

## STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

OCT 25 2021

I. Name of Lobbyist(s) Stephen Habbe			NEW HAMPSHIRE
II. Name of lobbyist's partnership, f	ium an asymptoticm if any	,	DEPARTMENT OF STATE
N.A. (employee of the	· ·	Association)	
(Name of partnership,			<u> </u>
Tolman Street Sharon		MA	02067
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
703-549-1500 x3457	•	chabba@	diabetes.org
(Telephone)	(Fax)	e-mail Shabbe	<del></del>
III. This statement covers: (Choose or reportable expense transactions whi			file a separate report for
All reportable transactions occurring	ng in the months prior to the rep	porting date relative to the	following client:
American Diabetes Ass	sociation		
	lient as it appears on the Lobbyist	Registration Form)	
OR	,	•	
All reportable transactions by the lounrelated to any particular client.	obbyist (including the lobbyist)	s family), or the lobbying	firm listed below which are
IV. Date of Report April 28, 202 Reports cover: activity from date of re		July 28, 2021	
October 27, 2  activity from 7/1/	1 🗸 1	January 26, 2022	
V. There have been no fees received of this box is checked, complete just the State House, Room 204, Concord, NH	is form and submit it to the Sect		
VI. Check if additional reports are a	attached:		•
If you have received fees or made	expenditures, you must file Ad	dendum A- Fees and Ex	penses
If you have paid an honorarium or Expense Reimbursement	reimbursed expenses, you mus	st file <b>Addendum B</b> – Rep	ort of Honorariums or
If you, your firm, or your family h	as made political contributions	, you must file Addendur	n C-Political Contributions
			:
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle	14-C and RSA 664 and hereby	swear or affirm that the fo	oregoing information is true
Sola 11		10/22/2021	
(Signature of lobbyist)		(Date	)
Stephen Habbe			
(Print Name of lobbyist)			