STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lol	bbyist(s) Matt Fish	er, Stephanie Mont	eiro, Susa	ın Tevnan
II. Name of lol	bbyist's partnership, firm o	or corporation, if any:		
	(Name of partnership, firm of	or corporation)		
328	K Street	South Boston	MA	02127
Business Address		(Town/City)	(State)	(Zip Code)
	-356-8150 (_{mail} stevnan	@fgrhub.com
(Telep	ohone)	(Fax)		·
III. This states	nent covers: (Choose one – ense transactions which ar	file separate reports for each cli e not attributable to any one clie	ent, OR you may	y file a separate report for
7		•	,	
_		the months prior to the reporting of	late relative to the	following client:
Superna				
OR	(Full Name of Client	as it appears on the Lobbyist Registrat	ion Form)	
	le transactions by the lobbyi	st (including the lobbyist's family)	or the labbying	firm listed helow which are
unrelated to any	particular client.	st (mordaing the lobbyist's laimly)	, of the lobbying	min fisted below which are
	_	٦		
IV. Date of Re			27, 2022	
Reports cover:	activity from date of registra October 26, 2022		4/1/22 to 6/30/22	
-	activity from 7/1/22 to	_ 	ry 25, 2023 1 10/1/22 to 12/31/2	22
If this box is ch	e been no fees received a ecked, complete just this form oom 204, Concord, NH 0330	and no reportable transactions in and submit it to the Secretary of 1.	s made since th State's Office, 10	te last report. 7 North Main Street,
VI. Check if ad	lditional reports are attach	red:		
		nditures, you must file Addendum		
If you have Expense Reimb	paid an honorarium or reim	bursed expenses, you must file Ad	dendum B-Rep	ort of Honorariums or
		ade political contributions, you mu	st file Addendun	n C_ Political Contributions
	, ,-,	nuo ponnium voimioum, you mu	or mo raddondun	a C 1 officer Contributions
I have read RSA	the best of my knowledge a	and RSA 664 and hereby swear or	affirm that the fo	oregoing information is true
		·		-
(Print Name of	1000yist)			DEAR
				RECEIVE

NEW HAMPSHIRE DEPARTMENT OF STATE

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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: FGRHUB
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Supernal
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). 0
Addendum B(s). 0
Addendum C(s). 0
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. (Signature of lobbyist) (Date)
Matt Fisher

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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: FGRHUB
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Supernal
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). 0
Addendum B(s). 0
Addendum C(s). 0
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. Signature of lobbyist) 10/3/12 (Date)
Stephanie Monteiro

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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: FGRHUB
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client): Supernal
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I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, an the following Addendums submitted with that Statement (insert the number of Addendum forms bein submitted):
Addendum A(s).
Addendum B(s). 0
Addendum C(s). 0
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true an complete to the best of my knowledge and belief.
Jan 113/22
(Signature of lobbyist) (Date)
Susan Tevnan