### STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 2 4 2019

1. Name of Lobbyist(s) Stary Ober DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:
American Kernel CWb  (Name of partnership, firm or corporation)
8057 ARCO Congruete DR Rateigh NC 27617 Business Address: (Street) (Town/City) (State) (Zip Code)
(919 816 - 3348 () e-mail Stacey: Obee Oakc. of
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:
(Full Name of Client as it appears on the Lobbyist Registration Form)
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR
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 24, 2019 July 31, 2019   Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19
October 30, 2019
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 löbb) ist)  (Signature of löbb) ist)
(Signature of löbbyist)  (Date)  (Print Name of lobbyist)

# PLEASE PRIN

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Angican toward als	
III. Name of Client Arraica_ Keywel (	Lebyre 4/24/1
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 greduced by any expenses:	at relations, or public relations serv
a) Total of all fees received in this reporting period	a) \$ 3, 333. 33
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)	b) \$ year)
c) Total of all fees received to date (Add lines a and b)	o)s 3, 377, <b>B</b> 3
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) S
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 examplanch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this repeating 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 great 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 mad may be filed for the lobbyist(s)/file e aggregate total of all expenses expenses; (b) the aggregate total of elle: meals purchased during a busi less than \$10 that is given to the peled with a value of \$25.00 or less); corting period of greater than \$25.00 ue of greater than \$25, purchase er than \$25, but not greater than \$25, 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) \$
<ul> <li>Total aggregate of expenditures during this reporting period, not reported n a), of \$25 or less.</li> </ul>	b) \$
r) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
c) 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)	e) \$
f) Total of all expenses year to date	0\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keeperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	2
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(Signature of loboyist)  Character Ober	(Date)
Stage Obce	<b>4</b> , ,
(Print Name of lobby ist)	

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

I. Name of Lobbyist(s) Stace Over
L E II. Name of lobbyist's partnership, firm or corporation, if any:
Name of partnership, firm or corporation)
III. Name of Client Angican Kennel Children 4/24/19
State the full name of the person receiving the honorarium or expense reimbursement:
Last Name State A  First Name Middle Name/Initial
What is the value of the honorarium or expense reimbursement? \$ 330.02
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).
NH on 2/7/19, 3/5/19
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
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.
(Signature of lobby(st))  (Signature of lobby(st))  (Date)
(Print Name of lobbyis)



### STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	Stace	Ster	
II. Name of lobbyist's part	/ tnership, firm or co	rporation, if any:	
American (Name of parter		•	
III. Name of Client Approx	1) Comparison	Kennel Ch	6 Date 4/24/19
	ion that is reportable g firm, indicate the f	pursuant to RSA Chap ollowing:	pter 664 paid on behalf of the
Full name of candidate:	Guida (Last Name)	Robert (First Name)	(Middle Name/Initial)
Amount of contribution \$	150	Office Candidate	is Seeking See A
If the contribution is an in-kin	d contribution, provide	a description of the goo	ds or services provided, and enter the
actual cost of the in-kind contr enter an estimated value and the	ribution on the line abo	ove for amount of contrib	oution. If the actual cost is not known,
actual cost of the in-kind conti enter an estimated value and the	ribution on the line abo		oution. If the actual cost is not known,
actual cost of the in-kind conti enter an estimated value and the	ribution on the line abo		(Middle Name/Initial)
actual cost of the in-kind contienter an estimated value and the enter an estimated value and the enter an estimated value and the enter and the enter an estimated value and the enter and the ente	ribution on the line abo he word "estimate."  (Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:  Amount of contribution S  If the contribution is an in-kine	(Last Name)  d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	
Full name of candidate:  Amount of contribution S  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the
Full name of candidate:  Amount of contribution S  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter the

actual cost of the in-kind contribut enter an estimated value and the w	tion on the line above for amount of	the goods or services provided, and enter the f contribution. If the actual cost is not known,
	<u>·</u>	
(If more than three contributions were	made, report additional contributions of	on separate addendum C forms.)
Sworn Statement/Affirmation	n by Lobbyist	•
I have read RSA 15, RSA 15-B is true and complete to the best	and RSA 664 and hereby swear of my knowledge and belief.	or affirm that the foregoing information
(Signature of lobbyist)	Ober_	<u>4/24/19</u> (Date)
(Signature of loopyist)		(Date)