

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyi | st(s) Douglas McNu | <u>tt</u> | | |
|--|---|------------------------|---|---|
| II. Name of lobbyi | st's partnership, firm or | corporation, if a | ny: | |
| AARP New Ha | ampshire | | | |
| 1) | Name of partnership, firm or | corporation) | | |
| 45 South Mai | n Street, Ste. 202 | Concord | NH | 03301 |
| Business Address: | (Street) | (Town/City) | (State) | (Zip Code) |
| 603) 230-4106 | 6 (|) | e-mail_dmcnu | tt@aarp.org |
| (Telephone | | (Fax) | 1 | |
| reportable expense | e transactions which are | not attributable t | | nay file a separate report for the following client: |
| AARP New Ha | ampshire | | | |
| | | s it appears on the Lo | bbyist Registration Form) | |
| OR All reportable to unrelated to any part | | (including the lob | byist's family), or the lobbyi | ng firm listed below which are |
| IV. Date of Report | t April 29, 2020 | ion to 3/31/20 | July 29, 2020. activity from 4/1/20 to 6/30/. | 20 |
| • | October 28, 2020 [activity from 7/1/20 to 9/ | | January 27, 2021 activity from 10/1/20 to 12/ | |
| If this box is checke | een no fees received ar ed, complete just this form 204; Concord; NH: 03301 | and submit it to th | transactions made since ne Secretary of State's Office | the last report. 107 North Main Street, |
| VI Chaple if additi | ional reports are attache | wł. | | |
| <u> </u> | - | | ile Addendum A – Fees and | Expenses |
| Y - | d an honorarium or reimb | · · | ou must file Addendum B – I | |
| ☐ If you, your fir | m, or your family has mad | de political contrib | utions, you must file Adden | dum C- Political Contribution |
| I have read RSA 15 | e best of my knowledge and wist) | ind RSA 664 and h | creby swear or affirm that th | e foregoing information is true Output |
| (Print Name of lob | | | | |

P E A P R N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

APR 1 7 2020

NEW HAMPSHIRE PARTMENT OF STATE

| | DEPARTMENT |
|---|---|
| I. Name of Lobbyist(s) Douglas McNutt | |
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| AARP New Hampshire | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client AARP New Hampshire | Date |
| 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 greeduced by any expenses: | t relations, or public relations services |
| a) Total of all fees received in this reporting period | a) \$ 2,660.00 |
| 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 y | b) \$ 0.00 ear) |
| c) Total of all fees received to date (Add lines a and b) | c) \$ 2,660.00 |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ 0.00 |
| 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of the being-lobbied, purchase of a ceremonial object given to a person being-lobbie (c) an itemized statement of each individual expenditure made during this repeating 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 great 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 made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all ele: meals purchased during a business as than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, a expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ 0.00 |
| b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less. | b) \$ 0.00 |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ 1977.55 |

c) Total of all itemized expenditures reported in detail in section VI.

| d) Total expenses for this reporting period | 4077 55 |
|--|--|
| | _{d) \$} 1977.55 |
| Add lines a, b and c) | - |
| 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 repo | e) \$ <u>0.00</u> |
|] | |
| TO THE MAIN Expenses year to date | f) \$ 1977.55 |
| 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. | om lobbying fees during this reporting |
| Paid to: | Amount: |
| Holiday, Inn. | s 1,977,55, |
| | s |
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| | <u> </u> |
| | _ \$ |
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| | s |
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| | |
| Sworn Statement/Affirmation by Lobbyist | |
| · | _ \$ |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby-swear-or-aris true and complete to the best-of-my-knowledge and belief. | _ \$ |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby-swear-or-at | _ \$ |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby-swear-or-aris true and complete to the best-of-my-knowledge and belief. | _ \$ |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby-swear-or-aris true and complete to the best-of-my-knowledge and belief. | _ \$ |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby-swear-or-aris true and complete to the best-of-my-knowledge and belief. | _ \$ |

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: AARP New Hampshire | | | | | |
|--|---|--|--|--|--|
| | | | r-corporation and not-related to any | | |
| particular-client): AAI | RP New Hampshire | | | | |
| Date of Report (check | one): | | | | |
| April 29, 2020 🗹 | July·29, 2020 □ | October-28, 2020 □ | January 27, 2021 🗆 | | |
| I have read RSA 15, F the following Addend submitted): | RSA 15-B, RSA 664, th ums submitted with tha | ne Statement of Income a nt Statement (insert the r | and Expenses described above, and number of Addendum forms being | | |
| Addendum A(| s). | | | | |
| Addendum B(| s). | | | | |
| Addendum C(s | s). | | | | |
| | m that the foregoing in my knowledge and bel | | ent and each Addendum is true and | | |
| \sim | | | 1/17/20 | | |
| (Signature of-lobbyist) | i. | | (Date) | | |
| Douglas McNutt | | | | | |
| (Print Name of lobbyis | st) | | | | |