PLEASE PRINT

### STATE OF NEW HAMPSHIRE

### 2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 3 1 2019

ATE

1. Name of Lobbyist(s) Carl etan B. Simpson	NEW HAMPSHIRE
1. Name of Lobbyist(s) Carleton (5. Simpson	DEPARTMENT OF STA
II. Name of lobbyist's partnership, firm or corporation, if any:	<u></u>
(Name of partnership, firm or corporation)	
6 Liberty line West Haugton	UH 63842
Business Address: (Street) (Town/City)	State) (Zip Code)
$(b^3) \frac{375 - 3548}{\text{(Telephone)}}$ ( )ema	Simpson C & Unital com
III. This statement covers: (Choose one - file separate reports for each clien reportable expense transactions which are not attributable to any one client	
All reportable transactions occurring in the months prior to the reporting date	
(Full Name of Client as it appears on the Lobbyist Registration	
(Full Name of Client as it appears on the Lobbyist Registration OR	łom)
[] All reportable transactions by the lobbyist (including the lobbyist's family), ourrelated to any particular client.	
IV. Date of Report April 24, 2019   Suly 31, Reports cover: activity from date of registration to 3/31/19  July 31, activity from 4/2	2019 6 6/30/19
	29, 2020
V. There have been no fees received and no reportable transactions of this box is checked, complete just this form and submit it to the Secretary of State House, Room 204, Concord, NH 03301.	ade since the last report.   Dies office, 107 North Main Street,
Vi Check if additional reports are attached:	·
K If you have received fees or made expenditures, you must file Addendum	
If you have paid an honorarium or reimbursed expenses, you must file Add Expense Reimbursement	idum B- Report of Honorariums or
If you, your firm, or your family has made political contributions, you must	ile Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-D, RSA 14-C and RSA 664 and hereby swear or a and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Print Name of lobbyist)	irm that the foregoing information is true  107   2015 (Date)

# P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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1. Name of Lobbytst(s) Carleton B. Siverson	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
	Date 07/07/2019
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 groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)s 9375
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) s 9,3 78 ear)
c) Total of all fees received to date (Add lines a and b)	0)8 18,780
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 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 in 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 apenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er 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.	a)s 12,500
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)'s
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

(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)
f) Total of all expenses year to date
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.
Paid to: Amount:
<u> </u>
<u> </u>
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.
Corlete B. Jugar 07/07/2019
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	-arleton F	s. Dimpies	<u> </u>
II. Name of lobbylst's pa		<u>,</u>	
Unity Corr (Namo of pl	rtnership, firm or corporation)		
III. Name of Client	niti) Cerpor	ration	Date
Political Contributions	•		
			ter 664 paid on behalf of the
client/lobbyist and lobbyi	ng firm, indicate the to	Howing:	
			· <del></del> · <del></del>
Full name of condidates	B 1/2.	tala	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	(6), 6D	Office Candidate i	s Sceking State Senate
			is or services provided, and enter the
actual cost of the in-kind co	ntribution on the line abo	a description of the good ve for amount of contribu	is or services provided, and enter the ution. If the actual cost is not known
cuter an estimated value and	the word "estimate."		
	·····		
Full name of candidate:			
		<del> </del>	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _		÷ •	
		Office Candidate is	Seeking
If the contribution is an in-k	ind contribution, provide	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-k	and contribution, provide	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-k actual cost of the in-kind co	and contribution, provide	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-k actual cost of the in-kind co	and contribution, provide	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-k actual cost of the in-kind co	and contribution, provide	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-k actual cost of the in-kind co	and contribution, provide	Office Candidate is	Seekingls or services provided, and enter the
If the contribution is an in-k actual cost of the in-kind co	and contribution, provide	Office Candidate is	
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	and contribution, provide	Office Candidate is	Seekingls or services provided, and enter the

١	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate"
	enter an estimated value and the word "estimate."
	(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 or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
	Carlotor B. Survey
	(Signature of lobbyist)  (Date)  (Print Name of lobbyist)
	(Print Name of lobbyist)

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): July 31, 2019 October 30, 2019 January 29, 2020 April 24, 2019 🗆 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted); Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Print Name of lobbyist)