# STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

, NEW HAMPSHIRE

I. Name of Lobbyist(s) Kares Soucy		DEPARTMENT OF
/ II. Name of lobbylst's partnership, firm or corporation, if any	r:	
Soucy Solutions LLC (Name of partnership, firm or corporation)		
(Name of partnership, firm or corporation)		
11 Princety St. Concord Business Address: (Street) (Town/City)	NJ (State)	(Zip Code)
(903 <u>344-5797</u> () (Fax)	<b>,</b> - · · · · · <b>,</b>	isoucyleg.
III. This statement covers: (Choose one – file separate reports reportable expense transactions which are not attributable to		ay file a separate repor
All reportable transactions occurring in the months prior to th	e reporting date relative to the	he following client:
NH Manufactured Housing (Full Name of Client as it appears on the Lobb	Association	
(Full Name of Client as it appears on the Lobt	byist Registration Form)	<del></del>
OK  All reportable transactions by the lobbyist (including the lobby unrelated to any particular client.	yist's family), or the lobbyin	g firm listed below whic
IV. Date of Report April 24, 2019 [] Reports cover: activity from date of registration to 3/31/19	July 31, 2019	y
October 30, 2019 X activity from 7/1/19 to 9/30/19	January 29, 2020 [] activity from 10/1/19 to 12/3	1/19
V. There have been no fees received and no reportable t If this box is checked, complete just this form and submit it to the State House, Room 204, Concord, NH 03301.		
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you must file		
If you have paid an honorarium or reimbursed expenses, you Expense Reimbursement	must file Addendum B- Re	eport of Honorariums or
If you, your firm, or your family has made political contribut	ions, you must file Addend	um C- Political Contrib
Sworn Statement/Affirmation by Lobbyist  1 have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and her and complete to the best of my knowledge and belief.	reby swear or affirm that the	foregoing information is
V C	10/20/1	9
(Signature of lobby 14)	(D)	nte)
Karen Cours	,	
(Print Name of lobbyist)		

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## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Kara Soucy	——————————————————————————————————————
II. Name of lobbyist's partnership, firm or corporation, if any:  Solutions LLC  (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)  III. Name of Client NH Manhutural Husing Assn.	Date 16/29/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 17,499.99
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	b) \$ 34, 999. 12
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>52, 499.97</u>
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of the being lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value grean restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	relient and if expenditures are made by may be filed for the lobbyist(s)/firm. The aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business ess than \$10 that is given to the person icd with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, s, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits,	

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 10, 800. 00
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)  f) Total of all expenses year to date  VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from let	e) S 19, 443.99 f) S 30, 243.99
period, including by whom paid or to whom charged.  Paid to:	Amount:
	s
	s
	s
	\$
	\$
<u> </u>	\$
•	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.  (Signature of Inabyist)  (Print Name of lobbyist)	that the foregoing information  10/29/19 (Date)

### STATE OF NEW HAMPSHIRE

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

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. Name of Lobbyist(s)	haven S	oucy	DEPARTMENT OF
I. Name of lobbyist's part			<del></del> _
· '	• '	• •	
Soucy Soucy	sership, firm or corporation)	<u> </u>	<del> </del>
II. Name of Client <u>NH</u>	Manufacture	al Housing Ass	7. Date 10/24/19
Political Contributions		,	•
	•	-	ter 664 paid on behalf of the
client/lobbyist and lobbying	g firm, indicate the fo	ollowing:	
			<del></del>
Pull and a contract of	Oan atten	, , int	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			Seeking
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
If the contribution is an in-kin			<u> </u>
	tribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known,
actual cost of the in-kind cont	tribution on the line abo		s or services provided, and enter the
actual cost of the in-kind cont enter an estimated value and t	ribution on the line abo	eve for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known,  (Middle Name/Initial)

NH SECRETARY OF STATE ADDENDUM C

Contributions made by Soucy Solutions, LLC

Chuck Morse \$35.00 State Senate

Contributions made by Tim Soucy

House Democrats \$40.00 NH House Dan Feltes \$50.00 Governor

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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.
(Signature of lobbyist)    Color   Color