

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s	s) Nicola Bocour			
II. Name of lobbyist's	partnership, firm or	corporation, if an	y:	
Giffo				· .
(Nam	ne of partnership, firm or	corporation)		
700 13th Stre	et, NW, Suite 600	Washington	DC	20005
Business Address: (Str	eet)	(Town/City)	(State)	(Zip Code)
(973) 715-9385	(() e-mail nbocour@giffords.org		
(Telephone)	`	(Fax)	J	
reportable expense tr	ansactions which are	not attributable to	ts for each client, OR you me to any one client). The reporting date relative to t	
Mil reportable trans	Giffords	ne months prior to t	ne reporting date relative to t	ne ionowing chem.
	(Full Name of Client as	s it appears on the Lob	obyist Registration Form)	
<u>OR</u>				
☐ All reportable trans unrelated to any particular		t (including the lobb	oyist's family), or the lobbying	g firm listed below which a
IV. Date of Report	April 25, 2018		July 25, 2018 🗌	
	vity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18			8
	•	October 31, 2018 🗵 January 30, 2019 🗆		
•	activity from 7/1/18 to 9/	/30/18	activity from 10/1/18 to 12/31/18	
			transactions made since e Secretary of State's Office,	
VI. Check if additions	al reports are attache	ed:		
	•		le Addendum A – Fees and E	Expenses
-	n honorarium or reimb		u must file Addendum B – Ro	-
☐ If you, your firm, o	or your family has mad	de political contribu	tions, you must file Addend	um C- Political Contributio
Sworn Statement/Affi I have read RSA 15, R and complete to the be	SA 15-B, RSA 14-C a	nd RSA 664 and he	reby swear or affirm that the	
(Signature of lobbyist))		(Da	
Nicola Bocour			Γ	RECEIVED
(Print Name of lobbyi	st)			OCT 1 7 2018
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