### STATE OF NEW HAMPSHIRE

## 2020 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

# RECEIVED

PLEASE PRINT

JUL 29 2020

I. Name of Lobbyist	(s) Jenn Myers			NEW HAMPSHIRE DEPARTMENT OF STATI
II. Name of lobbyist	's partnership, firm or co	rporation, if any	:	
The Professional	Fire Fighters of New H	lampshire		
(Na	ame of partnership, firm or corp	oration)		
43 Centre St. C	oncord, NH 03301			
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)
(603 223-3304	(603)	223-3310	e-mail jenn@	pffnh.org
(Telephone)		(Fax)		
	covers: (Choose one – file s transactions which are not			may file a separate report for
All reportable tra	nsactions occurring in the m	onths prior to th	e reporting date relative to	the following client:
The Professional	Fire Fighters of New H	lampshire		
	(Full Name of Client as it a	ppears on the Lobb	yist Registration Form)	
OR All reportable tranunrelated to any parti		cluding the lobby	vist's family), or the lobby	ring firm listed below which are
IV. Date of Report	April 29, 2020 🗆		July 29, 2020 🗹	
	ivity from date of registration t	o 3/31/20	activity from 4/1/20 to 6/30	/20
	October 28, 2020		January 27, 2021	
	activity from 7/1/20 to 9/30/2	0	activity from 10/1/20 to 12	/31/20
If this box is checked,	n no fees received and not complete just this form and 04, Concord, NH 03301.			
VI. Check if additio	nal reports are attached:			
☐ If you have recei	ved fees or made expenditu	res, you must file	Addendum A-Fees and	l Expenses
☐ If you have paid Expense Reimbursen	an honorarium or reimbursenent	ed expenses, you	must file Addendum B-	Report of Honorariums or
☐ If you, your firm	, or your family has made p	olitical contribut	ions, you must file Adden	dum C-Political Contributions
I have read RSA 15, and complete to the b	est of my knowledge and be			ne foregoing information is true
(Signature of lobbyis	y12-		07/28/2020	D-4-)
Signature of lobbyis Jenn Myers	st		(.	Date)
(Print Name of lobby	yist)			

## STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s)	ild Stokes Ir	•	
II. Name of lobbyist's partnership	o, firm or corporation, if an	y:	
Professional Fire Fr (Name of partnershi	ghter of New	Humpshire	
(Name of partnersh	p, firm or corporation)	_	
43 Centre St. Business Address: (Street)	(Town/City)	N H (State)	(Zip Code)
(603) <u>785-2379</u> (Telephone)	(603) 223 - 33 (Fax)	10 e-mail danall (	@ Psthh. ors
III. This statement covers: (Chooseportable expense transactions w			y file a separate report for
All reportable transactions occu	rring in the months prior to the	he reporting date relative to the	e following client:
Professional Fire (Full Name of	Fighters for NCL f Client as it appears on the Lob	Hampshire Obyist Registration Form)	<del></del>
<u>OR</u>		,	
All reportable transactions by the unrelated to any particular client.	e lobbyist (including the lobb	oyist's family), or the lobbying	firm listed below which are
IV D. 4. CD and and 100.0	000 🗆	July 29, 2020 🕒	
IV. Date of Report April 29, 2 Reports cover: activity from date of	120 L. fregistration to 3/31/20	activity from 4/1/20 to 6/30/20	
October 28		January 27, 2021 activity from 10/1/20 to 12/31/2	20
V. There have been no fees rec If this box is checked, complete just State House, Room 204, Concord, N	this form and submit it to the		
VI. Check if additional reports ar	e attached:		
If you have received fees or ma	de expenditures, you must fil	le Addendum A- Fees and Ex	penses
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you	ı must file <b>Addendum B</b> Rep	ort of Honorariums or
☐ If you, your firm, or your family	has made political contribu	tions, you must file Addendur	n C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know (Signature of lobbyist)	A 14-C and RSA 664 and he vledge and belief.	reby swear or affirm that the fo	
Donald Stokes Tr. (Print Name of lobbyist)			