

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 28 2025

NEW HAMPSHINE

DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Melissa	Blasch		
II. Name of lobbyist's partnership, firm or	corporation, if an	y:	
(Name of partnership, firm or o	corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	(Fax)	e-mail	
III. This statement covers: (Choose one – fi	le separate repor	s for each client, OR you ma	y file a separate report for
All reportable transactions occurring in the	e months prior to t	he reporting date relative to the	e following client:
All reportable transactions by the lobbyist unrelated to any particular client.			firm listed below which are
IV. Date of Report April 30, 2025 Reports cover: activity from date of registration October 29, 2025 activity from 7/1/25 to 9/30/2		July 30, 2025 activity from 4/1/25 to 6/30/25 January 28, 2026 January 28, 2026 activity from 10/1/25 to 12/31/25	; <u> </u>
V. There have been no fees received an If this box is checked, complete just this form State House, Room 204, Concord, NH 03301.	and submit it to th		
VI. Check if additional reports are attached of the second	litures, you must fi ursed expenses, yo	ı must file Addendum B- Re	port of Honorariums or
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C at and complete to the best of my knowledge and (Signature of lobbyist) (Print Name of lobbyist)	nd RSA 664 and he	ereby swear or affirm that the following $\frac{10/24/2}{Dat}$	foregoing information is true te)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Melissa Blasek	.:
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client Rebuild WH	Date 10/24/25
	مرين المارين ا
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	that are related, directly or indirectly, trelations, or public relations services
a) Total of all fees received in this reporting period	a)\$_5000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$_ <i>5000</i>
 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 repfees. Separate reports are to be filled for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office eximitively in the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le:-meals-purchased during-a business as than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$ b) \$
c) Total of all itemized expenditures reported in detail in section VI.	0)\$ 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)\$
f) Total of all expenses year to date	f)\$ 0.
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$ <u></u>
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	\$
	\$
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Sworn Statement/Affirmation by Lobbyist	ar deal and the far in the term
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	10/24/25 (Date)
Mel'ss Blasck (Print Name of lobbyist)	(Dute)

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

Name of lobbyist's partnership, firm or corporation, if any:	mine of Fondiaria) 1 - [clissa B	laset	. 'તાર કે જાણ ફોર્કેટ કે કેરી'
Political Contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution. provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	II. Name of lobbyist's par	tnership, firm or co	orporation, if any:	promy Fragier. Communication of the second second
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	(Name of parts	ership, firm or corporation)	* * * * * * * * * * * * * * * * * * * *
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Clast Name	III. Name of Client <u>Rek</u>	wildNH		Date 16 /24/25
Full name of candidate: Clast Name (First Name) (Middle Name/Initial)	For each political contribut	ion that is reportable	e pursuant to RSA Chapt	ter 664 paid on behalf of the
Amount of contribution s an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)		<u> </u>		
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Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)		25.250		
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$		1 1 4 5	, i d	* * * * * * * * * * * * * * * * * * *
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$			2 tq 64	* * * * * * * * *
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)			2 tq 64	· · · · · · · · · · · · · · · · · · ·
Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)				
(Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
(Last Name) (First Name) (Middle Name/Initial)	Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	(Last Name) Id contribution, provideribution on the line ab	(First Name) Office Candidate is Seeled a description of the good	(Middle Name/Initial) king s or services provided, and enter the
(Last Name) (First Name) (Middle Name/Initial)	Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	(Last Name) Id contribution, provideribution on the line ab	(First Name) Office Candidate is Seeled a description of the good	(Middle Name/Initial) king s or services provided, and enter the
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	Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	(Last Name) Id contribution, provide ribution on the line able word "estimate."	(First Name) Office Candidate is Seel e a description of the good ove for amount of contribu	(Middle Name/Initial) king s or services provided, and enter the tion. If the actual cost is not known,

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actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
M BM
(Signature of lobbyist) (Date)
Melissa Basek
(Print Name of lobbyist)

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