

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)Lyn M. Sc	hollett		
II. Name of lobbyist's partnership, firm	n or corporation, if any:		
New Hampshire Coalition Aga	inst Domestic and Sexu	al Violence	
(Name of partnership, firm			
PO Box 353	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (Telephone))	e-mail	
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which			ay file a separate report for
☐ All reportable transactions occurring	in the months prior to the rep	orting date relative to the	he following client:
New Hampshire Coalition Ag	ainst Domestic and Sex	ual Violence	
(Full Name of Clie	nt as it appears on the Lobbyist		
<u>OR</u>			
☐ All reportable transactions by the lobb unrelated to any particular client.	yist (including the lobbyist's	family), or the lobbyin	g firm listed below which are
IV. Date of Report April 25, 2018 [Reports cover: activity from date of regis		July 25, 2018	8
October 31, 2019 <i>activity from 7/1/18</i> t		January 30, 2019 \Box ivity from 10/1/18 to 12/3	1/18
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are atta	ched:		
X If you have received fees or made ex		dendum A Fees and E	Expenses
☐ If you have paid an honorarium or re Expense Reimbursement	mbursed expenses, you mus	t file Addendum B – Re	eport of Honorariums or
☐ If you, your firm, or your family has	made political contributions,	you must file Addendu	um C- Political Contributions
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledge (Signature of lobbyist) Lyn M. Schollett (Print Name of lobbyist)	C and RSA 664 and hereby s	wear or affirm that the	
			DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Lyn M. Schollett				
II. Name of lobbyist's partnership, firm or corporation, if any:				
New Hampshire Coalition Against Domestic and Sex (Name of partnership, firm or corporation)				
III. Name of Client New Hampshire Coalition Against Domestic an Sexual Violence	d Date 4/6/18			
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:	relations, or public relations services			
a) Total of all fees received in this reporting period	a) \$			
b) Total of all fees received this calendar year, prior to this reporting period b) \$ (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) \$			
 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 filed for expenditures made relative to each of 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 exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lest being 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 aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter 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	a) \$623.03			
in a), of \$25 or less.	b) \$			
c) Total of all itemized expenditures reported in detail in section VI	c) \$ 0.00			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$623.03
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) \$623.03
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signstyre of Johnston	4 6 /18 (Date)
(Signature of lobbyist)	(Date)
Lyn M. Schollett (Print Name of lobbyist)	