

STATE OF NEW HAMPSHIRE

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

RECEIVED JAN 2 9 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Name of lobbyist's partnership, firm or corporation, if any: Rights & Democracy Project, INC (Name of partnership, firm or corporation) O S. Winooski Avenue, STE 205 Burlington Siness Address: (Street) (Town/City) (Street) (Telephone) (Fax) This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date reportable transactions occurring in the months prior to the reporting date reportable transactions.	/T (tate) info-vt(05401
(Name of partnership, firm or corporation) S. Winooski Avenue, STE 205 Burlington Siness Address: (Street) (Town/City) (Street) (Telephone) (Fax) This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client).	•	05401
S. Winooski Avenue, STE 205 Burlington Siness Address: (Street) (Town/City) (Street) $\frac{802-242-0519}{\text{(Telephone)}}$ ($\frac{\text{E-mail}}{\text{(Fax)}}$). This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client).	•	05401
siness Address: (Street) (Town/City) (S $\frac{802-242-0519}{\text{(Telephone)}}$ ()e-mail} . This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client).	•	05401
) 802-242-0519 ()e-mail (Fax) This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client).	•	
(Telephone) (Fax) This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client).	info-vt((Zip Code)
(Telephone) (Fax) This statement covers: (Choose one – file separate reports for each client, portable expense transactions which are not attributable to any one client).		@radmovement.org
portable expense transactions which are not attributable to any one client).		
	OR you	may file a separate repor
All reportable transactions occurring in the months prior to the reporting date re		
All reportable transactions occurring in the months prior to the reporting date r		
	elative to	the following client:
(Full Name of Client as it appears on the Lobbyist Registration F.	orm)	
R	01111)	
All reportable transactions by the lobbyist (including the lobbyist's family), or t	ha lahbi	ing firm listed below which
related to any particular client.	ne noosy	ing inin fisted below which
Date of Report April 24, 2024 July 31, 2	2024	7
Date of Report April 24, 2024 July 31, 2 Doorts cover: activity from date of registration to 3/31/24 July 31, 2 activity from 4/1/	24 to 6/31	_ 0/24
October 30, 2024 January 29, 2	r	$\overline{\mathcal{J}}$
activity from 7/1/24 to 9/30/24 activity from 10/1/24		1/24
ucurrey from 10/1/2-		/24
There have been no fees received and no reportable transactions ma	de sinc	e the last report.
his box is checked, complete just this form and submit it to the Secretary of State		
te House, Room 204, Concord, NH 03301.	,,,	,
Check if additional reports are attached:		
If you have received fees or made expenditures, you must file Addendum A-		=
If you have paid an honorarium or reimbursed expenses, you must file Addenge	lum B–	Report of Honorariums or
pense Reimbursement		
If you, your firm, or your family has made political contributions, you must file	e Adden	dum C- Political Contribu
orn Statement/Affirmation by Lobbyist		
ave read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affir	m that th	ne foregoing information is
complete to the best of my knowledge and belief.		
-DocuSigned by: 1/24/		1 /22 /2025
Hispan Magning VUVIA TUUUS a OTHI	2025	1/22/2025
F187DF70F4C846D 64CEC7238F2E4F0		1/22/2025
on Nihart, Heather Stockwell,Dögg Hugosdóttir, Brandon Lemay		1/22/2025 Date)
rint Name of lobbyist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partne	ership, firm, or corpo	oration: Alison Nihart		
			corporation and not related to	any
particular client):		·	,	
Date of Report (check or	ne):			
April 24, 2024 □	July 31, 2024 □	October 30, 2024	January 29, 2025 🗹	
			nd Expenses described above, umber of Addendum forms be	
Addendum A(s).			4	
Addendum B(s).				
Addendum C(s).	·	÷		
complete to the best of m			nt and each Addendum is true	and
alison Mhart				
(Signature of lobbyist)			(Date)	
Alison Nihart				
(Print Name of lobbyist)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Heather Stockwell Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): July 31, 2024 □ October 30, 2024 □ January 29, 2025 🗹 April 24, 2024 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Heather Stockwell

Lobby registration canceled as of 12/19/2024 for Heather Stockwell. Employee no longer works for Rights & Democracy, so this form and the income and expenses form are signed by Deputy Director and lobbyst Dögg Hugosdóttir.

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affirmation by Lobbyist
Statem	ent of Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpo	ration: Dögg Hugoso	óttir
Name of Client (leave blanticular client):			corporation and not related to any
Date of Report (check o	ne):	•	
April 24, 2024 □	July 31, 2024 □	October 30, 2024 □	January 29, 2025 🗹
		,	
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)	·		
Addendum B(s).	·		<i>c.</i>
Addendum C(s).	· <u> </u>		
1			,
I hereby swear or affirm complete to the best of n			nt and each Addendum is true and
(Signature of Jobbyist)	gusdottiv		51/29/25 (Date)
Dögg Hugosdóttir			
(Print Name of Johnwigt)			· · ·

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	īrma	tion	by L	obbyist
Statem	ent of	Income	and]	Expe	nses	for:

Name of Lobbying partner	rship, firm, or corpora	ation: Brandon Lema	ay
Name of Client (leave bla		_	corporation and not related to any
Date of Report (check on			,
April 24, 2024 □	July 31, 2024 □	October 30, 2024	January 29, 2025 🗹
I have read RSA 15, RSA the following Addendums submitted): Addendum A(s). Addendum B(s). Addendum C(s).	s submitted with that	Statement of Income an Statement (insert the nu	d Expenses described above, and amber of Addendum forms being
I hereby swear or affirm to complete to the best of my Signed by: (Signature of lobbyist)			1/24/2025 (Date)
Brandon Lemay			
(Print Name of lobbyist)			,