STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 2 3 2020

I. Name of Lobbyist(s)	Joan	Asche	m		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partn	ership, firm or co	rporation, if	anv:		OFSTATE
	Public A		Associat	<u> </u>	
	tnership, firm or cor	poration)			
_ 4 Pole	<u>.</u> St.		Canad	NH	0330/
Business Address: (Street)		(Town/City)			
() <u>603 328 2</u> (Telephone)	<u>183</u> ().	(Fax	e-mail _	jasche	emenh pha.
III. This statement covers: (reportable expense transacti				OR you may f	ile a separate report for
☐ All reportable transactions				lative to the fo	ollowing client:
NA P	Ublic Hea	Itu A	350as hoi		
(Full N	lame of Client as it a	appears on the L	obbyist Registration Fo	rm)	· · · · · · · · · · · · · · · · · · ·
☐ All reportable transactions unrelated to any particular clie		acluding the lo	bbyist's family), or th	ne lobbying fir	m listed below which are
Reports cover: activity from	29, 2020 date of registration	to 3/31/20	July 29, 20 activity from 4/1/26		
	ber 28, 2020 🗹 from 7/1/20 to 9/30/.	20	January 27, activity from 10/1/		
V. There have been no fee If this box is checked, complet State House, Room 204, Conc	e just this form an				
VI. Check if additional repo	rts are attached:				
☐ If you have received fees	_			-	
 If you have paid an honor Expense Reimbursement 	arium or reimburs	ed expenses, y	ou must file Addend	um B— Report	t of Honorariums or
☐ If you, your firm, or your	family has made p	olitical contrib	outions, you must file	Addendum (C-Political Contributions
Sworn Statement/Affirmatio		DGA ((4 11		41-4 41 - C	
I have read RSA 15, RSA 15-1 and complete to the best of my			iereby swear or affirm	n mat the fore	going information is true
9066	<u></u>		/0	121/20	<u> </u>
(Signature of lobbyist)	ein			(Date)	
(Print Name of lobbyist)					