2022 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 fall within this definition but who are not required to register).

PLEASE PRINT:

I. Lobbyist Registering

·				
Ober	Stacey		Α.	
Last Name	- First Name		Middle	Name/Initial
919 816-3348	γ · γ	stacey	.ober@	akc.org
(telephone)	(fax)		(e-ma	· ·
8051 Arco Corporate Dr		Raleigh	NC	27617
(mailing address)		(city)	(state)	(zip code)
Usual occupation or primary field o	of business: check one: Lobbyist	Attorney 0	ther	
	8			
II. Name of the lobbyist?s If the lobbyist listed above is af	partnership, firm, or corporatilitated with a partnership, firm, or	tion corporation please p	orovide:	
American Kennel Club				
Lobbyist's partnership, firm, or	corporation name			
919-816-3503		mikki la	arkin@a	ikc.org
(telephone)	(fax)		(e-ma	
8051 Arco Corporate D	ck · ·	Raleigh	NC	27617
(mailing address)		(city)	(state)	(zip code)
	•			
	;	· •		
III. Character of Employs	<u>nent</u>		F	
KZ ren e dese	6 3 75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			RECEIVED
٠- استحداد	t-time employee of Client			
b. Independent (Contractor working directly for Cli	ent	f	JUL 27 2022
c. Contract betw	een Client and Lobbyist/Lobbyist	's Firm		NEW HAMPSHIRE
d. Other:			Į.	DEPARTMENT OF STATE
		•		
IV. Duration of employme	nt All registrations for 2022 leg	gislative session ENI	D on Dece	ember 31, 2022
a. Ongoing full-	time employee of Client			•
<u>/</u>	in period starts		•	
o Representatio	tr.herrori grarie			

V. Client

Where the client is a corporation, a registered business (doing business as), a legally established non-profit, a political committee, or other legally recognized entity provide both the name of the entity and the name of either the principal or a designated representative of that client. Where the client is an individual, list only the individual's name.

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Business, Corporation, Organization, enti	44 4 197 4 4		•
Larkin	Mikki		<u> </u>
Last Name	First Name:	Middle Nar	ne/Initial
	nurahrad dar	registry and dog spo	ort activities
Usual Occupation or primary field of bus	iness:	g toglotty and dog op	
Provide business address and contact info or principal/representative:			
919-816-3503	,*		
(telephone)	(fax)		(e-mail)
8051 Arco Corporate Dr.		Raleigh, NC	27617
(mailing address)	.	(city) (state	(zip code)
VI. Subject	•		
,		· · · · · · · · · · · · · · · · · · ·	MANGER OF STREET
Describe the subjects of legislative or ex-	ecutive branch action to	which the lobbying relation	iship being reported relates:
protecting dog owners and	d promoting anii	mal welfare.	
<u> </u>			
2			
· · · · · · · · · · · · · · · · · · ·	en de la companya de		
YVI O: A Designation I obbig			
VII. Signature of Registering Lob	<u>byisť</u>		· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here		at the foregoing informat	ion is true and complete to
I have read RSA Chapter 15 and here		at the foregoing informat 7-26-22	ion is true and complete to
I have read RSA Chapter 15 and here		7-26-22	ion is true and complete to
I have read RSA Chapter 15 and here			ion is true and complete to
VII. Signature of Registering Lob I have read RSA Chapter 15 and here best of my knowledge and belief. Signature	eby swear or affirm th	7-26-22 Date	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street State House, Room 204	eby swear or affirm the	7-26-22	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street	eby swear or affirm the	7-26-22 Date 603-271-3242 Fax: 603-	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street State House, Room 204	eby swear or affirm the	7-26-22 Date 603-271-3242 Fax: 603-	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street State House, Room 204	eby swear or affirm the	7-26-22 Date 603-271-3242 Fax: 603-	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street: State House, Room 204 Concord, N.H. 03301	eby swear or affirm the	7-26-22 Date 603-271-3242 Fax: 603-	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street State House, Room 204	eby swear or affirm the	7-26-22 Date 603-271-3242 Fax: 603-	· · · · · · · · · · · · · · · · · · ·
I have read RSA Chapter 15 and here best of my knowledge and belief. Signature Return to: Secretary of State's Off 107 North Main Street State House, Room 204 Concord, N.H. 03301	eby swear or affirm the	7-26-22 Date 603-271-3242 Fax: 603-Elections@sos.nh.gov	· · · · · · · · · · · · · · · · · · ·

