

STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 0 4 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

II. Name of Lobbyist's partnership, (Name of partnership) Business Address: (Street) ((603) 491-9601 (Telephone) III. This statement covers: (Choose reportable expense transactions where the statement covers is the statement covers.)	firm or corporation, News 143 NORTH MAIN STONCORD, No., firm or corporation) (Town/City) (Gas) 224-5-(Fax)	man T., SUITE 104 1 03301	(Zip Code)
Business Address: (Street) (603) 491-9601 (Telephone) III. This statement covers: (Choose reportable expense transactions where the statement covers is the statement covers.	(Fax)	(State)	(Zip Code)
(603) 491-9601 (Telephone) III. This statement covers: (Choose reportable expense transactions where the statement covers is the statement covers.	(603) 224-5- (Fax)	(State) フンソ e-mail RicK	(Zip Code)
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III. This statement covers: (Choose reportable expense transactions with the control of the control of the covers		724 e-mail Rick	a.
III. This statement covers: (Choose reportable expense transactions with the control of the control of the covers			Q Rich Mewman. com
$\overline{}$	nich are not attributable t	ts for each client, OR you m	
All reportable transactions occur	ring in the months prior to t	he reporting date relative to t	he following client:
	nibir for Snall Client as it appears on the Lo		
OR	Cheff as it appears on the Lo	by 15t reaging and 1 orm,	
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lob	byist's family), or the lobbying	ng firm listed below which are
October 26	registration to 3/31/22	July 27, 2022 activity from 4/1/22 to 6/30/2 January 25, 2023 activity from 10/1/22 to 12/3	_]
V. There have been no fees rec If this box is checked, complete just State House, Room 204, Concord, N	this form and submit it to th	transactions made since the Secretary of State's Office,	the last report. 107 North Main Street,
VI. Check if additional reports ar	de expenditures, you must	file Addendum A—Fees and	Expenses
If you have paid an honorarium Expense Reimbursement If you, your firm, or your famil		4	•
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno (Signature of lobbyist)	SA 14-C and RSA 664 and 1	hereby swear or affirm that th	

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6) GOVERNMENT SOLUTIONS GROUP

II. Name of lobbyist's partnership, firm or corporation, if any:	
V	
(Name of partnership, firm or corporation)	
III. Name of Client Medical Combine for Small Busine	C/ Date 10 10 3
III. Name of Client Medical Carribis for Small Busin	JH
IV. Fees Received Indicate the gross amount of all fees received from the client identified about 10 about 10 about 11 about 12 about 13 about 14 about 12 a	ove that are related directly or in
to lobbying, including fees for services such as public advocacy, government	nent relations, or public relations
including research, monitoring legislation, and related legal work. The	gross fee amount reported shall
reduced by any expenses:	
a) Total of all fees received in this reporting period	a) \$ 3, 000 .co
N. T. J. C. N.C.	a) \$ 3,000 ° oo o
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 calendary).	od b) \$
(This should equal the total of all prior monthly reports for this calenda	ar year)
c) Total of all fees received to date	D
(Add lines a and b)	c)\$
d) Indicate the amount of any such fees that are due, but have not	•
yet been paid	d) \$
yet been paid	a) \$
yet been paid	a) \$
	a) \$
V. Expenses:	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to ea	o report all expenses made from ach client and if expenditures are
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d) Total expenses for this reporting period (Add lines a, b and c)	d)\$
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)	d)\$ 2,000 · 00 e)\$ 4,000 · 00 f)\$ 6,000 · 00
f) Total of all expenses year to date	f)\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$ `
·	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affiring true and complete to the best of my knowledge and belief.	m that the foregoing information
An	3 /
(Signature of lobbyist)	10 /03/22 (Date)
	()
(Print Name of lobbyist)	•
	•