

## STATE OF NEW HAMPSHIRE

## 2014 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobl	byist(s)					<del></del>
II. Name of lobl	byist's partner	ship, firm or corp	ooration, if an	y:		
	(Name of partn	ership, firm or corpo	oration)			
Business Address:	(Street)	(	(Town/City)		(State)	(Zip Code)
( )(Teleph	none)	( )	(Fax)	e-ma	il	
		hoose one – file se ns which are not a				ay file a separate report for
☐ All reportabl	le transactions of	occurring in the mo	onths prior to the	he reporting date	e relative to th	ne following client:
<u>OR</u>	(Full Na	me of Client as it ap	pears on the Lob	obyist Registration	Form)	
		• • •	luding the lobb	oyist's family), o	r the lobbying	g firm listed below which are
IV. Date of Rep Reports cover:	-	April 30, 2014  tivity from date of registration to 3/31/.		July 30, activity from 4/		
		October 29, 2014 activity from 7/1/14 to 9/30/14		January activity from 1	/14	
	cked, complete	received and no	-			<b>he last report.</b> □ State House, Room 204,
VI. Check if add	ditional report	s are attached:				
		made expenditure	es, you must fil	le <b>Addendum</b> A	- Fees and E	xpenses
☐ If you have j Expense Reimbu			l expenses, you		endum B– Re	port of Honorariums or
☐ If you, your	firm, or your fa	amily has made po	litical contribu	itions, you must	file <b>Addendu</b>	um C– Political Contributions
Sworn Statemer I have read RSA to the best of my	15, RSA 15-B	and RSA 664 and	hereby swear	or affirm that the	e foregoing in	formation is true and comple
(Signature of lobbyist)					(Dat	te)
(Print Name of 1	lobbyist)					