## STATE OF NEW HAMPSHIRE



2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

JAN 0 5 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

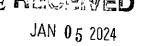
## PLEASE PRINT

I. Name of Lobbyist(s)	J=11	Reaco	DEPA	RTMENT OF STATE
II. Name of lobbyist's partners	nip, firm or corpo	oration, if any:		
	ship, firm or corpor			
(Name of partner	ship, firm or corpor	ation)		<del></del>
Business Address: (Street)	el:out	peerfield	NH	03037
(n) 230 1141	(1	own/City)	(State)	(Zip Code)
(£03 339 1146 (Telephone)	( )	(Fax)	e-mail	<u>,</u>
III. This statement covers: (Che reportable expense transactions	ose one – file san	arata ranouta for a	abatta (OD	file a separate report f
All reportable transactions occ	curring in the mon	ths prior to the repor	ting date relative to the	following client:
	A. A. 7 2	6.1	-	g
CGGT CO (Full Name	of Client as it appear	ars on the Lobbyist Re	gistration Form)	
<del></del>	ha lahhuiss (i)		-	
All reportable transactions by tunrelated to any particular client.	ne loodyist (meide	ling the lobbyist's fa	imily), or the lobbying i	firm listed below which a
IV. Date of Report April 26, Reports cover: activity from date October 2: activity from 7/1	of registration to 3/.	Ja	July 26, 2023	·
V. There have been no fees re If this box is checked, complete jus State House, Room 204, Concord,		eportable transac bmit it to the Secreta	tions made since the	e last report. 📈 7 North Main Street,
VI. Check if additional reports a	re attached:			
If you have received fees or m	de expenditures.	you must file Adder	idum A- Fees and Exn	enses
If you have paid an honorariun	or reimbursed ex	penses, you must fil	le Addendum B– Repo	rt of Honorariums or
If you, your firm, or your fami				
			\ \	
worn Statement/Affirmation by have read RSA 15, RSA 15-B, RS nd complete to the best of my kno	A 14 C DC 4	664 and hereby swe	ar or affirm that the for	egoing information is tru
1-17			1/1	
(Signature of libbyist)		_	/ 5/20 (Date)	24_
Print Name of lobbyist)	a		(Dute)	



## STATE OF NEW HAMPSHIRE RECEIVED

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



NEW HOMPSHIRE DEPARTMENT OF STATE

	JUNA I	Leasan	
II. Name of lobbyist's pa	rtnership, firm or co	rporation, if any:	
	W Frence or corporation)		
•	r, por 4.101.		
III. Name of Client と へら	TOAST CON	napis	Date 1/5/2024
Political Contributions			
For each political contribu	ution that is reportable	pursuant to RSA Chapte	r 664 paid on behalf of the
client/lobbyist and lobbyi		_	
and the second section of the section o	armate determination continues to the second of the second	कार्य होता रहा था उन्हें की कार्या कार्या के स्वाप्त की कार्या कार्या की स्वाप्त की स्वाप्त की स्वाप्त की स्वा स्वाप्त की स्वाप्त की	enter un protessión del con estado de enter por estado de la constante de la c
	4		
Full name of candidate: _	Abrany?	PATOLCK	
Amount of contribution \$	300	Office Candidate is S	eeking <u>57078</u> Calat
Full name of candidate:			
Full name of candidate:			(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S	(Last Name)  Indicate the contribution, provide tribution on the line above	(First Name)  Office Candidate is Se	
Amount of contribution \$  If the contribution is an in-kinactual cost of the in-kind contribution is an in-kinactual cost of the in-kind contribution.	(Last Name)  Ind contribution, provide tribution on the line above the word "estimate."	(First Name)  Office Candidate is Sea description of the goods of the for amount of contribution of the goods of the for amount of contribution of the goods of the for amount of contribution of the goods of the for amount of contribution of the goods o	(Middle Name/Initial)  beking  or services provided, and enter the on. If the actual cost is not known,
Amount of contribution S	(Last Name)  Indicate the contribution, provide tribution on the line above	(First Name)  Office Candidate is Se	(Middle Name/Initial) ceking

	·
If the contribution is an in-kind contribution, provide a description of the actual cost of the in-kind contribution on the line above for amount of coenter an estimated value and the word "estimate."	e goods or services provided, and enter the intribution. If the actual cost is not known,
	<u>'</u>
(If more than three contributions were made, report additional contributions on	separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of is true and complete to the best of my knowledge and belief.	r affirm that the foregoing information
(Signature of lobbyist)	//5/2024 (Date)
(Print Name of lobbyist)	· ·
	·