

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 6 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyis			
	t's partnership, firm or corpora	tion, if any:	
AARP New Ha	mpshire		
(N	ame of partnership, firm or corporation	on)	
	<u>'</u>	ncord NH	
Business Address: (Street) (Tow	rn/City) (State	e) (Zip Code)
603) 230-4106	()	e-mail T	Fahey@aarp.org
(Telephone)		(Fax)	
eportable expense	covers: (Choose one – file separ transactions which are not attransactions occurring in the month	ibutable to any one client).	
AARP New Ham	pshire		
	(Full Name of Client as it appear	s on the Lobbyist Registration Form	n)
OR All reportable tra unrelated to any part	nsactions by the lobbyist (includitional client.	ng the lobbyist's family), or the	lobbying firm listed below w
IV. Date of Report	April 29, 2020 🗌	July 29, 2020	. —
		July 29, 2020) LJ
	tivity from date of registration to 3/3	•	
	October 28, 2020 activity from 7/1/20 to 9/30/20	•	o 6/30/20 2021 🗆
Reports cover: act V. There have be If this box is checked	October 28, 2020 🗹	January 27, 2 activity from 4/1/20 to January 27, 2 activity from 10/1/20 portable transactions made	o 6/30/20 2021
V. There have be If this box is checked State House, Room 2	October 28, 2020 activity from 7/1/20 to 9/30/20 en no fees received and no re d, complete just this form and subj	January 27, 2 activity from 4/1/20 to January 27, 2 activity from 10/1/20 portable transactions made	o 6/30/20 2021
V. There have be If this box is checked State House, Room 2	October 28, 2020 A activity from 7/1/20 to 9/30/20 en no fees received and no re d, complete just this form and subsect 204, Concord, NH 03301.	January 27, 2 activity from 4/1/20 to January 27, 2 activity from 10/1/20 portable transactions made mit it to the Secretary of State's	o 6/30/20 2021
V. There have be If this box is checked State House, Room I VI. Check if addition	October 28, 2020 A activity from 7/1/20 to 9/30/20 en no fees received and no red, complete just this form and subsequence of the concord, NH 03301. In a reports are attached: ived fees or made expenditures, you an honorarium or reimbursed expenditures of the concording of the c	January 27, 2 activity from 4/1/20 to January 27, 2 activity from 10/1/20 portable transactions made mit it to the Secretary of State's ou must file Addendum A-Fe	o 6/30/20 2021 O to 12/31/20 E since the last report. Office, 107 North Main Stree es and Expenses

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:

ame of Lobbying partnership, firm, or corporation: AARP New Hampshire
ame of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
articular client): AARP New Hampshire
ate of Report (check one):
april 29, 2020 □ July 29, 2020 □ October 28, 2020 ☑ January 27, 2021 □
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and e following Addendums submitted with that Statement (insert the number of Addendum forms being abmitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and omplete to the best of my knowledge and belief. Signature of lobbyist) (Date)
odd Fahey
Print Name of lobbyist)