STATE OF NEW HAMPSHIRE

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

RECEIVED

PLEASE PRINT

JAN 2 7 2020

I. Name of Lobbyist(s)	WALTER	2 ALCORN			NEW HAWP	SHIRE OF STATE
II. Name of lobbyist's par	tnership, firm or	corporation, if any:				
CONSUMER	TECHNOLOG	ASSOCIATION SOPPORATION	J			
1919 S. Business Address: (Street)	EADS ST.	ARL	ING TON	VA	22205	
Business Address: (Street)		(Town/City)	(State)		(Zip Code)	
(703) 907-7765 (Telephone)	((Fax)	e-mail 4	JALCOR	WE CTA.TEC	: <i>H</i>
III. This statement covers reportable expense transa				you may f	ile a separate repor	t for
All reportable transaction				ve to the fo	ollowing client:	
		NOLOGY AS				
OR (Fu	ll Name of Client as	it appears on the Lobbyis	st Registration Form)			
☐ All reportable transaction unrelated to any particular of		(including the lobbyis	t's family), or the l	obbying fir	m listed below which	h are
	oril 24, 2019 om date of registration	on to 3/31/19 ac	July 31, 2019 ctivity from 4/1/19 to			
	ctober 30, 2019 (ity from 7/1/19 to 9/3	20/19 a	January 29, 20 ctivity from 10/1/19			
V. There have been no a If this box is checked, comp State House, Room 204, Co	olete just this form					•
VI. Check if additional re	ports are attache	1 :				
☐ If you have received fe	-		ddendum A- Fee	and Expe	nses	
☐ If you have paid an hor Expense Reimbursement	norarium or reimbu	rsed expenses, you m	ust file Addendum	B – Repor	t of Honorariums or	
☐ If you, your firm, or yo	our family has mad	e political contribution	s, you must file A	ldendum (C- Political Contribu	itions
Sworn Statement/Affirma I have read RSA 15, RSA 1 and complete to the best of (Signature of lobbyist)	5-B, RSA 14-C ar my knowledge and		y swear or affirm th			true
(Print Name of lobbyist)						