STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist	(s)	haure	In weston				
II. Name of lobbyist	's partne	rship, firm o	r corporation, if an	y:			
hh	دمررا	ha a	Accesich	F	1-1-1		
(Na	me of parti	nership, firm or	Associate corporation)	, , , , , , , , , , , , , , , , , , , 			
Po	BIX	950	(Town/City)	<u>l</u>	NH	0730	j
Business Address: (St	reet)	•	(Town/City)		(State)	(Zip Code)	
(607) 224. 4.0 (Telephone)	ורי	(60	(Fax)	<u>ร์ร์</u> e-m:	ail <u>mau</u>	zwitne	concast
III. This statement c reportable expense t						ay file a separate rep	ort for
All reportable tran	sactions	occurring in t	he months prior to th	ne reporting dat	, e relative to th	ne following client:	
Den	Med	head					
OD.	(Full Na	me of Client a	s it appears on the Lob	byist Registration	n Form)		
OR ☐ All reportable tran unrelated to any partic			t (including the lobb	yist's family), o	or the lobbying	g firm listed below wh	nich are
IV. Date of Report		29, 2020 🖃	•		, 2020 🔲		
Reports cover: activ		ate of registrat	_	activity from 4/			
		er 28, 2020 [om 7/1/20 to 9		•	27, 2021 🗌 10/1/20 to 12/31	/20	
V. There have been If this box is checked, State House, Room 20	complete	just this form	and submit it to the				•
VI. Check if addition	al report	ts are attache	ed: ·				
If you have receiv							
☐ If you have paid a Expense Reimburseme		rium or reimb	ursed expenses, you	must file Adde	endum B– Re	port of Honorariums o	ΣΓ
If you, your firm,	or your fa	amily has mad	de political contribut	tions, you must	file Addendu	m C- Political Contri	butions
Sworn Statement/Afi I have read RSA 15, R and complete to the be	SA 15-B	, RSA 14-C a	nd RSA 664 and her	eby swear or at	ffirm that the f	oregoing information	is true
1/2/1/					/31 /20 (Dat		
(Signature of lobbyist)				(Dat	e)	
Main	Mhe	s lo					
(Print Name of Johnyi	st)						

PLEASE PRINT

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:	
Mh Wester & Associate	PLLC
(Name of partnership, firm or corporation)	
III. Name of Client Derry Medical	Date 3/21 120
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 including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations serv
a) Total of all fees received in this reporting period	a) \$\8_,000
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	
c) Total of all fees received to date (Add lines a and b)	c) \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repeating 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 great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/ince aggregate total of all expenses expenses; (b) the aggregate total of ple: meals purchased during a business than \$10 that is given to the period with a value of \$25.00 or less); porting period of greater than \$25.00 lue of greater than \$25, purchase ter than \$25, but not greater than \$25, expense reimbursement, or poli
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. (a) Total aggregate of expenditures during this reporting period, not reported	a)\$_\8,006

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$18,000
e) 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)	e) \$
f) Total of all expenses year to date	1)\$ 17,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, 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
(Signature of lobbyist)	3/21/26 (Date)
Main In herton	` '
(Print Name of lobbyist)	