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Stacey Ober	<u> </u>
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation) III. Name of Client American Kennel Club	_{Date} 7-26-22
 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 groreduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period 	relations, or public relations services fee amount reported shall not be a) \$\frac{3,600}{5,600}\$
 (This should equal the total of all prior monthly reports for this calendar yet) c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid 	o) \$ 7,200 d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in 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 exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any 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 greate 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 may be filed for the lobbyist(s)/fir aggregate total of all expenses pareness; (b) the aggregate total of the le: meals purchased during a business than \$10 that is given to the persect with a value of \$25.00 or less); a porting period of greater than \$25.00 are of greater than \$25, purchase of than \$25, but not greater than \$25, expense reimbursement, or politically the properties of the persection of th
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 3,600 b) \$ 36.78
b) Total aggregate of expenditures during this reporting period; not reported in a), of \$25 or less.	ь) § 36.78
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

	d 3636.78
d) Total expenses for this reporting perio (Add lines a, b and c)	
e) Total of expenses paid this calendar ye (This should be the amount on line for a	ear, prior to this reporting period e) \$ 3,846
f) Total of all expenses year to date	1) \$ 7,482.78
VI Other Expenses	ditures of more than \$25 made from lobbying fees during this reporting.
Paid to:	Amount:
N/A	<u>\$</u> 0
· · · · · · · · · · · · · · · · · · ·	.\$
	\$
	\$
	.\$'
	\$
Sworn Statement/Affirmation by L	obbyist
•	RSA 664 and hereby swear or affirm that the foregoing information knowledge and belief.
Stor & Obn	<u>7-26-22</u>
(Signature of lobbyist)	(Date)
Stacey A. Ober	
(Print Name of lobbyist)	· ·

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

II. Name of lobbyist's	partnership, firm or corporatio	n, if any:	
American Kenn	el Club	·	* 199
(Name	of partnership, firm or corporation)		 -
M. Name of Client Ar	merican Kennel Club	Date 7-26-22	
•		•	
	- 1 an		-
State the full name o	f the person receiving the honor	arium or expense reimbursement:	
Ober	Stacey	A.	
Last Name	First Name	Middle Name/Initial	- :
	•		
		170.14	
Describe the event to whof the event).		ursement relates. (Include the date(s) and lo	ocation(
Describe the event to whof the event).	hich the honorarium or expense reimb		ocațion(
Describe the event to whof the event).	hich the honorarium or expense reimb	ursement relates: (Include the date(s) and lo	ocation(
Describe the event to whof the event).	hich the honorarium or expense reimb	ursement relates: (Include the date(s) and lo	ocation(
Describe the event to whof the event). 4-26-22 roundtrip trav	nich the honorarium or expense reimb	oursement relates. (Include the date(s) and loom W. Yarmouth MA with \$4 in tolls	ocation(
Describe the event to whof the event). 4-26-22 roundtrip trav	nich the honorarium or expense reimb	oursement relates. (Include the date(s) and loom W. Yarmouth MA with \$4 in tolls	ocation(
Describe the event to whof the event). 4-26-22 roundtrip trav (If there is more than one I	hich the honorarium or expense reimbyel to Concord, NH state capitol from the concord of the capitol from th	om W. Yarmouth MA with \$4 in tolls	
Describe the event to whof the event). 4-26-22 roundtrip trav (If there is more than one I Sworn Statement/Af I have read RSA 15, I	nich the honorarium or expense reimb rel to Concord, NH state capitol from honorarium or expense reimbursement use firmation by Lobbyist RSA 15-B and RSA 664 and hereb	om W. Yarmouth MA with \$4 in tolls a separate addendum B form for each.)	
Describe the event to whof the event). 4-26-22 roundtrip trav (If there is more than one I Sworn Statement/Af I have read RSA 15, I	hich the honorarium or expense reimbyel to Concord, NH state capitol from the concord of the capitol from th	om W. Yarmouth MA with \$4 in tolls a separate addendum B form for each.)	
Describe the event to whof the event). 4-26-22 roundtrip trav (If there is more than one I Sworn Statement/Af I have read RSA 15, I	nich the honorarium or expense reimb rel to Concord, NH state capitol from nonorarium or expense reimbursement use firmation by Lobbyist RSA 15-B and RSA 664 and hereb to the best of my knowledge and b	om W. Yarmouth MA with \$4 in tolls a separate addendum B form for each.) by swear or affirm that the foregoing infelief.	
Describe the event to whof the event). 4-26-22 roundtrip trav (If there is more than one I Sworn Statement/Af I have read RSA 15, I is true and complete t	nich the honorarium or expense reimbyel to Concord, NH state capitol from the following or expense reimbursement use the firmation by Lobbyist RSA 15-B and RSA 664 and hereby the best of my knowledge and by the concord of the best of my knowledge and by the concord of the con	om W. Yarmouth MA with \$4 in tolls e a separate addendum B form for each.) by swear or affirm that the foregoing infelief. 7-26-22	
Describe the event to whof the event). 4-26-22 roundtrip trav (If there is more than one I Sworn Statement/Af I have read RSA 15, I	nich the honorarium or expense reimbyel to Concord, NH state capitol from the following or expense reimbursement use the firmation by Lobbyist RSA 15-B and RSA 664 and hereby the best of my knowledge and by the concord of the best of my knowledge and by the concord of the con	om W. Yarmouth MA with \$4 in tolls a separate addendum B form for each.) by swear or affirm that the foregoing infelief.	



