(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

JUL 3 0 2019

NEW HAMPSHIRE

I. Name of Lobbyist(s)	Stacen	Obce	•	DEPARTMENT O
II. Name of lobbyist's partn	ership firm or corner	ution if any:	· · · ·	
A	ersiap, irriniar corpora 12	- A /		
Marican Champagna	tnership, firm or corporation	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Carry Again		Dr Rol	NA NO	27612
Business Address: (Street)	Coporate Tov	vn/City)	(State)	276/7 (Zip Code)
919 816 - 3348 (Telephone)	· ()	(Fax)	e-mail Stacey.	object Cate
III. This statement covers: (reportable expense transact				e a sepárate, report for
All reportable transactions	occurring in the month	s prior to the report	ing date relative to the fol	lowing client:
Λ	V coll	Clal		
(Full)	Name of Client as it appear	s on the Lobbyist Reg	istration Form)	,
<u>OR</u>	.,			•
All reportable transactions unrelated to any particular clients		ing the lobbyist's far	nity), or the lobbying firm	n listed below which are
117 December 18 December 18 April	124, 2019 🗓	•	uly 31, 2019	
• •	date of registration to 3/3		from 4/1/19 to 6/30/19	
Octo	ber 30, 2019 🗍	J	anuary 29, 2020 🗆	
activity	from 7/1/19 to 9/30/19	activity	from 10/1/19 to 12/31/19	•
V. There have been no fee If this box is checked, complete Concord, NH 03301.	es received and no re te just this form and sub	eportable Iransac mit it to the Secreta	tions made since the lary of State 's Office, State	ast report. House: Room 204,
VI. Check if additional repo	rts are attached:		1	
If you have received fees	· · · · · · · · · · · · · · · · · · ·		•	
If you have paid an honor Expense Reimbursement	urium or reimbursed ex	penses, you must fil	e Addendum B- Report	of Honorariums or
☐ If you, your firm, or your	family has made politic	cal contributions, yo	u must file Addendum C	- Political Contributions
Sworn Statement/Affirmatic Lhave read RSA 15, RSA 15- and complete to the best of m	B, RSA 14-C and RSA	664 and hereby swe		oing information is true
X	Store		7/30/19	
(1)			//////////////////////////////////////	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

•	
1. Name of Lobbyist(s) Stacey Ober	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Averican Kennel Club (Name of partnership, firm or corporation)	
III. Name of Client America Kernel Chil	Date 7/30/19
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 greeduced by any expenses:	relations, or public relations service:
a) Total of all fees received in this reporting period	a) S 3, 333, 33
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) s 3, 333 33 ear)
c) Total of all fees received to date (Add lines a and b)	c)s 6,666.66
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all ex meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and ming period of greater than \$25.00 for e of greater than \$25, purchase of art than \$25, but not greater than \$50, 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.	a) \$
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) S

 d) Total expenses for this reporting period (Add lines a, b and c) 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 to 	d) \$
period, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
<u> </u>	s
	,
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.	that the foregoing information
(Signature of tobbyist) Stace Obec (Print Name of lobby/st)	7/30/19 (Date)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

1. Name of Lobbyist(s) Stace y Obce
II. Name of lobbyist's partnership, firm or corporation, if any: Active Karley Chys (Name of partnership, firm or corporation)
III. Name of Client Arcurcan Kennel Club Date 7/30/19
State the full name of the person receiving the honorarium or expense reimbursement:
Uses Name Last Name First Name What is the value of the honorarium or expense reimbursement? \$ 706.64
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event). Milcage travel to Concord NH. 4/17, 5/2, 5/22,
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.) 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) (Signature of lobbyist) (Print Name of lobbyist)
(Print Name of Jobbyist)