STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

APR 25 2024

NEW HISTIPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of	Lobbyist(s) Alison Coor	per	: '.	· ·: .	DEPART	WENT O
•	f lobbyist's partnership, firm	or corporation, if an		. 14.141		
	an Property Casualty	·	-	1		•
- 11101101	(Name of partnership, firm	•		• •		:
95	Columbia St.	Albany		NY	12210-2707	
Business Ad	dress: (Street)	(Town/City)		(State)	(Zip Code)	
•	8-462-1695	847-297-5	064	•	per@apci.org	• • • • • • • • • • • • • • • • • • • •
` <u>' (1</u>	Telephone)	(Fax)				- '- : -: :
reportable	atement covers: (Choose one expense transactions which a	re not attributable t	o any one clie	nt).		eport for
✓ All repo	ortable transactions occurring in	the months prior to t	he reporting d	ate relative to th	e following client:	
Americ	an Property Casualty	y Insurance As	ssociation	1		• ::
<u>OR</u>	(Full Name of Client	as it appears on the Lol	obyist Registrat	ion Form)		. (4 .1.7.
All repo unrelated to	rtable transactions by the lobby any particular client.	ist (including the lobb	oyist's family)	, or the lobbying	, firm listed below v	vhich are
IV. Date of	Report April 24, 2024 er: activity from date of registrati			31, 2024 1 4/1/24 to 6/30/24	,	··.
	October 30, 2024 activity from 7/1/24 to 9/3	30/24		29, 2025 0/1/24 to 12/31/24		:- ;: ::.:, <u>: -:</u> ;
If this box i	have been no fees received is checked, complete just this for e, Room 204, Concord, NH 033	rm and submit it to the	transactions Secretary of	s made since tl State's Office, 1	ne last report. 07 North Main Street	et,
Y	ee'i sassasa i		= ;:	,		
	if additional reports are attac				. ": " •	·::
If you l	have received fees or made expe have paid an honorarium or rein				-	s or
	eimbursement your firm, or your family has m	nade political contribu	tions von mu	st file Addendu	, m C Dolitical Com	· tnihustiana
	your min, or your running has in	iade political continu	idons, you mu	st me Addendu	m C – Folitical Con	II IDDIIIOUS
		 :: **	-			
I have read	tement/Affirmation by Lobby RSA 15, RSA 15-B, RSA 14-C te to the best of my knowledge	and RSA 664 and he	reby swear or	affirm that the f	oregoing informatio	on is true
	ales Corpe	•	04/2	24/2024		· :'·
(Signature	of lobbyist)			(Dat	e)	. :
Alison (Cooper				,	
· _ · ·	ne of Johnvist)				•	

P L E A S

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	. (Name of p	artnership, firm or corporation	on) , , , , ,		:	• 1
m. N	Name of Client Amer	ican Property Casua	ity Insurance A	ssociation	Date 04/	24/202
	•	******				
Indic to lob inclu	bbying, including fees	of all fees received from s for services such as poring legislation, and to	ublic advocacy,	government	relations, or pu	blic relations
-		d in this reporting perio	od .		a) \$ No Fee	es Receive
		ed this calendar year, p total of all prior month			b) \$	
c) T	otal of all fees receive (Add lines a and b)	ed to date		··``	c) \$	
	ndicate the amount of yet been paid	any such fees that are	lue, but have not		d) \$	
fees. the le Expe	Separate reports are obbyist(s)/firm that are consess are to be reporting the reporting period idual expenses where a where the cost was \$2 lobbied, purchase of	nerships, firms, or cor to be filed for expend re unrelated to any or ed in one of three cate d for salaries, benefits the expenditure was of \$25.00 or less, purchas a ceremonial object go of each individual expen	tures made relative client a sepanagories of expens, support staff, as of \$25.00 or less to fa pen with a ven to a person diture made dur	ive to each of rate report rates: (a) the same office experience of the cample of less being lobbie ing this report	client and if exponay be filed for aggregate total cpenses; (b) the e: meals purchass than \$10 that d with a value orting period of get of greater that	enditures are reference the lobbyiste of all expensions aggregate to the sed during a list given to the f \$25.00 or legreater than \$25, purchase
indiv lunch being (c) ar any p ceren restai	purpose not covered l nonial object to be gi urant expenses for a	ven to the subject of legislative reception).	obbying with a Expenses for h	value greate ionorariums,	expense reimb	ursement, or
indiv lunch being (c) ar any r ceren restar	purpose not covered l nonial object to be gi urant expenses for a	ven to the subject of	obbying with a Expenses for h	value greate ionorariums,	expense reimb	ursement, or

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 lobbying fees during this reporting period, including by whom paid or to whom charged. 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 that the foregoing information is true and complete to the best of my knowledge and belief. Alson Cooper (Print Name of lobbyist) Alison Cooper (Print Name of lobbyist)	
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