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## STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

OCT 1 4 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s)	Joanne	Bowse	au	<del>y </del>	·
II. Name of lobbyist's par	rtnership, firm or co	orporation, if any	:		•
Humane S	partnership firm or co	ne U	nted i	States	
(Name of	partnership, firm or co	rporation)			
PU Box 303		(Town/City)	ille	VT	(Zip Code)
Business Address: (Street)		(Town/City)	(:	State)	
(301) <u>529-33</u> (Telephone)	78 ( )	NA	e-mail	jbourbe	nanesociety.
(Telephone)		(Fax)	in the second of	hui	nanesociety.
III. This statement covers reportable expense trans					ile a separate report for
☐ All reportable transacti	ons occurring in the	months prior to th	e reporting date	relative to the fo	ollowing client:
		HOUS.		`	
(Fı	ıll Name of Client as it	appears on the Lobb	yist Registration I	Form)	<del></del>
○ All reportable transaction unrelated to any particular		ncluding the lobby	-		m listed below which are
				· <u>·</u>	•
	pril 28, 2021 🔲 rom date of registration	ı to 3/31/21	July 28, 2 activity from 4/1/		
0	october 27, 2021 🔀		1.7	6, 2022 🗌	
V. There have been no If this box is checked, comp State House, Room 204, Co	plete just this form ár				
VI. Check if additional re	enorts are attached:			•	
☐ If you have received for	· · · · · · · · · · · · · · · · · · ·		Addendum A-	- Fees and Expe	nses
☐ If you have paid an ho Expense Reimbursement	norarium or reimbur	sed expenses, you	must file Adden	dum B- Repor	t of Honorariums or
=	our family has made	political contribut	ions, you must fi	le Addendum (	C- Political Contributions
			•		•
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C and				•
Alpha			_	0 - 11 - 2 (Date)	. 1
(Signature of lobbyist)				(Date)	<del></del>
Juanue 1	30 w beau		· ·		
(Print Name of lobbyist)	· · · · · · · · · · · · · · · · · · ·	<del></del>			