TO: +16032716316



STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

Americal	ns for Prosperity-N		nire		· ·
8025	South Willow St Suite	•	nester	NH	03103
Business Addre		(Town/Cit		(State)	(Zip Code)
	5301151	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J).	BConnoll	ly@afphq.org
()	ephone))	(Fax)	e-mail	
reportable ex All report	able transactions occurring	are not attributs	ible to any one	client).	y file a separate report for e following client:
America	ns for Prosperity				·
OR	(Full Name of Clien	nt as it appears on t	he Lobbyist Regis	stration Form)	
All reports	able transactions by the lobb	yist (including th	e lobbyist's fam	oily), or the lobbying	firm listed below which are
IV. Date of R Reports cover:	Report April 27, 2022 activity from date of regis October 26, 202 activity from 7/1/22	2 🗸	activity f Ja	aly 27, 2022	22
If this box is c	ve been no fees received thecked, complete just this f Room 204. Concord, NII 03	orm and submit it			
If you hav If you hav Expense Rein		nenditures, you m mbursed expense	s, you must file	Addendum B– Rep	
I have read R	ment/Affirmation by Lobb SA 15, RSA 15-B, RSA 14- to the best of my knowledg	C and RSA 664 a	•	or affirm that the fo	oregoing information is true
(Signature of	lobbyist)			(Date	
Ross Co	nnolly $\overset{ extstyle }{\smile}$				" RECEIVED
(Print Name	of lobbyist)	•			OCT 2 6 2022
					NEW HAMPSHIRE
					DEPARTMENT OF STAT

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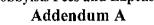
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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

	1
 	 _

Ross Connolly I. Name of Lobbyist(s)

II. Name of lobbyist's partnership, firm or corporation, if any:

Americans for Prosperity-New Hampshire

(Name of partnership, firm or corporation)

Same III. Name of Client

Date 10/25/2022

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring 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) \$ 5,192.10
- 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 year)
- _{b)} \$ 12,422.12

c) Total of all fees received to date (Add lines a and b)

- _{c)\$} 17,614.22
- d) Indicate the amount of any such fees that are due, but have not yet been paid
- _{d) \$} n/a

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (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 contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
- _{a) \$} n/a
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- _{b)\$} 23.10
- c) Total of all itemized expenditures reported in detail in section VI.
- c) \$ 68.38

d) Total expenses for this reporting period	_{d)} \$ 91.48
(Add lines a, b and c)Total of expenses paid this calendar year, prior to this reporting period	_{e)\$} 498.70
(This should be the amount on line f of addendum A for last month's report)	E00 40
f) Total of all expenses year to date	ŋş <u>590.18</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Lunch with Rep & Gov Staff	_{\$} 68.38
	\$
	\$
	\$
	\$
	\$

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
1/ (m)	10/25/2022
(Signature of lobbyist)	(Date)
Ross Connolly	
(Print Name of Johnvist)	



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Ross	Connolly		
II. Name of lobbyist's partn	ership, firm or co	orporation, if any:	
Americans for Prosperit	y-New Hampsh	nire	
	ship, firm or corporation)	
III. Name of Client Same		Date 10/25/2022	
Political Contributions For each political contribution client/lobbyist and lobbying			er 664 paid on behalf of the
Full name of candidate: Ya	kubovich M	lichael	
100	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100		Office Candidate is Seeking	State Seriale
Full name of candidate:	word "estimate."		ion. If the actual cost is not known,
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 200		_ Office Candidate is Seek	State Senate
If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	oution on the line abo	e a description of the goods ove for amount of contribut	or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."				
(If more than three contributions were made, report additional contributions)	ons on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby so is true and complete to the best of my knowledge and belief				
The shall	10/25/2022			
(Signature of lobbyist)	(Date)			
Ross Connolly				
(Print Name of lobbyist)				