

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 29 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	Stacey Ober	r				
	t's partnership, firm (ı, if any:			
	fame of partnership, firm of	or corporation)				
8051	Arco Corporate Di	rive Ralei	gh	NC	270	617
Business Address:	Street)	(Town/C	ity)	(State)	(Zip	Code)
919816	3348	`		e-mail stace	ey.ober@akc.o	org
(Telephone	3348	· · -	(Fax)	C-IIIdii		
reportable expense All reportable to	covers: (Choose one - transactions which an	re not attribu	table to any	one client).		
American Ke						_
OR	(Full Name of Client	as it appears on	the Lobbyist I	(legistration Form)		
	nnsactions by the lobby	ist (including t	he lobbyist's	family), or the lob	bying firm listed b	elow which are
IV. Date of Report Reports cover: ac	April 26, 2023 tivity from date of registra October 25, 2023 activity from 7/1/23 to 9/3		,	July 26, 2023 ivity from 4/1/23 to January 31, 2024 of from 10/1/23 to 12	V	
If this box is checke	en no fees received a d, complete just this for 204, Concord, NH 0330	m and submit				
VI. Check if additi	onal reports are attac	hed:				
If you have rec	eived fees or made expe	enditures, you	must file Ådd	lendum A– Fees a	and Expenses	
If you have paid	d an honorarium or rein ment	ibursed expen	ses, you must	file Addendum I	B— Report of Honor	ariums or
If you, your firm	n, or your family has m	ade political c	ontributions,	you must file Add	lendum C– Politic	al Contributions
I have read RSA 15	Affirmation by Lobbyi , RSA 15-B, RSA 14-C best of my knowledge	and RSA 664	and hereby s	wear or affirm tha	t the foregoing info	ormation is true
(Signature of lobby	rist)				(Date)	
Stacey Ober						

P L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Stacey Ober	
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 1-24-24
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:	relations, or public relations services
a) Total of all fees received in this reporting period	_{a)} 3733.32
b) Total of all fees received this calendar year, prior to this reporting period	a) \$ 3733.32 b) \$ 11199.96
(This should equal the total of all prior monthly reports for this calendar ye	ear)
c) Total of all fees received to date (Add lines a and b)	_{c)} \$_14933.28
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 of the 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 example lunch 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 greater 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 by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a ler than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 279.94
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	_{b) \$} 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	_{d)} \$ 279.94	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	e) \$ 7511.08 f) \$ 7791.02 obbying fees during this reporting	
Paid to:	Amount:	
	\$	
	\$	
	\$ \$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.		
StadA Obas	1-24-24	
(Signature of loboyist)	(Date)	
Stacey Ober	•	
(Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	Stacey Ober	
	partnership, firm or corporation, if an	y:
(Name c	of partnership, firm or corporation)	
III. Name of Client Ar	merican Kennel Club	_{Date} 1-24-24
State the full name of	f the person receiving the honorarium	or expense reimbursement:
Pearl	Howard	
Last Name	First Name	Middle Name/Initial
Describe the event to wh	nich the honorarium or expense reimbursemen	nt relates. (Include the date(s) and location
of the event). 11/3/23 Room a	•	l as speaker for New
Describe the event to whof the event). 11/3/23 Room a England Region (If there is more than one he Sworn Statement/Aff I have read RSA 15, R	at Holiday Inn Portsmouth, NE nal Legislative Conference on conorarium or expense reimbursement use a separa firmation by Lobbyist	1 as speaker for New 11/4/24 te addendum B form for each.)
Describe the event to whof the event). 11/3/23 Room a England Region (If there is more than one he Sworn Statement/Aff I have read RSA 15, R	at Holiday Inn Portsmouth, NE nal Legislative Conference on	1 as speaker for New 11/4/24 te addendum B form for each.)
Describe the event to whof the event). 11/3/23 Room a England Region (If there is more than one he Sworn Statement/Aff	at Holiday Inn Portsmouth, NE nal Legislative Conference on conference on conference on the best of my knowledge and belief.	l as speaker for New 11/4/24 te addendum B form for each.) r or affirm that the foregoing information

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.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation:
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 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.
$\frac{2}{\text{(Signature of lobb) (ist)}} A O = \frac{1 - 2y - 2y}{\text{(Date)}}$
(Print Name of lobbyist)