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Stace	y A. Ober		
II: Name of lobbyist's partn	ership, firm or co	orporation, if any:	• .
American Kennel Club	-		
	ship, firm or corporation))	
III. Name of Client America	an Kennel Club		
Political Contributions For each political contribution client/lobbyist and lobbying	on that is reportable firm, indicate the i	e pursuant to RSA Chaj following:	oter 664 paid on behalf of the
Full name of candidate:	earl .	Howard	
•	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500)	Office Candidate is Seek	ing State Senate
	e word "estimate."		ogriogi. If the actual cost is not know
actual cost of the in-kind contri- enter an estimated value and the	e word "estimate."		oution. If the actual cost is not know
actual cost of the in-kind contri enter an estimated value and the	e word "estimate."		(Middle Name/Initial)
actual cost of the in-kind contrienter an estimated value and the Full name of candidate:	e word "estimate." (Last Name)	(First Name)	
actual cost of the in-kind contrienter an estimated value and the Full name of candidate: Amount of contribution \$	e word "estimate." (Last Name) I contribution, provi	(First Name) Office Candidate is Se	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contribution contribution contribution is an in-kind actual cost of the in-kind contribution.	e word "estimate." (Last Name) I contribution, provi	(First Name) Office Candidate is Se	(Middle Name/Initial) beking ods or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contribute and the contribute and the contribution actual cost of the in-kind contribute and the contribution is an in-kind contribute and the contr	e word "estimate." (Last Name) I contribution, provi	(First Name) Office Candidate is Se	(Middle Name/Initial) beking ods or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contribute and the contribute and the contribution actual cost of the in-kind contribute and the contribution is an in-kind contribute and the contr	(Last Name) I contribution, providuate word "estimate."	(First Name) Office Candidate is Se	(Middle Name/Initial) beking ods or services provided, and enter the

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am	tion of the goods or services provided, and enter the ount 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 contrib	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
Q A OL	7-26-22
(Signature of lobbyist)	(Date)
Stacey Ober	
(Print Name of lobbyist)	

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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.

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: American Kennel Club
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Kennel Club
particular client): / unerteent (Common Class)
Date of Report (check one):
April 27, 2022 July 27, 2022 October 26, 2022 January 25, 2023
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) T-26-22 (Date)
Stacey A. Ober
(Print Name of lobbyist)