

# STATE OF NEW HAMPSHIRE

#### 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| (Name of narmershin, fir   | m or corporation)                              |  | <del></del>                           |
|--|--|--|---------------------------------------|
| 11 N Pearl Street Suite 1400   | Albany   | NY   | 12207                                 |
| Business Address: (Street)   | (Town/City)                                    | (State)  | (Zip Code)                            |
| • •  | (  | margaret_gorman(                                     | @americanchemistry.com                |
| ( ) 518-432-7835<br>(Telephone)  | ( <u>)                                    </u> | e-mail   |                                       |
| III. This statement covers: (Choose on reportable expense transactions which All reportable transactions occurring       | are not attributable to any                    | one client).   |                                       |
| •  | ent as it appears on the Lobbyist              | Registration Form)                                   |                                       |
| OR All reportable transactions by the lob unrelated to any particular client.  | byist (including the lobbyist'                 | s family), or the lobbying                           | firm listed below which are           |
| IV. Date of Report April 27, 2022  Reports cover: activity from date of reg  | istration to 3/31/22 act                       | July 27, 2022  |                                       |
| October 26, 20, activity from 7/1/22   |  | January 25, 2023<br>tivity from 10/1/22 to 12/31/3   | 22                                    |
| V. There have been no fees receive<br>If this box is checked, complete just this<br>State House, Room 204, Concord, NH 0 | form and submit it to the Sec                  | sactions made since the retary of State's Office, 10 | ne last report. 27 North Main Street, |
| VI. Check if additional reports are att  | ached:   |  |                                       |
| If you have received fees or made ex   |  | idendum A-Fees and Ex                                | penses                                |
| If you have paid an honorarium or re<br>Expense Reimbursement  | eimbursed expenses, you mu                     | st file Addendum B- Rep                              | oort of Honorariums or                |
| you, your firm, or your family has   | made political contributions                   | s, you must file Addendu                             | m C-Political Contributions           |
|  | To be  | e reported on  | January disclosu                      |
| Sworn Statement/Affirmation by Lob<br>I have read RSA 15, RSA 15-B, RSA 14<br>and complete to the best of my knowled     | -C and RSA 664 and hereby                      |  | oregoing information is true          |
| MA MAKAMATUMA (MAKAMATUMA (M   | orman  | 10/19/22 (Dat  | c)                                    |
| (Signature of lobbyist)  | <del>-</del>                                   |  |                                       |
| (Signature of lobbyist)  Margaret Gorman   | -  |  | RECEIVE                               |



### STATE OF NEW HAMPSHIRE

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

| I. Name of Lobbyist(s)   |  |   |   |                |
|--|--|---|---|----------------|
| • •  |  | · _   | ncio  |                |
| (Name of partner   | ship, firm or corporation)                                   | ustry Cou   | <u> </u>  |                |
| (Name of partner   | rican Chu  | rustry Counc  | ilDate 10/19/22   | <u> </u>       |
| Political Contributions  |  | O.  |   | to             |
| For each political contribution client/lobbyist and lobbying   | on that is reportable p<br>firm, indicate the fo             | pursuant to RSA Chapte<br>llowing:                        | r 664 paid on behalf of the   | on t           |
| <u>, , , , , , , , , , , , , , , , , , , </u>  | (Friends   | of Chris Sun  | unu)  |                |
| Full name of candidate:  | Sununu   | Cruis<br>(First Name)                                     |   |                |
|  | (Last Name)  | (First Name)  | (Middle Name/Initial)   |                |
| Amount of contribution \$ 25   | 5 <b>00</b> o  | ffice Candidate is Seeking                                | owernur   |                |
| If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the  | bution on the line abo                                       | a description of the goods<br>we for amount of contributi | or services provided, and ente<br>ion. If the actual cost is not ki | r the<br>10wn, |
| actual cost of the in-kind contri  | bution on the line above word "estimate."                    | ve for amount of contributi                               | ion. If the actual cost is not ki                                   | r the          |
| actual cost of the in-kind contri<br>enter an estimated value and th<br>Full name of candidate:  | bution on the line above word "estimate."  (Last Name)       | ve for amount of contribution                             | ion. If the actual cost is not kn                                   | iown,          |
| actual cost of the in-kind contri<br>enter an estimated value and th   | bution on the line above word "estimate."  (Last Name)       | ve for amount of contribution                             | ion. If the actual cost is not kn                                   | iown,          |
| actual cost of the in-kind contri<br>enter an estimated value and th   | (Last Name)  contribution, provide bution on the line above. | (First Name) Office Candidate is Seek                     | (Middle Name/Initial) ing   | er the         |
| actual cost of the in-kind contrienter an estimated value and the Full name of candidate:  Amount of contribution S  If the contribution is an in-kind actual cost of the in-kind contri | (Last Name)  contribution, provide bution on the line above. | (First Name) Office Candidate is Seek                     | (Middle Name/Initial) ing   | er the         |

| 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 known, enter an estimated value and the word "estimate." |  |
|---|--|
|   |  |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)   |  |
| Sworn Statement/Affirmation by Lobbyist   |  |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |  |
| Maygaret M. Goyman 10/19/22 (Signature of lobbyist) (Date)  |  |
| Margaret M.Gorman (Print Name of lobbyist)  |  |

•

·

### State of New Hampshire Signature Fonn 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:                            |  |
|--|--|
| •  | n: American Chemistry Council  |
|  | partnership, firm, or corporation and not related to any   |
| Date of Report (check one):  |  |
| April 27, 2022 July 27, 2022 O   | stober 26, 2022 January 25, 2023   |
|  | atement of Income and Expenses described above, and atement (insert the number of Addendum forms being |
| Addendum A(s).   |  |
| Addendum B(s).   |  |
| Addendum C(s). X omit  |  |
| I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief. | ation on the Statement and each Addendum is true and   |
| The  | 10/19/22   |
| (Signature of lobbyist)  | (Date)   |
| Raza Ali   | _  |
| (Print Name of lobbyist)   | -  |

# 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 partnership, firm, or corporation: American Chemistry Council  |
|---|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any  |
| particular client):   |
| Date of Report (check one):  April 27, 2022   |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): |
| Addendum A(s)   |
| Addendum B(s).  |
| Addendum C(s) omit  |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.   |
| Crin Defauts 10/19/22 (Signature of Hobbyist) (Date)  |
| (Signature of bbbyist) (Date)   |
| Erm Desantis (Print Name of lobbyist)   |