

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 1 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Pamela Keilig			
II. Name of lobbyist'	s partnership, firm or corpor	ation, if any:		
	hire Coalition Against D		exual Violence	
•	ne of partnership, firm or corporat	•		
PO Box		ncord	NH	03302
Business Address: (St	rect) (To	wn/City)	(State)	(Zip Code)
603) <u>224-8893</u> (Telephone)	()	(Fax)	e-mail pkeilig@	nhcasdv.org_
(Telephone)	•	(rax)		
	overs: (Choose one – file sepa ransactions which are not att			y file a separate rep
				an
All reportable tran	sactions occurring in the mont	hs prior to the rep	orting date relative to the	e following client:
New Han	pshire Coalition Agains			
3 D	(Full Name of Client as it appear	rs on the Lobbyist	Registration Form)	
<u>OR</u>				e de la companya de l
□ All reportable transitions unrelated to any particular unrelated to any pa	sactions by the lobbyist (includ	ing the lobbyist's	family), or the lobbying	firm listed below wh
unclated to any partic	dia chen.	,		
IV. Date of Report	April 29, 2020 🗵		July 29, 2020 🔲	
	ity from date of registration to 3/	31/20 acti	vity from 4/1/20 to 6/30/20	
	October 28, 2020 🗌		January 27, 2021 🗌	
	activity from 7/1/20 to 9/30/20	acti	ivity from 10/1/20 to 12/31/	20
f this box is checked,	n no fees received and no r complete just this form and su 14, Concord, NH 03301.			
VI. Check if addition	nal reports are attached:			
	ed fees or made expenditures,	you must file Ad	dendum A- Fees and Ex	rpenses
If you have paid a Expense Reimbursem	nn honorarium or reimbursed e.	kpenses, you mus	t file Addendum B- Re	port of Honorariums o
	or your family has made politi	cal contributions.	you must file Addendu	m C- Political Contr
,	•			
•			•	
I have read RSA 15, I	firmation by Lobbyist RSA 15-B, RSA 14-C and RSA est of my knowledge and belic		swear or affirm that the f	oregoing information
Pamela Keilig			4/3/2020	
(Signature of lobbyis	t)		(Dat	e)
Pamela Keilig				•
(Print Name of lobby	ist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Pamela Keilig	· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Sex (Name of partnership, firm or corporation)	ual Violence
III. Name of Client New Hampshire Coalition Against Domestic and Sexual Violence	Date 4/3/2020
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 groreduced 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 (This should equal the total of all prior monthly reports for this calendar ye	b) \$ar)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) 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 reperfees. 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less 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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business s than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r 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)\$1187.50
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
a) Take a Call itemized amonditures reported in detail in reaction VI	0.00

e) Total of expenses paid this calendar year, prior to this reporting period	e) \$ 0.00
(This should be the amount on line f of addendum A for last month's report)	
f) Total of all expenses year to date	n \$ <u>1187.50</u>
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.	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 affir	m that the foregoing information
is true and complete to the best of my knowledge and belief.	5 0
Pamela Keilig	4/3/2020
(Signature of lobbyist)	(Date)
Pamela Keitig	
(Print Name of lobbyist)	

.

.

•