

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	. William McQuillen	<i>Y</i> ,	RECEIVED
I, Name of Lobbyist(s	William McQuillen	A William	OCT 27 2020
II. Name of lobbyist's	partnership, firm or corporati	on, if any:	
The Professional F	Fire Fighters of New Hamps	hire	NEW HAMPSHIRE DEPARTMENT OF STA
(Nan	c of partnership, firm or corporation)		
43 Centre St. Co			<u> </u>
Business Address: (Str	eet) (Town/	.,	(Zip Code)
(603) <u>223-3304</u> (Telephone)	(603) <u>223-331</u>	(Fax) e-mail wmcqu	illen@pffnh.org
reportable expense tr	ansactions which are not attribu	e reports for each client, OR you nutable to any one client). orior to the reporting date relative to the record of the reporting date relative to the reporting date relative to the record of the relative to the record of the relative to the reporting date relative to the record of the record o	•
	ire Fighters of New Hamps		_
On '	(Full Name of Client as it appears of	n the Lobbyist Registration Form)	
OR All reportable transcurrelated to any particular	actions by the lobbyist (including liar client.	the lobbyist's family), or the lobbyir	ng firm listed bolow which are
IV. Date of Report Reports cover: activi	April 29, 2020 🗍 🕥	July 29, 2020 uctivity from 4/1/20 to 6/30/2	o ,
4	October 28, 2020 📝 activity from 7/1/20 to 9/30/20	January 27, 2021 activity from 10/1/20 to 12/3	1/20
V. There have been If this box is checked, o State House, Room 204	omplete just this form and submit	rtable transactions made since tit to the Secretary of State's Office,	the last report. 107 North Main Street,
VI. Check if additions	d reports are attached:		•
		must file Addendum A-Fees and I	
If you have paid an Expense Reimbursemen	honorarium or reimbursed expent nt	ises, you must file Addendum B-R	eport of Honorariums or
If you, your firm, o	r your family has made political of	contributions, you must file Addend	um C-Political Contributions
Sworn Statement/Affi I have read RSA 15, RS and complete to the bes		and hereby swear or affirm that the	foregoing information is true
ALTH ITASKA		10/27/2020	
(Signature of lobbyist)	- ·-	(Da	ite)
William MoQuillen			
(Print Name of Johnyis	t)		

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From:

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
The Professional Fire Fighters of New Hampshire (Name of partnership, firm or corporation)	
III. Name of Client	Date
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	t relations, or public relations service
including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	oss tee amount reported shall not t
a) Total of all fees received in this reporting period	a) \$ _261.89
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 3,192.59
	ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 3,454.48
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 repfecs. 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 in 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 less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reported 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 greate 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)/time aggregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of or than \$25, but not greater than \$56 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) \$ <u>0</u>
b) Total aggregate of expenditures during this reporting period, not reported n a), of \$25 or less.	b) \$ 0
Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0
c) 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)	c) \$ 0
f) Total of all expenses year to date	f) \$ 0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	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 affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
1100 1100 t	
(Signatura Clabburg)	10/27/2020
(Signature of lobbyist)	(Date)
William McQuillen (Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

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

TV No			
II. Name of lobbyist's part	- '		
The Professional Fire (Name of parts	Fighters of New hoselin, firm or corporation)	lampshire	
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying		·	oter 664 paid on behalf of the
Full name of candidate: S		Donna	М.
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0.00	Office Candidate i	is Secking NH Senate
enter an estimated value and the	he word "estimate."		ution. If the actual cost is not know
		······································	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$	(Last Name) d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)
If the contribution is an in-kine	(Last Name) d contribution, provide ribution on the line about word "estimate."	(First Name)Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not know
Full name of candidate: Amount of contribution \$ If the contribution is an in-kine actual cost of the in-kind contrenter an estimated value and the	(Last Name) d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the

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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know					
enter an estimated value and the word "estimate."	tor amount of continue	adon. If the actual cost is not known,			
	1,210 4004				
(If more than three contributions were made, report additional	contributions on separat	e addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge a		m that the foregoing information			
Willinkal		10/27/2020 (Date)			
(Signature of lobbyist)	:	(Date)			
William McQuillen		•			
(Print Name of Johnwiet)	-				

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 par	tnership, firm, or corpo	oration: The Professional	Fire Fighters of New Hampshire	
			r corporation and not related to a	
Date of Report (check	one):			
April 29, 2020 □	July 29, 2020 🛚	October 28, 2020 🗹	January 27, 2021 🗆	
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, thums submitted with the	he Statement of Income a at Statement (insert the n	nd Expenses described above, a number of Addendum forms bei	ind ng
Addendum Λ(s).		•	
Addendum B(3).			
_ ✓ Addendum C(3).			
I hereby swear or affir complete to the best of	m that the foregoing in my knowledge and bel	formation on the Stateme	nt and each Addendum is true a	лd
Willinge.	; ·	10/2	27/2020	
(Signaturo of Tobbyist)			(Date)	
William McQuillen				
(Print Name of lobbyis	t)			