

(Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## **RECEIVED**

OCT 28 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Paul J. Phillips			tight diploping garage and a second s
II. Name of lobbyist's pa	ertnership, firm or co	orporation, if any	;	
Primmer Piper Egglest	on & Cramer PC			
(Name o	f partnership, firm or co	rporation)		
900 Elm Street, 19th F	loor, PO Box 3600	Manchester	NH	03105-3600
Business Address: (Street	)	(Town/City)	(State)	(Zip Code)
(603) 626-3300	( 603)	626-0997	e-mail pphillip	s@primmer.com
(Telephone)		(Fax)		
III. This statement covereportable expense trans				ay file a separate report foi
All reportable transac	tions occurring in the	months prior to the	e reporting date relative to t	he following client:
Insurance Auto Auctio	ns			
	full Name of Client as it	appears on the Lobb	yist Registration Form)	
OR	! b Ab		dada Garalla Arra dha tabhata	Come Person by the Control of th
unrelated to any particula		ncluding the loody	ist's family), or the lobbying	ig firm listed below which are
	April 28, 2021 🛘		July 28, 2021 🛚	
	from date of registration	to 3/31/21	activity from 4/1/21 to 6/30/2.	1
	October 27, 2021 🗵 ivity from 7/1/21 to 9/30	/21	January 26, 2022 activity from 10/1/21 to 12/3.	1/21
	nplete just this form a		ransactions made since Secretary of State's Office,	
VI. Check if additional	reports are attached:			
$\Box$ If you have received	fees or made expendit	ures, you must file	Addendum A- Fees and E	Expenses
Expense Reimbursement		,	must file Addendum B-R	•
진 If you, your firm, or	our family has made	political contributi	ons, you must file Addend	um C- Political Contribution
and complete to the best of	15-B, RSA 14-C and of my knowledge and		eby swear or affirm that the	foregoing information is true
1s/ Paul J. Ph	illips		October 20, 202	1
(Signature of lobbyist)			(Da	ate)
Paul J. Phillips				

## STATE OF NEW HAMPSHIRE

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

Primmer Piper Egglestor	nership, firm or corporation)		<del> </del>
II. Name of Client Insur	ance Auto Actions		Date July 1 - September 30, 20
Political Contributions			
			pter 664 paid on behalf of the
lient/lobbyist and lobbyin	g firm, indicate the fo	ollowing:	
		Company of the second s	angular, and the traders. We have
	Paraz	Maria	Elizabath
ull name of candidate:	(Last Name)	Maria (First Name)	Elizabeth (Middle Name/Initial)
		,	` ,
mount of contribution \$		Office Candidate	is Seeking NH State Rep
	the word "estimate."		
	Knight	Nicole (First Name)	Klein
full name of candidate:	Knight (Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	Knight	(First Name)	
full name of candidate:	Knight (Last Name) 55.00  nd contribution, provide tribution on the line abo	(First Name) Office Candidate i	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  f the contribution is an in-kir ctual cost of the in-kind cont	Knight (Last Name) 55.00  nd contribution, provide tribution on the line abo	(First Name) Office Candidate i	(Middle Name/Initial) is Seeking NH State Rep ids or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kir actual cost of the in-kind contenter an estimated value and to	Knight (Last Name) 55.00  Indicontribution, provide tribution on the line abouthe word "estimate."  Kelly	(First Name)  Office Candidate is a description of the good over for amount of contributions of the second of the	(Middle Name/Initial) is Seeking NH State Rep ods or services provided, and enter the oution. If the actual cost is not known,
Full name of candidate: Amount of contribution \$ If the contribution is an in-kir	Knight (Last Name) 55.00  Indicontribution, provide tribution on the line abothe word "estimate."	(First Name)  Office Candidate is a description of the good ove for amount of contributions.	(Middle Name/Initial) is Seeking NH State Rep ids or services provided, and enter the

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amour enter an estimated value and the word "estimate."	• •
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sv is true and complete to the best of my knowledge and belief	
/s/ Paul J. Phillips (Signature of lobbyist)	October 20, 2021
(Signature of lobbyist)	(Date)
Paul J. Phillips	
(Print Name of lobbyist)	

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## STATE OF NEW HAMPSHIRE

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

FT N1			
I. Name of lobbyist's pa	• •	oration, if any:	
Primmer Piper Egglest			
(Name of pa	ortnership, firm or corporation)		
II. Name of ClientInst	rance Auto Actions		Date July 1 - September 30,
Political Contributions			· · · · · · · · · · · · · · · · · · ·
	ution that is reportable or	irsuant to RSA Chante	er 664 paid on behalf of the
lient/lobbyist and lobbyi	ing firm, indicate the foll	owing:	or oo , <b>pare</b> on bonar or an
	<b>-</b>		
Full name of candidate:	Hosmer	Andrew	
on name or candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
mount of contribution \$	55.00	Office Candidate is	A . Mayor
rinount of contribution \$ _		Office Candidate is	Seeking
nter an estimated value and	the word "estimate."		tion. If the actual cost is not known,
mer an estimated value and	·		
	Hunt-Hawkins	Palana	
		Palana (First Name)	(Middle Name/Initial)
Full name of candidate:	Hunt-Hawkins (Last Name) 55.00	(First Name)Office Candidate is S	(Middle Name/Initial) Seeking Mayor
Full name of candidate:  Amount of contribution \$  f the contribution is an in-kictual cost of the in-kind co	Hunt-Hawkins (Last Name) 55.00 ind contribution, provide a ntribution on the line above	(First Name)Office Candidate is S description of the goods	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	Hunt-Hawkins (Last Name) 55.00 ind contribution, provide a ntribution on the line above I the word "estimate."	(First Name)Office Candidate is S description of the goods	(Middle Name/Initial)  Seeking Mayor  s or services provided, and enter the

ons on separate addendum C forms.)
vear or affirm that the foregoing informati
October 20, 2021
(Date)

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