STATE OF NEW HAMPSHIRE

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

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	1/ 11 11 200			
I. Name of Lobbyist(s) <u> </u>	UTTER.		DEPARTMENT OF
IL Name of lobbyist!	s partnership, firm or c	orporation, if any:	•	
(CMILLE	oc of partnership, firm or co	a Carser	raincy	
15 Bakk K	Sow.	Greenfiel	d MA	0/30/ (Zip Code)
	rect)	(Town/City)	(State)	(Zip Code)
(Telephone)	<u>4(3</u> , ()	(Fax)	o-mail Kur	ffer O driver on g
				sy file a separate report for
reportante expense ti	ransactions which are n	OF STEED GENERAL TO S	пу опе спепт).	
All reportable trans	sactions occurring in the	months prior to the	reporting date relative to the	he following client:
CRV	(Full Name of Client as it	appears on the Lobby	ist Registration Form)	
OR	(
☐ All reportable trans unrelated to any partic		ncluding the lobbyi	st's family), or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: activi	April 24, 2019 ty from date of registration to 3/31/19		July 31, 2019	
	October 30, 2019 12 activity from 7/1/19 to 9/30/19		January 29, 2020	
If this box is checked,			ansactions made since ecretary of State's Office,	
VI. Check if addition	al reports are attached:	:	,	
_			Addendum A- Fees and B	expenses
If you have paid a Expense Reimburseme		sed expenses, you n	nust file Addendum B– Re	eport of Honorariums or
[] If you, your firm,	or your family has made	political contributio	ns, you must file Addendo	am C- Political Contributions
				•
I have read RSA 15, R	Irmation by Lobbyist SA 15-B, RSA 14-C and st of my knowledge and		by swear or affirm that the	foregoing information is true
(Signature of loobvist	ff		(,0 (24)	<u> 19</u> ne)
Print Name of lobby	rffer-	· 	. (2-	•