

STATE OF NEW HAMPSHIRE

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

JUL 3 1 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Sarah Ma	ttson Dustin		
II. Name of lobbyist's partnership, firm	or corporation, if any:		
New Hampshire Legal As			
(Name of partnership, firm			
117 North State Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-206-2231 (, 1-833-722-027	1 e-mail smattsond	ustin@nhla.org
(Telephone)) 1-833-722-027 (Fax)	C-IHaII	
III. This statement covers: (Choose one reportable expense transactions which a	are not attributable to any or	ne client).	•
(Full Name of Clien	t as it appears on the Lobbyist Re	gistration Form)	
All reportable transactions by the lobby unrelated to any particular client.	vist (including the lobbyist's fa	amily), or the lobbying	firm listed below which are
IV. Date of Report April 24, 2024 Reports cover: activity from date of registrat October 30, 2024 activity from 7/1/24 to 9/	tion to 3/31/24 activit	July 31, 2024 ty from 4/1/24 to 6/30/24 nuary 29, 2025 rom 10/1/24 to 12/31/24	
V. There have been no fees received If this box is checked, complete just this fo State House, Room 204, Concord, NH 033	rm and submit it to the Secreta		
VI. Check if additional reports are attached	ched:		
If you have received fees or made exp			
If you have paid an honorarium or rein Expense Reimbursement	mbursed expenses, you must fi	le Addendum B- Rep	ort of Honorariums or
If you, your firm, or your family has r	nade political contributions, ye	ou must file Addendun	a C-Political Contributions
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-6 and complete to the best of my knowledge (Signature of lobbyist) Sarah Mattson Dustin	C and RSA 664 and hereby sw and belief.	ear or affirm that the for $7/29/30$ (Date	
(Print Name of lobbyist)	<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)

II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Legal Assistance		
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Legal Assistance	Date	
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 greated by any expenses:	relations, o	or public relations servi-
a) Total of all fees received in this reporting period	a) \$ _ No	o fees received
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)		0
e) Total of all fees received to date (Add lines a and b)	c) \$	0
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0
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 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 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 may be file aggregate expenses; (b) le: meals pu ss than \$10 ad with a va- orting period ie of greate or than \$25, expense re	expenditures are made d for the lobbyist(s)/fitotal of all expenses particular total of inchased during a busing that is given to the per- lue of \$25.00 or less); d of greater than \$25.00 or than \$25, purchase of but not greater than \$ eimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	752.29
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	\mathcal{O}

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 752.39
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)\$2,671.18
f) Total of all expenses year to date	1)\$ 3,423.47
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le 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 affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
l^{\prime} l	
Millen	7/29/2024
(Signature of lobbyist)	(Date)
Sarah Mattson Dustin - NHLA	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) S	Sarah Mattson Dusti	<u> </u>	
II. Name of lobbyist's p	artnership, firm or co	rporation, if any:	
New Hampshire Leg			
•	partnership, firm or corporation)	·	
III. Name of Client	NA		Date 07/22/2024
Political Contributions	bution that is reportable	pursuant to RSA Chapter 6 ollowing:	64 paid on behalf of the
Full name of candidate:	Whitley (Last Name)	Rebecca	
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate is Seeking US	S House of Representatives
chier an estimated value ar	nd the word "estimate."		
		y (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Shoshanna Kell	y (First Name) Office Candidate is Seeking	-
Full name of candidate: Amount of contribution \$ If the contribution is an in-	Shoshanna Kelly (Last Name) 150.00 kind contribution, provide contribution on the line about	Office Candidate is Seeking a description of the goods or	Executive Council
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	Shoshanna Kelly (Last Name) 150.00 kind contribution, provide contribution on the line about	Office Candidate is Seeking a description of the goods or	Executive Council
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	Shoshanna Kelly (Last Name) 150.00 -kind contribution, provide contribution on the line about the word "estimate."	Office Candidate is Seeking a description of the goods or	-

(If more than three contributions were made, report additional	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15 RSA 15-R and RSA 664 and	hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge	
is true and complete to the best of my knowledge	and belief.