#### STATE OF NEW HAMPSHIRE

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

#### PLEASE PRINT

I. Name of Lol	bbyist(s) Krysten Eva	ins		
II. Name of Iol	bbyist's partnership, firm or o	corporation, if any:		
	(Name of partnership, firm or co	orporation)		
2 1/2	Beacon Street	Concord	NH	03301
Business Address	s: (Street)	(Town/City)	(State)	(Zip Code)
, 603	3615971 , .	<b>)</b>	e-mail krysten@	ablenh.org
(Teler	phone)	(Fax)		
reportable exp	ment covers: (Choose one – file pense transactions which are no ble transactions occurring in the	ot attributable to any	one client).	*
<b>ABLE N</b>	H			
	(Full Name of Client as i	t appears on the Lobbyist l	Registration Form)	
	ole transactions by the lobbyist ( y particular client.	including the lobbyist's	family), or the lobbying f	irm listed below which are
	activity from date of registration to October 30, 2024 activity from 7/1/24 to 9/30/2	d activity	July 31, 2024	·1
If this box is ch	e been no fees received and ecked, complete just this form a oom 204, Concord, NH 03301.			
If you have	dditional reports are attached e received fees or made expendi	tures, you must file Add	<del>-</del>	
Expense Reimb		- : •	•	
If you, you	r firm, or your family has made	political contributions,	you must file <b>Addendum</b>	C- Political Contributions
	', •			
I have read RSA	ent/Affirmation by Lobbyist A 15, RSA 15-B, RSA 14-Cland the best of my knowledge and		swear or affirm that the for	egoing information is true
(Signature of le				
` _ <b>~</b>	. •		(Date)	
Krysten	<u></u>			

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Krysten Evans	
II. Name of lobbyist's partnership, firm or corporation, if any: ABLE NH	
(Name of partnership, firm or corporation)	
III. Name of Client ABLE NH	10.29.24
<ul> <li>IV. Fees Received</li> <li>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 groreduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>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 year)</li> <li>c) Total of all fees received to date (Add lines a and b)</li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	relations, or public relations service oss fee amount reported shall not b  a) \$
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 in 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 exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses pair expenses; (b) the aggregate total of a e: meals purchased during a business at than \$10 that is given to the persod with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er 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.	a) \$
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) \$
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) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
4	
'	
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.	m that the foregoing information
Em Evans	10.29.24
(Signature of lobbyist)	(Date) : 2.
Krysten Evans	n en
(Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)			
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
ABLE NH	• /	•	
	partnership, firm or corporati	on)	
III. Name of Client ABI			10.29.24
Political Contributions For each political contri client/lobbyist and lobby	bution that is reporta	ble pursuant to RSA Chapter e following:	r 664 paid on behalf of the
Full name of candidate:	Harris Kama	ala (First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	_ Office Candidate is Seeking	President
actual cost of the in-kind c enter an estimated value ar			or services provided, and enter the on. If the actual cost is not known
enter an estimated value ar	nd the word "estimate."		
	nd the word "estimate."  Ricciardi D	enise	on. If the actual cost is not know
enter an estimated value ar	Ricciardi D  (Last Name)		(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-	Ricciardi D (Last Name) 50.00 kind contribution, provontribution on the line	CFirst Name)  Office Candidate is Seeking vide a description of the goods above for amount of contributions.	(Middle Name/Initial)  State Senator  or services provided, and enter th
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind c	Ricciardi D (Last Name) 50.00 kind contribution, provontribution on the line	CFirst Name)  Office Candidate is Seeking vide a description of the goods above for amount of contributions.	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind c	Ricciardi D  (Last Name)  50.00  ckind contribution, provontribution on the line and the word "estimate."	enise  (First Name)  Office Candidate is Seeking the adescription of the goods above for amount of contribution of the contrib	(Middle Name/Initial)  State Senator  or services provided, and enter the on. If the actual cost is not known
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind center an estimated value ar	Ricciardi D (Last Name) 50.00 kind contribution, provontribution on the line and the word "estimate."  Walker (Last Name)	CFirst Name)  Office Candidate is Seeking a description of the goods above for amount of contribution.	(Middle Name/Initial)  State Senator  or services provided, and enter the

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Murray, Alissandra

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tions on separate addendum C forms.)
swear or affirm that the foregoing information ef.
10.29.24 (Date)
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### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

RECEIVED

OCT 29 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

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 partnership, firm, or corporation: #BLE NH
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): ABLE NH
Date of Report (check one):
April 24, 2024   July 31, 2024   October 30, 2024   January 29, 2025
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.  (Signature of lobbyist)  (Date)  (Date)