

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

| I. Name of Lobbyist(s) Rache | lle Mortimer | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|
| II. Name of lobbyist's partnersh | ip, firm or corporation, if any: | | |
| U.S. Chamber of Com | | | |
| · · · · · · · · | hip, firm or corporation) | _ | |
| 1615 H Street NW | Washington | DC | 20062 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| (202) 659-6000 | () | c-mail RMortimer@ | USChamber.com |
| (Telephone) | (Fax) | | |
| III. This statement covers: (Cho | ose one – file separate reports for ea | ch client, OR you ma | y file a separate report fo |
| | which are not attributable to any on | | , |
| 7 | | .; | E-11 |
| | urring in the months prior to the report | ting date relative to the | tollowing chent: |
| U.S. Chamber of Com | | | |
| (Full Name OR | of Client as it appears on the Lobbyist Rep | gistration Form) | |
| | he lobbyist (including the lobbyist's fa | mils/) or the lobbying | firm listed below which ar |
| unrelated to any particular client. | ne topoyist (merading the topoyist s la | miny), or the roodying | IIIII IISICA OCIOW WIIICII BI |
| October 2: activity from 77. V. There have been no fees re If this box is checked, complete jus State House, Room 204, Concord, VI. Check if additional reports a | of registration to 3/31/23 activity, 2023 Jan 1/23 to 9/30/23 activity for ceived and no reportable transact this form and submit it to the Secreta NH 03301. | ry of State's Office, 10 | ne last report. X 07 North Main Street, |
| | n or reimbursed expenses, you must fi | | • |
| Expense Reimbursement | • | - | |
| If you, your firm, or your fami | ly has made political contributions, yo | u must file Addendur | n C-Political Contribution |
| Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, Ri and complete to the best of my kno Rachelle Mortimer Rachelle Mortimer | SA 14-C and RSA 664 and hereby swe owledge and belief. | ear or affirm that the form $1/29/2024$ (Date | - • |
| (Print Name of lobbyist) | | | |