,379.5
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.			٨
in a), of \$25 or less.		b) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$
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)s 4,123.45 f)s 6,503.03
f) Total of all expenses year to date	ns 6,503.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
*1	41

Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Mesla	1/24/25
(Signature of lobbyist)	(Date)
Sarah Mattson Dustin - NHLA	
(Print Name of lobbyist)	