## STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

# RECEIVED

JAN 3 0 2019

PLEASE PRINT

I. Name of Lobbyist(s) Carleton Simpson	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
O Liberty Lave West Hampton NH Business Address: (Street) (Town/City) (State)	(Zip Code)
(663) 379-3848 () e-mail Sing Sour	C Builtil- com
III. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the foll	owing client:
Unitil Corporation (Full Name of Client as it appears on the Lobbyist Registration Form)	
(Full Name of Client as it appears on the Lobbytst Registration Form)  OR	•
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	listed below which are
IV. Date of Report April 25, 2018   Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18	
October 31, 2018	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form and submit it to the Secretary of State's Office, State to Concord, NH 03301.	ist report.
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees and Expens	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Expense Reimbursement	of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must 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 or affirm that the foreg and complete to the best of my knowledge and belief:  (Signature of lobbyist)  (Date)	oing information is true
(Print Name of lobbyist)	

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# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partiership, firm or corporation)	
III. Name of Client Units Corporation	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The g reduced by any expenses:	nt relations, or public relations ser
a) Total of all fees received in this reporting period	a)\$ 9,000
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) \$ <u>97,000</u>
c) Total of all fees received to date (Add lines a and b)	0)8_36,000
d) 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 refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 of individual expenses where the expenditure was of \$25.00 or less (for examplement where the cost was \$25.00 or less, purchase of a pen with a value of the being lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this replany 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 great 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 may be filed for the lobbyist(s), he aggregate total of all expenses expenses; (b) the aggregate total ole: meals purchased during a busiess than \$10 that is given to the pied with a value of \$25.00 or less orting period of greater than \$25.00 than \$25.00 or less, orting period of greater than \$25.00 than \$25.00 or less or than \$25, but not greater than \$25, but not greater than \$25, expense reimbursement, or pole
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ 12,490
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
<i>7</i>	

d) Total expenses for this reporting period	d) \$ 12,480
(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)	0)\$ 37,440
f) Total of all expenses year to date	ns 49,920
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
-	\$
	\$
	\$
	·
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.	<b></b>
C LLD X	/
(Signature of lobbyist)	01/28/2019
O I A P S	(Date)
(Print Name of lobbyist)	
(1 mi 1 mile of 1000 list)	

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

1. Name of Lobbyist(s) Carloton	Simpson
II. Name of lobbyist's partnership, firm of Unitil Comporation (Name of partnership, firm or corporation)	or corporation, if any:
III. Name of Client Until Corpo	
Political Contributions	table pursuant to RSA Chapter 664 paid on behalf of the
Full name of candidate: Thus S (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$ 100.00	Office Candidate is Seeking State Saucte
	rovide a description of the goods or services provided, and enter the se above for amount of contribution. If the actual cost is not known, a."
Full name of candidate: (Last Name)	
Amount of contribution \$ \( \int \D \cdot \O \cdot \D \cdot \O \cdot \D \cdot \O \cdot \D \cdot \O \cdot \D \cd	Office Candidate is Sceking State Senote
	rovide a description of the goods or services provided, and enter the above for amount of contribution. If the actual cost is not known, e."
Full name of candidate: (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seeking

	<del></del>
(If more than three contributions were made, report additi	ional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 a is true and complete to the best of my knowled	and hereby swear or affirm that the foregoing information lge and belief.
Carleto B. Dry	0/28/2019
(Signature of lobbyist)  Simpson	(Date)`