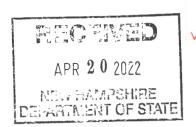


## STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



## PLEASE PRINT

I. Name of Lobbyist(s) Simon P. Thomson						
II. Name of lobbyist's partne	rship, firm or corporation, if an	y:				
Sheehan Phinney Capitol	Group					
	tnership, firm or corporation)					
Two Eagle Square	Concord		NH	03301		
Business Address: (Street)	(Town/City)		(State)	(Zip Code)		
(603) 228-2370	(603) 224-8899	email	sthomson@	sheehan.com		
(Telephone)	(Fax)					
reportable expense transactio	Choose one – file separate report ons which are not attributable to soccurring in the months prior to	any one cl	ient).			
An reportable transactions	s occurring in the months prior to	ine reporting	date relative to	are following elleric.		
NH State Chiropractic So	ociety Full Name of Client as it appears	th I	' + D intention	. F		
<u>OR</u>	s by the lobbyist (including the lob					
Reports cover: activity from a	ber 26, 2022  m 7/1/22 to 9/30/22	activity fre Jan activity fr	/ 27, 2022 ☐ om 4/1/22 to 6/3 uary 25, 2023 ☐ om 10/1/22 to 1	<u>]</u> 2/31/22		
V. There have been no fees received and no reportable transactions made since the last report.   If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.						
If you have paid an h Expense Reimbursement	fees or made expenditures, you m conorarium or reimbursed expense	s, you must	file Addendum	s and Expenses <b>B</b> – Report of Honorariums or <b>Idendum C</b> – Political Contributions		
the best of my knowledge and	3 and RSA 664 and hereby swear obelief.	or affirm tha	t the foregoing i	information is true and complete to		
Suman . Chamber		<u>A</u>	pril 27, 2022			
(Signature of lobbyist)			(D)	a(c)		
Simon P. Thomson (Print Name of lobbyist)						



## STATE OF NEW HAMPSHIRE

## **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

P	I. N	same of Lobbyist(s) Simon P. Thomson					
L E	II.	I. Name of lobbyist's partnership, firm or corporation, if any:					
A S E	Sh	(Name of partnership, firm or corporation)					
S F		(Name of partnership, firm or corporation)					
	III.	Name of Client NH State Chiropractic Society					
P R							
к I N T	Ind	V. Fees Received  Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobby including fees for services such as public advocacy, government relations, or public relations services including reseau conitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:					
	a)	Total of all fees received in this reporting period	a) \$ 4,000.00				
	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 year	b) \$ <u>0.00</u>				
	c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>4</u> ,000.00				
	d)	Indicate the amount of any such fees that are due, but have not yet been paid	d d) \$				
	V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff and office expenses: (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendume and should not be reported on Addendum A.						
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>6,769.00</u>				
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$				
	c)	Total of all itemized expenditures reported in detail in section VI.	c) \$				

c) \$ \_\_\_\_

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>6,769.00</u>					
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) \$ <u>0.00</u>					
f)	Total of all expenses year to date	F) \$ <u>6,769.00</u>					
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.							
Pai	i:	Amount:					
_		\$					
_		\$					
		\$					
		\$					
		\$					
		\$					
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.							
		il 27, 2022					
(Sig	gnature of lobbyist)	(Date)					
	non P. Thomson						
(Print Name of lobbyist)							