## STATE OF NEW HAMPSHIRE



PLEASE PRINT

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

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JAN 3 0 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(                                                | s) <u>Dick</u>                                     | Boule                                 | 4                                             |                                 | NEW HAMPSHI<br>DEPARTMENT OF   |
|---------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|-----------------------------------------------|---------------------------------|--------------------------------|
| II. Name of lobbyist'                                               | s partnership, firm or                             | corporation, if a                     | <i>)</i><br>inv:                              |                                 |                                |
| De                                                                  | nnehu & F                                          | Bouley                                | LLC                                           |                                 |                                |
| (Nar                                                                | ne of partnership, firm or o                       | corporation)                          |                                               |                                 | <del></del>                    |
| Business Address: (Str                                              | + St, Suit                                         | (Town/City)                           | Concord (SI                                   | NH_                             | 03301<br>(Zip Code)            |
| <b>603</b> ) <u>228 -</u> (Telephone)                               | 1601                                               | ) (Fax                                | e-mail _                                      |                                 | <del></del>                    |
| III. This statement coreportable expense tr                         | vers: (Choose one – fil<br>ransactions which are t | le separate repo<br>not attributable  | rts for each client, C<br>to any one client). | )R you may f                    | ile a separate report fo       |
| All reportable trans                                                | sactions occurring in the                          | months prior to                       | the reporting date re                         | ative to the fo                 | ollowing client:               |
| OR                                                                  | (Full Name of Client as i                          | t appears on the Lo                   | bbyist Registration For                       | m)                              | <del></del>                    |
|                                                                     | actions by the lobbyist (                          | including the lob                     | byist's family), or the                       | lobbying fir                    | m listed below which are       |
|                                                                     | , •                                                |                                       |                                               |                                 |                                |
| IV. Date of Report  Reports cover: activit                          | April 24, 2019 🗍                                   |                                       | July 31, 201                                  | 9 🗍                             |                                |
| Reports Cover: activity                                             | y from date of registration                        | n to 3/31/19                          | activity from 4/1/19                          | <b>\</b>                        |                                |
|                                                                     | October 30, 2019 [] clivity from 7/1/19 to 9/30    | V19                                   | January 29, activity from 10/1/1              |                                 |                                |
| V. There have been if this box is checked, co<br>Concord, NH 03301. | no fees received and<br>complete just this form ar | no reportable<br>and submit it to the | transactions made<br>Secretary of State's     | e since the la<br>Office, State | ist report.<br>House, Room 204 |
| VI. Check if additional                                             | reports are attached:                              |                                       |                                               |                                 |                                |
| [] If you have received                                             | l fees or made expendite                           | ures, you must fil                    | ¢ Addendum A Fe                               | es and Evnen                    | coc                            |
| ☐ If you have paid an Expense Reimbursemen                          | honorarium or reimburs                             | ed expenses, you                      | must file Addendu                             | n B- Report o                   | of Honorariums or              |
| ☐ If you, your firm, or                                             | your family has made p                             | political contribut                   | ions, vou must file A                         | ddendum C-                      | - Political Contributions      |
|                                                                     | ,                                                  |                                       | and, you must mo yo                           | odendum C-                      | - Fortical Contributions       |
| •                                                                   |                                                    | -                                     |                                               |                                 |                                |
| Sworn Statement/Affirm                                              | mation by Lobbyist                                 |                                       |                                               |                                 |                                |
| I have read RSA 15, RSA and complete to the best                    | of my knowledge and b                              | KSA 664 and her<br>elief.             | eby swear or affirm t                         | hat the forego                  | ing information is true        |
| Kichard &                                                           | 1. Bouley                                          |                                       | .00                                           | ·10 . 2                         | 7. 2070                        |
| (Signature of lobbyist)                                             | 20.10                                              |                                       | ()                                            | (Date)                          | 7, 2020                        |
| (Print Name of Johnvist)                                            | 20/L/lly                                           |                                       | . •                                           |                                 |                                |