	STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)				
\$1118 t	PLEASE PRINT			RECEIVED	
I. Name of Lobbyist()Heather Caroll			OCT 1 6-2018	
II. Name of lobbyist's	NEW HAMPSHIRE DEPARTMENT OF STATE				
	mer's Association be of partnership, firm or cor	moration)			
(Main	e of partnership, fifth of col	poration)			
166 South Riv	ver Road, Suite 210	Bedford	NH	03110	
Business Address: (Str	reet)	(Town/City)	(State)	(Zip Code)	
(603) <u>606-6590</u> (Telenhone)	(603)	606-6803	e-mail <u>hcarroll</u>	@alz.org	

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

Alzheimer's Association

(Full Name of Client as it appears on the Lobbyist Registration Form)

<u>OR</u>

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 October 31, 2018 activity from 7/1/18 to 9/30/18 July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/18

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses

□ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement

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 foregoing information is true and complete to the best of my knowledge and belief.

Signature of lobbyist)

<u> 10 ·15 · 18</u> (Date)

Heather Caroll (Print Name of lobbyist)

	STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A			
	(RSA Chapter 1	5:6)	RECEIVED	
I. Name of Lobbyist(s) Hath	er Carroll		OCT 1 6 2018	
	hip, firm or corporation, if any:		NEW HAMPSHIRE DEPARTMENT OF STA	
Alzheimer's Association				
(Name of partnership	, firm or corporation)			
III. Name of Client	10	Date _		
to lobbying, including fees for service	es received from the client identified above vices such as public advocacy, government gislation, and related legal work. The gro	relations,	or public relations services	
a) Total of all fees received in this	reporting period	a) \$ _ 1	6,500.00	
	alendar year, prior to this reporting period all prior monthly reports for this calendar ye		00	
c) Total of all fees received to date (Add lines a and b)	e	c) \$ _16	5,500.00	
 Indicate the amount of any such yet been paid 	h fees that are due, but have not	d) \$_0	.00	
fees. Separate reports are to be fil the lobbyist(s)/firm that are unrela Expenses are to be reported in on during the reporting period for sal individual expenses where the exp lunch where the cost was \$25.00 o being lobbied, purchase of a cerem (c) an itemized statement of each ir any purpose not covered by (a) (f ceremonial object to be given to t restaurant expenses for a legislation	, firms, or corporations are required to rep led for expenditures made relative to each of ated to any one client a separate report r the of three categories of expenses: (a) the laries, benefits, support staff, and office ex- benditure was of \$25.00 or less (for example r less, purchase of a pen with a value of less nonial object given to a person being lobbie individual expenditure made during this repo for example: purchase of a meal with value the subject of lobbying with a value greate ve reception). Expenses for honorariums, exparate addendums and should not be reported	client and i nay be file aggregate penses; (b e: meals pro- s than \$10 d with a var- rting period r than \$25 expense r	f expenditures are made by ed for the lobbyist(s)/firm. total of all expenses paid) the aggregate total of all urchased during a business that is given to the person alue of \$25.00 or less); and d of greater than \$25.00 for er than \$25, purchase of a , but not greater than \$50, eimbursement, or political	
support staff, and office expenses, r	is reporting period for salaries, benefits, related directly or indirectly to lobbying.	a) \$\$	16,500.00	
b) lotal aggregate of expenditures in a), of \$25 or less.	during this reporting period, not reported	b) \$ <u>0</u>	.00	
c) Total of all itemized expenditure	es reported in detail in section VI.	c) \$0	.00	

P L E A S E

P R I N T

d) Total expenses for this reporting period	d) \$ <u>16,500.00</u>
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period	e) \$ <u>33,000.00</u>
(This should be the amount on line f of addendum A for last month's report)	
f) Total of all expenses year to date	f) \$ 49,500.00

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:

i to:	Amount:
	\$_0.00
	\$\$
	\$
	\$
	\$\$
	\$

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.

- Can

(Signature of lobbyist)

Heather Carroll (Print Name of lobbyist)

<u>10.5.18</u> (Date)