STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 28 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

obbyist(s) Rich Newman-NH Government Salutions Grave LLC

1. Name of Londyisi(s)	
II. Name of lobbyist's partnership, firm or corporation, if	fany:
(Name of partnership, firm or corporation)	- N
143 North Main Street - Suite 10 Business Address: (Street) (Town/City)	(State) (Zip Code)
(603) 225-5134 (603) 224-5 (Telephone) (F	724 e-mail rick Orick Newman.com
III. This statement covers: (Choose one - file separate reportable expense transactions which are not attributab	ports for each client, OR you may file a separate report for le to any one client).
All reportable transactions occurring in the months prior	
ALtric CLiet Service (Full Name of Client as it appears on the	Ebbyist Registration Form)
<u>OR</u>	lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 24, 2019	July 31, 2019 🔲
Reports cover: activity from date of registration to 3/31/19	activity from 4/1/19 to 6/30/19
October 30, 2019 Dactivity from 7/1/19 to 9/30/19	January 29, 2020 [] activity from 10/1/19 to 12/31/19
V. There have been no fees received and no reports If this box is checked, complete just this form and submit it Concord, NH 03301.	able transactions made since the last report. One of the Secretary of State's Office, State House, Room 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you m	ust file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expense	s, you must file Addendum B- Report of Honoranums or
☐ If you, your firm, or your family has made political cor	ntributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 a and complete to the best of my knowledge and belief. (Signature of lobbyist) Rich Newman (Print Name of lobbyist)	and hereby swear or affirm that the foregoing information is true 10 / 21 //9 (Date)

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:	
(Name of partnership, firm or corporation)	
III. Name of Client Altria Client Services LLC and	1 Date 10 21 19
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:	that are related, directly or indirect
a) Total of all fees received in this reporting period	a)\$ 13,500.00
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 year)	b) \$ 27,000.00
c) Total of all fees received to date (Add lines a and b)	c)s 40 500 ·00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) s
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. 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 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 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 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.	client and if expenditures are mad- may be filed for the lobbyist(s)/fi e aggregate total of all expenses expenses; (b) the aggregate total of le: meals purchased during a busi- ss than \$10 that is given to the pe- ed with a value of \$25.00 or less); orting period of greater than \$25.00 ue of greater than \$25, purchase er than \$25, but not greater than expense reimbursement, or poli-
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$2,000.0c
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)\$2,000.05
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)s 4,000 .00 ns 6,000 .00
f) Total of all expenses year to date	ns 6,000 .00
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.	
Paid to:	Amount:
	s
	s
,	\$
	\$
	S
	\$
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.	
To Aleum	10/21/19
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	