

PLEASE PRINT

## STATE OF NEW HAMPSHIRE

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

# RECEIVED

APR 27 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobby                       | vist(s)James V. Hatem  |   |  |                                 |
|--|--|---|--|---------------------------------|
| II. Name of lobby                      | rist's partnership, firm or c                                | orporation, if an                       | y:   |                                 |
| Nixon I                                | Peabody LLP  |   |  |                                 |
|  | Name of partnership, firm or co                              | prporation)                             |  |                                 |
| 900                                    | Elm Street Ma  | ınchester                               | NH   | 03101                           |
| Business Address:                      | (Street)   | (Town/City)                             | (State)  | (Zip Code)                      |
| ( 603) <u>628-4062</u><br>(Telephor    |  | 947-0952<br>(Fax)                       | e-mail_jhatem@                                 | nixonpeabody.com                |
| III. This statemer reportable expens   | nt covers: (Choose one – file<br>se transactions which are n | e separate report<br>ot attributable to | any one client).                               | nay file a separate report fo   |
|  | transactions occurring in the  (Full Name of Client as it    |   |  | the following client:           |
| OR                                     | (1 un ivanie of Chent as it                                  | appears on the LOD                      | oyisi Registration Form)                       |                                 |
|  | ransactions by the lobbyist (inticular client.               | ncluding the lobb                       | yist's family), or the lobbyi                  | ng firm listed below which ar   |
| IV. Date of Repor<br>Reports cover:    | t April 25, 2018 🖪   | ı to 3/31/18                            | July 25, 2018                                  | 18                              |
|  | October 31, 2018 activity from 7/1/18 to 9/30                | /18                                     | January 30, 2019 activity from 10/1/18 to 12/3 |                                 |
|  | een no fees received and ed, complete just this form a.      |   |  |                                 |
| VI. Check if addit                     | tional reports are attached:                                 |   |  |                                 |
|  | ceived fees or made expendit                                 |   | Addendum A – Fees and                          | Expenses                        |
| ="                                     | id an honorarium or reimbur                                  | •                                       |  | · ·                             |
| If you, your fir                       | m, or your family has made                                   | political contribut                     | ions, you must file Addend                     | lum C- Political Contribution   |
| I have read RSA 1: and complete to the | e best of my knowledge and  How  yist)                       |   | eby swear or affirm that the                   | e foregoing information is true |
| (Print Name of lot                     | <del></del>  |   |  |                                 |

# STATE OF NEW HAMPSHIRE

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

| Nixon Peabody LLP (Name of partnership, firm or corporation)  III. Name of Client  Political Contributions  For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  David Watters  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneenter an estimated value and the word "estimate."  Full name of candidate:  Soucy Donna  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed actual cost of the in-kind contribution on the line above for amount of contribution. | I. Name of Lobbyist(s)          | James V. Hatem                 |                                |  |
|--|---------------------------------|--------------------------------|--------------------------------|--|
| Name of Client   | II. Name of lobbyist's par      | rtnership, firm or corp        | oration, if any:               |  |
| Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:    David  | Nixon Peabody                   | LLP                            |                                |  |
| Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:    David  | (Name of par                    | tnership, firm or corporation) |                                | -  |
| Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  David Watters (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneenter an estimated value and the word "estimate."  Full name of candidate:  Soucy Donna (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution.   | III. Name of Client             |                                |                                | Date   |
| Amount of contribution \$ 100.00   | For each political contribu     | ition that is reportable p     | ursuant to RSA Chap<br>lowing: | ter 664 paid on behalf of the  |
| Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneenter an estimated value and the word "estimate."  Full name of candidate: Soucy Donna (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution. If the actual cost is not kneed to the in-kind contribution on the line above for amount of contribution.  | Full name of candidate:         | David                          | Watters                        |  |
| Full name of candidate:  Soucy  Clast Name)  (Last Name)  Office Candidate is Seeking  State Senate  State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter an estimated value and the word "estimate."  Full name of candidate:  Soucy  Donna  (Last Name)  Office Candidate is Seeking  State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution.   |                                 | (Last Name)                    | (First Name)                   | (Middle Name/Initial)  |
| Full name of candidate:  Soucy  Clast Name)  (Last Name)  Office Candidate is Seeking  State Senate  State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter an estimated value and the word "estimate."  Full name of candidate:  Soucy  Donna  (Last Name)  Office Candidate is Seeking  State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known to contribution.  | Amount of contribution \$       | 100.00                         | Office Candidate is            | s Seeking State Senate   |
| (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kn   |                                 |                                |                                |  |
| Amount of contribution \$ 100.00 Office Candidate is Seeking State Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kn   | Full name of candidate: _       |                                |                                | (Middle Name/Initial)  |
| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kn  | Amount of contribution \$       | •                              | •                              | •  |
|  | actual cost of the in-kind cost | ntribution on the line abov    | a description of the good      | ds or services provided, and enter the ution. If the actual cost is not known, |
| Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)   | Full name of candidate:         |                                |                                |  |
| Amount of contribution \$Office Candidate is Seeking   | Tun name of canadate.           | (Last Name)                    | (First Name)                   | (Middle Name/Initial)  |

|  | 1   |
|--|---|
| more than three contributions were made, report addition   | onal contributions on separate addendum C forms.)         |
|  | onal contributions on separate addendum C forms.)         |
| f more than three contributions were made, report addition worn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 a true and complete to the best of my knowledge | and hereby swear or affirm that the foregoing information |