STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 13 2022

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PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	MAURZ	sh weston		DEPARTMENT OF STATE
II. Name of lobbyist's partn	ership, firm or o	corporation, if any:	·	
ma u	restar	Assoc PL orporation)	·LC	
PO BIX	950	(Town/City)	NH	03702
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
603 <u>224- 4077</u> (Telephone)	60>) 274-4059 (Fax)	e-mail <u></u>	wester Concast. ne
III. This statement covers: (eportable expense transact				file a separate report for
All reportable transaction	s occurring in the	months prior to the repor	ting date relative to the f	ollowing client:
7	con M	last form	() ()	
	Name of Client as i	t appears on the Lobbyist Re	gistration Form)	·
OR	her 4h a 1 a h h: a 4 /	'1		1
All reportable transactions in related to any particular click	ent.	including the lobbyist's is	imily), or the lobbying fi	rm listed below which are
·	28, 2021 date of registratio	n to 3/31/21	July 28, 2021 of from 4/1/21 to 6/30/21	
-	ber 27, 2021	7	January 26, 2022	
activity	from 7/1/21 to 9/3		y from 10/1/21 to 12/31/21	
V. There have been no fee If this box is checked, complete State House, Room 204, Conc	te just this form a	l no reportable transa and submit it to the Secreta	ctions made since the ary of State's Office, 107	last report. North Main Street,
<u>VI.</u> Check if additional repo	rts are attached	•		
If you have received fees			ndum A– Fees and Expe	enses
If you have paid an honor Expense Reimbursement			=	
If you, your firm, or your	family has made	political contributions, yo	ou must file Addendum	C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of my	B, RSA 14-C and	l RSA 664 and hereby sw belief.	ear or affirm that the fore	egoing information is true
MAN			1-12-22	
(Signature of lobbyist)			(Date)	
(Print Name of lobbyist)	h			