STATE OF NEW HAMPSHIRE

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

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PLEASE PRINT

I LEASE I KIIVI	NEIA
I. Name of Lobbyist(s) Lum Stauley	DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	TATE
	Wrkers NH Chapter
Business Address: (Street) (Name of partnership, firm of corporation) Concide (Town/City)	(State) OSZO/ (Zip Code)
$(\text{Lo3} \frac{496.0994}{\text{(Telephone)}} \text{ (} \text{)} \underline{\qquad \qquad }$	e-mail lynnestanley Ognail.ca
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the reporting	date relative to the following client:
Matinul Association . F Social William of Client as it appears on the Lobbyist Registr	
OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family unrelated to any particular client.	
• •	y 29, 2020 m 4/1/20 to 6/30/20
	uary 27, 2021 (2) om 10/1/20 to 12/31/20
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	·
☐ If you have received fees or made expenditures, you must file Addendu☐ If you have paid an honorarium or reimbursed expenses, you must file A	
Expense Reimbursement	,
☐ If you, your firm, or your family has made political contributions, you n	nust file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear and complete to the best of my knowledge and belief.	or affirm that the foregoing information is true
(Signature of lobbyist) Lynn Stanley (Print Name of lobbyist)	(Date)