

STATE OF NEW HAMPSHIRE

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

JUL 3 0 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) William Estrad	a		
II. Name of lobbyist's partnership, firm or c	orporation, if any:		
Home School Legal Defense A	Association		
(Name of partnership, firm or or	rporation)		
One Patrick Henry Circle	Purcellville	NH	20132
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (540) 338-5600		_{e-mail} will.estrac	da@hslda.org
(Telephone)	(Fax)	с-илип	
III. This statement covers: (Choose one – file reportable expense transactions which are n	ot attributable to any	one client).	
All reportable transactions occurring in the		porting date relative to the	following client:
Home School Legal Defense A	Association		
(Full Name of Client as it	appears on the Lobbyist	Registration Form)	
All reportable transactions by the lobbyist (unrelated to any particular client.	including the lobbyist's	s family), or the lobbying	firm listed below which are
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration to October 30, 2024 activity from 7/1/24 to 9/30/24		July 31, 2024 ivity from 4/1/24 to 6/30/24 January 29, 2025 y from 10/1/24 to 12/31/24	
V. There have been no fees received and If this box is checked, complete just this form a State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached	:		
If you have received fees or made expendi	tures, you must file Ad	dendum A-Fees and Exp	penses
If you have paid an honorarium or reimbur	sed expenses, you mus	t file Addendum B – Rep	ort of Honorariums or
Expense Reimbursement If you, your firm, or your family has made	political contributions	you must file Addendur	n C Political Contributions
it you, your time, or your tanning has made	pointear contributions	, you must me Addendu	n C=1 offical Conditions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and		swear or affirm that the fo	pregoing information is true
William A. Estrada		7/25/2024	
(Signature of lobbyist)		(Date	:)
William Estrada		,	
(Print Name of Johnvist)			

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) William Estrada	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Home School Legal Defense Association	
(Name of partnership, firm or corporation)	
III. Name of Client	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 granded by any expenses:	t relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 188.00
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 y	_{b)} \$ 250.00
c) Total of all fees received to date (Add lines a and b)	o)\$_438.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	_{d) \$} 0.00

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25,00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь) \$ О
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) \$ U
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) \$ <u>0</u>
f) Total of all expenses year to date	ŋ \$ <u>0</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
None.	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
William A. Estrada	7/25/2024
(Signature of lobbyist)	(Date)
William A. Estrada	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of L	obbyist(s) Joel Grewe			
II. Name of I HSLDA .	lobbyist's partnership, firm or co Action	rporation, if any:		
	(Name of partnership, firm or cor	poration)	·	·
One	Patrick Henry Circle	Purcellville	VÁ	20132
Business ∧ddr	<u> </u>	(Town/City)	(State)	(Zip Code)
. (54	0) 338-8694	e-mail joel@hslda.org		lda.org
· /	lephone)	(Fax)	e-man -	
reportable e	tement covers: (Choose one - file expense transactions which are no table transactions occurring in the	t attributable to any	one client).	
HSLDA.	Action			
	(Full Name of Client as it	appears on the Lobbyist f	legistration Form)	
	able transactions by the lobbyist (in any particular client.	ncluding the lobbyist's	family), or the lobbying t	firm listed below which
IV. Date of I Reports cover	Report April 24, 2024 activity from date of registration to	3/31/24 acti	July 31, 2024 /	
	October 30, 2024 activity from 7/1/24 to 9/30/24		January 29, 2025	
If this box is	ave been no fees received and checked, complete just this form an Room 204, Concord, NH 03301.			
VI. Check if	additional reports are attached:			
	eve received fees or made expendit	ures, you must file Ado	lendum A- Fees and Exp	enses
	ive paid an honorarium or reimburs	· ·		
If you, y	our firm, or your family has made	political contributions,	you must file Addendum	ı C – Political Contribut
I have read R and complete Signature o	ement/Affirmation by Lobbyist RSA 15, RSA 15-B, RSA 14-C and to the best of my knowledge and the f lobbyist)		wear or affirm that the for 7/25/2024 (Date)	
Joel Gre				
(Print Name	of lobbyist)			