PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobby	rist(s) <u>Ma</u>	rk A.	Laubert	Car	leton di	upson
II. Name of lobby	ist's partners	hip, firm or	corporation, if a	, ny:		•
Unitil	Name of partne	ation	corporation)			
6 Libert	(Street)	West	Hamoto	<u> </u>	V H (State)	03842 (Zin Code)
(663) 379-	-3848	()		e-mail Simp	son c Runitil. Co ert a unitil com
(Telephor	ne)		(Fax)	lamb	ert a unitil com
			ile separate repoi not attributable			ay file a separate report for
All reportable	transactions of	ation	ne months prior to	the reportin	g date relative to the	ne following client:
	(Fali Nan	ne of Client as	it appears on the Lo	obbyist Regis	tration Form)	
<u>OR</u>						~
unrelated to any pa			(including the lot	obyist's fam	ily), or the lobbyin	g firm listed below which are
IV. Date of Repo	rt April 2: activity from da	5, 2018 🗌 te of registrati	ion to 3/31/18	Ju activity fi	ly 25, 2018 rom 4/1/18 to 6/30/18	1
		r 31, 2018 [m 7/1/18 to 9/			nuary 30, 2019 🗋 From 10/1/18 to 12/3	1/18
	ked, complete j				ons made since to of State's Office,	the last report. State House, Room 204,
VI. Check if addi	-					
					lum A- Fees and E	
☐ If you have participated If you have partic		ium or reimb	ursed expenses, y	ou must file	Addendum B- Re	eport of Honorariums or
		mily has mad	de political contrib	outions, you	must file Addend	nm C-Political Contributions
Sworn Statemen: I have read RSA and complete to the state of the state of look and the s	15, RSA 15-B, be best of my l	RSA 14-C a	nd RSA 664 and J	hereby swea	r or affirm that the $67/23/$	foregoing information is true 2018 atc)
Certato B. S	bbyist)	MARK	LAMBERT	7-		

PLEASE PRINT



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

JUL 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Mark A lambert Carle	ta Simpson
II. Name of lobbyist's partnership, firm or corporation, if any:	•
Unitil Corporation	
(Name of partnership, in m or corporation)	
III. Name of Client Unitil Corporation	Date
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 services
a) Total of all fees received in this reporting period	a)s 9000
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 9,000 ear)
c) Total of all fees received to date	16.
(Add lines a and b)	0)5 (0,000
d) Indicate the amount of any such fees that are due, but have not , yet been paid	d) \$
V Ermanan	/
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 the 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 let being lobbied, purchase of a ceremonial object given to a person being lobbied (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. e aggregate total of all expenses paid spenses; (b) the aggregate total of all expenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a cr 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) s 12,480
 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) \$

d) Total expenses for this reporting period (Add lines a, b and c)	0)\$ 12,480
•	10 (19)
c) 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)	0)\$ 12,480
f) Total of all expenses year to date	08 24,960
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	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.	n that the foregoing information
Carlete B. Sugar Malland	07(23/2018
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Tark A. Laub	ext, Courle	four Simpson
П. Name of lobbyist's par			•
		J,	
Name of part	mership, firm or corporation)		
III. Name of Client UNI		his.	
III. Name of Client VV.C	Cor porto		
Political Contributions For each political contributions client/lobbyist and lobbyist	tion that is reportable p	ursuant to RSA Chapt lowing:	er 664 paid on behalf of the
Full name of candidate: _	Bradley (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	00.00	Office Candidate is	Sceking State Sarate
If the contribution is an in-ka actual cost of the in-kind con enter an estimated value and	ntribution on the line abov	a description of the good re for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known,
			<u> </u>
Full name of candidate:	Watters	David	7 11 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	100.00	Office Candidate is	s Seeking State Soute
If the contribution is an in-k	rind contribution, provide	a description of the good	ds or services provided, and enter the
actual cost of the in-kind co	intribution on the line abo	ve for amount of contrib	ution. If the actual cost is not known
enter an estimated value and	i the word "estimate."		
·		_ _	
			
,			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	•	•	is Seeking
Amount of contribution \$		Ornee Candidate	

***		. <u></u>
(If more than three contri	butions were made, report additional contribution	ns on separate addendum C forms.)
Sworn Statement/A	ffirmation by Lobbyist	
	RSA 15-B and RSA 664 and hereby sw to the best of my knowledge and belief.	
Carlotan B. Au (Signature of lobby	Sist) - AMIN LAMBERT	67/23/2019 (Date)

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