

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 2 9 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	naven	()Kee	و لو		<u> </u>	·	
II. Name of lobbyist's partne	rehin firm or corr	oration if an	v•				
11. Name of jobbyist s partne		ou auon, m an	y• 1:		(::: <u>)</u>	<u> </u>	
- Mary le	mership, firm or corpo	cy /	mech	((v).	Moes		
(Name of part	mership, mini or corpo	rauoji)	2		··]] [
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Business Address: (Street)		Town/City)		(State)	(Zi	p Code)	
623 568-1078	<u>} </u>		9404 Kare	n@M2007	e-mail		: : : i.
(Telephone)		(Fax)					
III. This statement covers: (C	Choose one – file se	parate report	s for each clie	nt, OR you ma	y file a sepa	rate repor	t for
reportable expense transaction					i di	7. 7	
						. : : : : : : : : : : : : : : : : : : :	·[] ·:.
X All reportable transactions	occurring in the mo	onths prior to the	e reporting da	te relative to the	e following c	hent:	i.
Marijuana Policy P	Project (in-house/c	nly "client")		.: :::	: ::	:: II	.: ::
Marijuana Policy P	lame of Client as it ap	pears on the Lob	byist Registration	on Form)		- i - :- : :	
: <u>OR</u> : :::::: :: :::::: :: .		· · · · · · · · · · · · · · · · · · ·				- 11111 E1 1,-,-,-	11111
All reportable transactions		luding the lobb	yist's family),	or the lobbying	firm listed	pelow which	h are
unrelated to any particular clie	:nt. ::::/						
IV. Date of Report April	27, 2022	::::: i:		7, 20 <u>2</u> 2 □	i:		``.
	date of registration to	3/31/22		4/1/22 to 6/30/22			
Octob	ber 26, 2022 🗌	: i:	Januar	y 25, 2023 🗌		i	
activity f	rom 7/1/22 to 9/30/22		activity from	10/1/22 to 12/31.	/22	::::!:'!::	-:::-'
V. There have been no fee	s received and no	renortable	transactions	made since t	he last rene	ovet II:	
If this box is checked, complete							
State House, Room 204, Conco					iii	li, itifi	·
VI. Check if additional repor	rts are attached:						-::::
If you have received fees of	: :	es, vou must fil	e Addendum	A— Fees and Ex	knenses	i:	
If you have paid an honora	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					rariums or	
Expense Reimbursement					`		
If you, your firm, or your i	family has made po	litical contribu	tions, you mus	t file Addendu	m C – Politic	al Contribu	tions
			111111111111111111111111111111111111111		i: :::::::	: ::::::	1.
							1
Sworn Statement/Affirmation		1		. 00		1.11 	
I have read RSA 15, RSA 15-E and complete to the best of my	knowledge and bel	SA 004 and ne	reby swear or	amm that the i	oregoing ini	ormation is	true
I/ NL/	1 1	 : : :		4-) <-	200		
(Signature of lobbyist)	ege :	— i	· · · · · · · · · · · · · · · · · · ·	ر ک سال الاستان الاستا	20179-	·	· · ·
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Daren UKe	ete:	<u> </u>					

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.

APR 2 9 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/A Statement of Incom							
Name of Lobbying pa				Har	en O	Keefe	
Name of Client (leave	blank if St	atement is	for the part	nership, fir	m, or corpo	ration and no	t related to an
particular client):	Mar	Juan	e Jo	Were	Trojec	t (i	~ Lous
Date of Report (chec			: ::::::::::::::::::::::::::::::::::::		· • • • • • • • • • • • • • • • • • • •		
in the second second							
April 27, 2022 □	July 27	, 2022 □	Octobe	er 26, 2022	□ Janu	ary 25, 2023	
I have read RSA 15, the following Addend submitted): Addendum A	lums subm						
Addendum B	(s).						
Addendum C	(s)		: :::::::::::::::::::::::::::::::::::::		:::.		
I hereby swear or affi complete to the best of				on the Sta	tement and	each Adden	lum is true an
Daran C	Keelo				4	25-0	-022-
(Signature of lobbyist) Lee	Le				(Date)	
(Drint Name of Johns	at)						1

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STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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11.	: #			· · · · · · · · · · · · · · · · · · ·			; . 		(
		(Nome of pobl	tnership, firm or	romoratio	<u>ري ري</u>	1 (V)	<u>Seec</u>		vidise.)
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	Fees Recei					· · · · · · · · · · · · · · · · · · ·			
Ind	icate the gro	ss amount of	all fees rece	eived from	n the client	identified a	bove that a	re related, d	irectly or indirect ic relations servi
ine	luding resea	rch, monitori	ing legislation	on, and r	elated lega	l work. The	ne gross fee	amount re	ported shall not
red	uced by any	expenses:							
	Total of all i	fees received	in this report	ting nerio	od	• • • • • • • • • • • • • • • • • • • •	a) \$	1,445	
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		fees received						0_	
	(1 ms snouic	l equal the tot	ai oi aii prio		; :::::	i uns calend	iai yeai)	·	
c) '		fees received	to date	: :					
.]	(Add lin	es a and b)		· .: . · .	E-1! 		c) \$	111	,445.19
:d)	Indicate the	amount of ar	ny such fees	that are d	lue, but hav	e not			:. ; ::::::
.:	yet been pa	uid			1:11:		d) \$	· :::::	<u>0</u> :::::::
.1 .1 11.			• : •						
	Expenses:	ing the state of t							
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the	lobbyist(s)	firm that are	unrelated t	o any on	ne client a	separate re	port may b	filed for	the lobbyist(s)/fir
E.	nenses are t								of all expenses p
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·		.::::::	d) Total expenses for this reporting period	ii	d) \$	115.28	.::::: 1
:	.:		(Add lines a, b and c)				,, ·
			e) Total of expenses paid this calendar year	prior to this reporting period	i e)\$	N/A	
:	: .		(This should be the amount on line f of add	endum A for last month's re	port)		.:::-::
			f) Total of all expenses year to date	lan ilan ilan	f) \$	115.28	
				ing the state of t	17:φ	113.26	
		.:::	VI. Other Expenses:				
			Provide the following detail for all expenditu period, including by whom paid or to whom	ires of more than \$25 made in charged	rom lobbying fees	during this reporting	
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			is true and complete to the best of my kr	664 and hereby swear or owledge and belief.	4/25	5/2022	
			I have read RSA 15, RSA 15-B and RSA is true and complete to the best of my kr (Signature of lobbyist)	664 and hereby swear or owledge and belief.	4/25		
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