STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

RECEIVED

OCT 24 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) STEPHINIE M. MONTEIRO

	.1102				
	Name of partners	ship, firm or corporat	ion)	<u> </u>	
				4.4.4	93127
Business Address:	(Street)	50.30 (To	wn/City)	(State)	(Zip Code)
	_	,,,		,	(2.f) code)
617) 356-81 (Telephon	·)	()	(Fav)	c-mail SMONTE	170 @ 1 gr 73
` '	,				
reportable expens	r covers: (Cho e transactions	ose one – lile sepa which are not att	rate reports for ributable to any	each client, OR you may one client).	file a separate repo
•					
←All reportable t	ransactions occ	curring in the month	hs prior to the rep	porting date relative to the	following client:
	CUNSUM	M TECHA	JOLOGY A.	SOCIATION	
<u> </u>	(Full Name	of Client as it appea	rs on the Lobbyist	Registration Form)	
<u>)R</u>			-	-	
		he lobbyist (includ	ing the lobbyist's	s family), or the lobbying f	irm listed below wh
inrelated to any pa	ticular client.				
IV D-44 -5 D	4	2010 [11.21.2012	
IV. Date of Report Reports cover: ac		2019 Li of registration to 3/3	11/19 acti	July 31, 2019 vity from 4/1/19 to 6/30/19	
reports cover.			,,,,,	_	
	activity from	30, 2019 - 7/1/19 to 9/30/19	act	January 29, 2020 [] ivity from 10/1/19 to 12/31/1	o
	.,				
			-	sactions made since the	-
Cabin bon in about			omit it to the Secr	ctary of State's Office, 10.	7 North Main Street,
	20 4 . Concord.	NH 03301.			
State House, Room		re attached:			
State House, Room VI. Check if addit	onal reports a		you must file Ad	dendum A- Fees and Exp	enses
State House, Room VI. Check if addit If you have rec If you have pai	onal reports a cived fees or m d an honorariu	ade expenditures,		dendum A– Fees and Exp t file Addendum B– Repo	
State House, Room VI. Check if additi ✓ If you have rec ☐ If you have pai Expense Reimburse	onal reports a eived fees or m d an honorariu ment	nade expenditures, y m or reimbursed ex	spenses, you mus		ort of Honorariums o

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) STEPHANIE M. MONTE	ino
II. Name of lobbyist's partnership, firm or corporation, if any:	
FORHUS	
(Name of partnership, firm or corporation)	
111. Name of Client CONSUMER TECHNOLOGY ASSOCIATION	Date 9/17/19- 9/30/
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 1,250
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) \$
c) Total of all fees received to date (Add lines a and b)	c)s /250
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
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 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 less being lobbied, purchase of a ceremonial object given to a person being lobbie (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, aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business so than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter 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. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) S

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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)	e) \$
f) Total of all expenses year to date	0\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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
ANTA	10/22/19
(Signature of lobbyist)	/(Date)/
STEPHANIE M. MONTE, RO (Print Name of lobbyist)	
(rinit Name of loboyist)	

RECEIVED

OCT 2 4 2019

NEW HAMPSHIRE DEPARTMENT OF STATE