STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses RECEIVED

for LOBBYISTS (RSA Chapter 15)

OCT 29 2018

PLEASE PRINT

NEW HAMPSHIRE

I. Name of Lo	obbyist(s) Flon G. Scarpe	ກ່	DEPARTMENT OF STA
	obbyist's partnership, firm or corporation, if any		
	_		
	(Name of partnership, firm or corporation)	r. mc	
Business Addres	(Town/City)	echry NH (State)	03274
(603) <u>703</u> (Telep	- 73 5 () (Fax)	e-mail elle	nscarple gnail.co
III. This states	ment covers: (Choose one – file separate reports sense transactions which are not attributable to	_	
All reportat	ble transactions occurring in the months prior to the	reporting date relative to	the following client:
	Consolidated Com	maic ai c a	_
<u>OR</u>	(Full Name of Client as it appears on the Lobby	vist Registration Form)	
☐ All reportable unrelated to any	le transactions by the lobbyist (including the lobbying particular client.	st's family), or the lobbying	ng firm listed below which are
IV. Date of Rep Reports cover:	activity from data of	July 25, 2018 []	R
	October 31, 2018	January 30, 2019 [] activity from 10/1/18 to 12/3	
V. There have If this box is che Concord, NH 03	e been no fees received and no reportable tracked, complete just this form and submit it to the \$1301.	insactions made since (ecretary of State's Office,	the last report. State House, Room 204,
VI. Check if add	ditional reports are attached:		
∐ if you have r	received fees or made average.		į
☐ If you have p Expense Reimbu	received fees or made expenditures, you must file A paid an honorarium or reimbursed expenses, you m resement	Addendum A – Fees and E ust file Addendum B – Re	xpenses DOIT of Honorariums or
L If you, your	firm, or your family has made political contribution	is, you must file Addenda	IM C- Political Contibution
have read RSA and complete to the	at/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 664 and hereby the best of my knowledge and belief. Conjunction C	swear or affirm that the f	oregoing information is true
Print Name of lo	Dearponi Obbyist)		

2018 Lobbyist Registration Form RSA Chapter 15



A lobbyist registration form reports the existence of a relationship between a single client and either a single lobbyist or a partnership, firm, or corporation with one or more partners, members, or employees who will be acting as lobbyists for that client. A lobbyist is a person employed in a representative capacity to promote or oppose, directly or indirectly, any legislation pending or proposed before the general court, or to promote or oppose, directly or indirectly, any action by the governor, governor and council, or any state agency, where such action concerns legislation or contracts pending or proposed before the general court, any pending administrative rule, or the procurement of goods or services that are being or may be purchased by the state. RSA 15:1: See also RSA 15:1, III (for a description of persons who

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I.	Lobbyist	Registering
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Scar por	oi	Ellen		G	
(603) 703 -7 (telephon	315 (_	Forst Name	el	Middle Nam	_
103 Clo		` ′	enterbuy (city)	(e-mail) (state)	03224
Usual occupation or pri	mary field of business: (c	ircle one or fill in) Lobbyi	Attorney	Other	(2)
Scarp Lobbyist's partnership (608) 703 - 7	on Solotion, firm, or corporation	o, firm, or corporation the a partnership, firm, or successful Contains (fax)	corporation pleas	enscarp (o-mail)	1 egmail.com
c. Contr	time/part-time employe	rking directly for Client		(state)	(zip code)
		trations for 2018 legislat	ive session END	on December :	31, 2018

Ongoing full-time employee of Client Representation period starts 1/1/2018

V. Client

committee, or other legally recognize designated representative of that clien	ed entity provide both	(doing business as), a the name of the entity	legally establish and the name of	hed non-profit, a polit of either the principal of	ical or a
designated representative of that clien	2	mairwaan, iist omy	the individual's	name.	. .
Business, Corporation, Organization,	entity name	75		 _	
Scarmi	Ellen		0		
Last Name	First Name	М	iddle Name/Initi	al	
Usual Occupation or primary field of b	ousiness:lele	communication	. .5		
Provide business address and contact is or principal/representative:	nformation or if none,	residence address and	contact informati	ion for individual client	
(telephone)	(fax)				
770 Elm Street (mailting address)	, ,	Manchester	(o-mail)	03101	
VL Subject		(city)	(state)	(zip code)	
					
Describe the subjects of legislative or e	xecutive branch action	to which the lobbying	relationship bei	ng reported relates:	
- lelecomm	unications				
General	Business				
VII. Signature of Registering Lot	byist				
I have read RSA Chapter 15 and her best of my knowledge and belief.	eby swear or affirm	that the foregoing in	formation is tru	ue and complete to the	2
Signature Scarpon	i	<u>10 / 12 / 2</u> /	<u>0</u> 16"		
Return to: Secretary of State's Off	ice, State House, Ro	oom 204, Concord,	N.H. 03301		- ,
Fee: \$50					
FOR OFFICE USE ONLY: Registration Fee Paid:	Check	No	Amount		

Where the client is a corporation, a registered business (doing business as), a legally established non-profit, a political