

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s	Frons	y Thurman			
II. Name of lobbyist's	partnership, fir	m or corporation, if a	iny:		
•	Rights & De	-	·		
	e of partnership, fir				
PO Box 177	77	Manche	ster NF	1	03105
Business Address: (Str	ect)	(Town/City)	(Sta	nte)	(Zip Code)
() <u>(917) 843-</u> (Telephone)	6353	()(Fax	e-mail	fronsy	@radvt.org
III. This statement co reportable expense tr)R you may fi	le a separate report for
☐ All reportable trans	sactions occurring	in the months prior to	the reporting date rel	ative to the fo	llowing client:
	(Full Name of Clie	ent as it appears on the L	obbyist Registration For	m)	
<u>OR</u>					
All reportable trans unrelated to any particular		byist (including the lo	bbyist's family), or the	e lobbying fir	m listed below which are
•		X istration to 3/31/21	activity from 4/1/21	July 28, 2021 [] ty from 4/1/21 to 6/30/21	
	October 27, 202 activity from 7/1/21		January 26, activity from 10/1/2		
V. There have been If this box is checked, o State House, Room 20-	complete just this	form and submit it to t	e transactions mad he Secretary of State	le since the l	ast report. X North Main Street,
VI. Check if addition	al reports are att	ached:			
	•	xpenditures, you must	file Addendum A - F	ees and Exper	nses
☐ If you have paid as Expense Reimburseme		eimbursed expenses, y	ou must file Addend i	um B - Report	of Honorariums or
[] If you, your firm,	or your family has	s made political contri	butions, you must file	Addendum (C– Political Contributions
Sworn Statement/Aff I have read RSA 15, R and complete to the be	SA 15-B, RSA 14	I-C and RSA 664 and	hereby swear or affirn	n that the fore	going information is true
1			04/	26/2021	DECENTED
(Signature of lobbyist)			(Date)	APR 2 8 2021
Fronsy Th	urman				ΔPR 2 8 2021
(Print Name of lobbyi	st)				NEW HAMPSHIRE DEPARTMENT OF STA
					DEPARIMENTO