## STATE OF NEW HAMPSHIRE

## 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 2 9 2021

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Mid Care PLEASE PRINT

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**NEW HAMPSHIRE** DEPARTMENT OF STATE

I. Name of Lob	<sub>byist(s)</sub> Donald Baldini		Same and Carlo	escape engine
	obyist's partnership, firm o			Name of the control o
	ual Insurance			
Liberty Water	(Name of partnership, firm or	corporation)	· · · · · · · · · · · · · · · · · · ·	<del></del>
175	Berkeley Street	Boston	MA	02116
Business Address			(State)	(Zip Code)
(617) 574-58	67	)	e-mail donald.baldin	ni@libertymutual.com
(Telep	hone)	(Fax)		
reportable exp	nent covers: (Choose one – ense transactions which are	e not attributable to an	y one client).	
✓ All reportab	le transactions occurring in t	he months prior to the re	eporting date relative to the	following client:
Liberty Mutua	al Insurance			
	(Full Name of Client a	s it appears on the:Lobbyis	t Registration Form)	
•	e transactions by the lobbyis	t (including the lobbyist	's family), or the lobbying	firm listed below which are
IV. Date of Rep Reports cover:	port April 29, 2020 activity from date of registrate October 28, 2020 [ activity from 7/1/20 to 9		July 29, 2020 tivity from 4/1/20 to 6/30/20  January 27, 2021   Capture 10/1/20 to 12/31/20	20
If this box is che	e been no fees received an ecked, complete just this form om 204, Concord, NH 03301	and submit it to the Se		
VI. Check if ad	lditional reports are attach	ed:		
☐ If you have	received fees or made expen	ditures, you must file A	ddendum A-Fees and Ex	penses ·
Expense Reimb				
☐ If you, your	firm, or your family has ma	de political contribution	s, you must file <b>Addendur</b>	n C- Political Contributions
I have read RSA and complete to	ent/Affirmation by Lobbyis 15, RSA 15-B, RSA 14-C a the best of my knowledge and LL 7 Malolu	and RSA 664 and hereby nd belief.	y swear or affirm that the fo	
(Signature of lo	bbyist)		(Date	;)
Donald Bald	dini			
(Print Name of	lobbyist)			