

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

(Name of partnership, fin PO Box 990			
	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603-224-4077	603-224-4099	e-mail maurawesto	n@comcast.net
(Telephone)	(Fax)		-
III. This statement covers: (Choose on			file a separate report f
reportable expense transactions which	are not attributable to any on	ie client).	
All reportable transactions occurring	in the months prior to the repor	ting date relative to the	following client:
Derry Medical Center			
•	ent as it appears on the Lobbyist Re	gistration Form)	
<u>OR</u>			
All reportable transactions by the lob	byist (including the lobbyist's fa	mily), or the lobbying	firm listed below which a
Inrelated to any particular client.			
V. Date of Report April 27, 2022		July 27, 2022	
Reports cover: activity from date of regi		from 4/1/22 to 6/30/22	
October 26, 202		January 25, 2023	
activity from 7/1/22	to 9/30/22 activit	ty from 10/1/22 to 12/31/2	22
V. There have been no fees receive	d and no reportable transac	ctions made since th	e last report.
If this box is checked, complete just this j			
State House, Room 204, Concord, NH 03	3301.		
VI. Check if additional reports are att	ached:		
If you have received fees or made ex		ndum A- Fees and Exp	penses
If you have paid an honorarium or re	eimbursed expenses, you must fi	ile Addendum B- Rep	ort of Honorariums or
Expense Reimbursement			0 7 10 10 17 1
If you, your firm, or your family has	made political contributions, yo	ou must file Addendun	n C- Political Contribution
S	L-0-A		
Sworn Statement/Affirmation by Lobi have read RSA 15, RSA 15-B, RSA 14		ear or affirm that the fo	regoing information is tr
and complete to the best of my knowledge			
(1/1/1/1/		7/25/2022	
(Signature of lobbyist)		(Date	
			1 -
Maura M Weston			JUL 2 7 20. NEW HAMPSH DEPARTMENT