

(Print Name of lobbyist)

**PĻEASE PRINT** 

## STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 21 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyiste	<sub>(s)</sub> John Keane			·	
II. Name of lobbyist	's partnership, firm or co	rporation, if any	<b>:</b>		
· · · · · · · · · · · · · · · · · · ·	of Home Applian				
	me of partnership, firm or cor			-	
	111 19th St NW #402	•	on Do	С	20036
	treet)	(Town/City)	(Star	te)	(Zip Code)
202 872-59	55x328	•	· e-mail j	keane@ah	nam.org ,
(Telephone)	· /_	(Fax)	C-man <u>-</u>	(	<del></del>
reportable expense t	overs: (Choose one – file ransactions which are no	t attributable to	any one client).		
	nsactions occurring in the r			ative to the follow	wing client:
Association of	of Home Applian				· <u>·</u> ····
OR	(Full Name of Client as it a	ppears on the Lobb	yist Registration For	m)	
T	sactions by the lobbyist (in cular client.	cluding the lobby	ist's family), or the	e lobbying firm l	isted below which are
IV. Date of Report Reports cover: activ	April 28, 2021 vity from date of registration	to 3/31/21	July 28, 202 activity from 4/1/21		
	October 27, 2021 <b>2</b> activity from 7/1/21 to 9/30/	21	January 26, activity from 10/1/2		
If this box is checked,	n no fees received and a complete just this form an 04, Concord, NH 03301.				
VI. Check if addition	nal reports are attached:				
	ved fees or made expenditu	res, you must file	Addendum A- Fe	ees and Expenses	5
	an honorarium or reimburs				
If you, your firm,	or your family has made p	olitical contributi	ons, you must file A	Addendum C– I	Political Contributions
I have read RSA 15, F and complete to the be	firmation by Lobbyist RSA 15-B, RSA 14-C and lest of my knowledge and b		by swear or affirm	that the foregoing	ng information is true
John Keene			10/21/2	021	
(Signature of lobbyis	t)			(Date)	_
John Keane					