PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

OCT 19 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I, Name of Lobbyist(s) Matthew Weinstein	
II. Name of lobbyist's partnership, firm or corporation, if any: Chevne Capital US. LP	
(Name of partnership, firm or corporation) III. Name of Client Cheyne Capital US, LP	Date 10/18/2022
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 greduced by any expenses:	nt relations, or public relations services ross fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
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) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>0</u>
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 refees. 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 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 e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremontal object given to a person being lobbied.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the person

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы s <u>О</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

contributions will be reported on separate addendums and should not be reported on Addendum A.

(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

d) Total expenses for this reporting period (Add lines a, b and c)	d) s <u>U</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>O</u>
f) Total of all expenses year to date	ŋs <u>0</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	
Paid to:	Amount:
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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
MM / M/	10/18/02
(Signature of lobbyist)	(Date)
Matthew Weinstein	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if	ány:
Cheyne Capital US, LP	
(Name of partnership, firm or corporation) III. Name of Client Cheyne Capital US, LP	Date 10/18/2022
State the full name of the person receiving the honorarium	n or expense reimbursement:
N/A	
Last Name First Name	Middle Name/Initial
	N I Z A
Describe the event to which the honorarium or expense reimbursen	N/A sent relates. (Include the date(s) and location(
The state of the state of the second state of the second s	
Describe the event to which the honorarium or expense reimbursen	
Describe the event to which the honorarium or expense reimbursen	ent relates. (Include the date(s) and location(
Describe the event to which the honorarium or expense reimbursent of the event). (If there is more than one honorarium or expense reimbursement use a separation of the event).	ent relates. (Include the date(s) and location(
Describe the event to which the honorarium or expense reimbursen of the event).	ent relates. (Include the date(s) and location(
Describe the event to which the honorarium or expense reimbursem of the event). (If there is more than one honorarium or expense reimbursement use a sepsembly sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swisting and complete to the best of my knowledge and belief.	rate addendum B form for each.)
Describe the event to which the honorarium or expense reimbursen of the event). (If there is more than one honorarium or expense reimbursement use a separation of Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby sweetens.	nent relates. (Include the date(s) and location(



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Mat						
I. Name of lobbyist's part	nership, firm or co	rporation, if any:				
Cheyne Capital US, LP (Name of partnership, firm or corporation)						
(Name of partne	ership, firm or corporation)	The section of the se				
II. Name of Client Cheyn	e Capital US, LP		Date 10/18/2022			
Political Contributions For each political contributi client/lobbyist and lobbying			iter 664 paid on behalf of the			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial).			
			ng			
actual cost of the in-kind contr	ribution on the line about word "estimate."	ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not know			
actual cost of the in-kind contr enter an estimated value and the	ibution on the line abo ne word "estimate."	ve for amount of contrib	ution. If the actual cost is not know			
actual cost of the in-kind contr enter an estimated value and the	ibution on the line abo ne word "estimate."	ve for amount of contrib	ution. If the actual cost is not know			
ictual cost of the in-kind contr enter an estimated value and the	ibution on the line abo ne word "estimate."	ve for amount of contrib	ution. If the actual cost is not know			
actual cost of the in-kind control enter an estimated value and the enter and estimated value and the enter an estimated value and estimated value an	ibution on the line abo ne word "estimate." (Last Name)	ve for amount of contrib	ution. If the actual cost is not know			
Full name of candidate: Amount of contribution \$	(Last Name) (Contribution, provide ibution on the line about	(First Name) Office Candidate is See	ution. If the actual cost is not know (Middle Name/Initial)			
Full name of candidate: Amount of contribution S If the contribution is an in-king actual cost of the in-king cand the cand the contribution are and the contribution of the in-king cand the contribution and the cand the cand the cand the cand the cand the candidate.	(Last Name) (Contribution, provide ibution on the line about	(First Name) Office Candidate is See	(Middle Name/Initial) king ds or services provided, and enter the			
Full name of candidate: Amount of contribution \$	(Last Name) (Contribution, provide ibution on the line about	(First Name) Office Candidate is See	(Middle Name/Initial) king ds or services provided, and enter the			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Cheyne Capital US, LP
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Cheyne Capital US, LP
Date of Report (check one):
April 27, 2022
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s). 1
Addendum A(s). 1 Addendum B(s). 1 Addendum C(s). 1
Addendum C(s). 1
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
MASS STATE TO SOLUTION
(Signature of lobbyist) (Date)
Matthew Weinstein
(Print Name of lobbyist)

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s true and complete to the of	est of my knowle	age and benen.			
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(Signature of lobbyist)	llef	<u> </u>		10/11/2: (Date)	2
	llef			10/14/2: (Date)	2
State of the second of the second of the second	llef			10/14/25 (Date)	2
(Signature of lobbyist) Matthew Weinstein (Print Name of lobbyist)	llef			10/14/2: (Date)	2

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