

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Elizabeth C. Sargent						
II. Name of lobbyist's partnership, firm or corporation, if any:						
Sheehan Phinney Capitol Group						
(Name of partn	ership, firm or corporation)					
Two Eagle Square	Concord	NH	03301			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)			
(603) 228-2370	(603) 224-8899	cmail <u>esargent@she</u> e	ehan com			
(Telephone)	(Fax)	eman <u>esargeni(@snec</u>	man.com			
 III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: 						
New Hampshire Pharmacis	sts Association					
(Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.						
Reports cover: activity from da Octobe	14, 2019	July 31, 2019 ☐ activity from 4/1/19 to 6/30/1 January 29, 2019 ☑ activity from 10/1/19 to 12/3				
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.						
VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contributions						
Sworn Statement/Affirmation I I have read RSA 15, RSA 15-B a the best of my knowledge and be	nd RSA 664 and hereby swear	or affirm that the foregoing info	ormation is true and complete to			
Elfabeth C.S. (Signature of lobbyist)	rasent	January 29, 2020 (Date)				
Elizabeth C. Sargent (Print Name of lobbyist)						



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

P	1. 1	Name of Lobbyist(s) Elizabeth C. Sargent			
L E	II.	Name of lobbyist's partnership, firm or corporation, if any:			
A S	Sh	eehan Phinney Capitol Group	·		
S E		(Name of partnership, firm or corporation)			
P	111	Name of Client New Hampshire Pharmacists Association	Date January 29, 2020		
R I N I	Ind inc	IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lo including fees for services such as public advocacy, government relations, or public relations services including remonitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:			
	a)	Total of all fees received in this reporting period	a) \$ 2,000.00		
	b) Total of all fees received this calendar year, prior to this reporting period b) \$ 6,000.00 (This should equal the total of all prior monthly reports for this calendar year)				
	c)	Total of all fees received to date (Add lines a and b)	c) \$ 8,000.00		
	d)	Indicate the amount of any such fees that are due, but have not yet been paid	d) \$		
	Lot repunr cate and mea give less any to b	Expenses: obysist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expenditured to any one client a separate report may be filed for the lobbyist(s)/figories of expenses: (a) the aggregate total of all expenses paid during the report office expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, pure on to the person being lobbied, purchase of a ceremonial object given to a purpose not covered by (a) (for example: purchase of a meal with value of a given to the subject of lobbying with a value greater than \$25, but not great expenses for honorariums, expense reimbursement, or political contrashould not be reported on Addendum A.	nditures are made by the lobbyist(s)/firm that are rm. Expenses are to be reported in one of three porting period for salaries, benefits, support staff, expenditure was of \$25.00 or less (for example: hase of a pen with a value of less than \$10 that is person being lobbied with a value of \$25.00 or get this reporting period of greater than \$25.00 for greater than \$25, purchase of a ceremonial object ter than \$50, restaurant expenses for a legislative		
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>5,808.00</u>		
	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 tines a, b and c)	d) \$ 5,808.00
c)	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 re-	e) \$ <u>16,918.00</u>
f)	Total of all expenses year to date	F) \$ <u>22,726.00</u>
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from uding by whom paid or to whom charged.	n lobbying fees during this reporting period,
Paid	i :	Amount:
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Swo	orn Statement/Affirmation by Lobbyist	
	vc read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that ue and complete to the best of my knowledge and belief.	t the foregoing information
(Sig	Mabeth Sargent nature of lobbyist) January Control of the Contro	anuary 29, 2020 (Date)
	zabeth C. Sargent nt Name of lobbyist)	

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