

(Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE

### 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

APR 0 8 2021

NEW HAL PARTIE

DEPARTMENT TO SE

| I. Name of Lobbyist(s) Angelo Veltri   |  |  | NEW HAL PO<br>DEPARTME TIC   |
|--|--|--|--|
| II. Name of lobbyist's partnership, firm or corporation National Association for Gun Rights  | n, if any:   |  | and a second a second s |
| (Name of partnership, firm or corporation)   |  |  | <del>_</del>   |
| 2300 W Eisenhower Blvd Love  | land Co  | olorado                                | 80537  |
| Business Address: (Street) (Town/C   | ity) (State  | e)                                     | (Zip Code)   |
| (31) 9059667   | e-mail   | ngelo.veltri@gunr                      | rights.org   |
| (Telephone)  | (Fax)  | <del></del>                            | <del></del>  |
| III. This statement covers: (Choose one – file separate reportable expense transactions which are not attributed attributed and the separate reportable expense transactions occurring in the months presented attributed at | table to any one client).                                |  |  |
| (Full Name of Client as it appears on  |  | •                                      |  |
| All reportable transactions by the lobbyist (including tunrelated to any particular client.  | he lobbyist's family), or the                            | lobbying firm liste                    | ed below which are   |
| IV. Date of Report April 24, 2024  Reports cover: activity from date of registration to 3/31/24  | July 31, 202<br>activity from 4/1/24                     |  |  |
| October 30, 2024 activity from 7/1/24 to 9/30/24   | January 29, 202<br>activity from 10/1/24 to              |  |  |
| V. There have been no fees received and no report of this box is checked, complete just this form and submit a State House, Room 204, Concord, NH 03301.   | table transactions made<br>t to the Secretary of State's | since the last re<br>Office, 107 North | eport<br>Main Street,  |
| VI. Check if additional reports are attached:  |  |  |  |
| If you have received fees or made expenditures, you  | nust file <b>Addendum A</b> – Fe                         | es and Expenses                        |  |
| If you have paid an honorarium or reimbursed expense Expense Reimbursement   | cs, you must file Addendur                               | n B– Report of Ho                      | onorariums or  |
| If you, your firm, or your family has made political or  | ontributions, you must file A                            | ddendum C– Pol                         | litical Contributions  |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and complete to the best of my knowledge and belief.  |  |  | information is true  |
| J typelle  | 3/28/202   | .4                                     |  |
| (Signature of lobbyist)  |  | (Date)                                 |  |
| Angelo Veltri  |  |  |  |

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



# STATE OF NEW HAMPSHIRE

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

| I. Name of Lobbyist(s)                   | Angelo Veltri  |                        |                                  |
|--|--|------------------------|----------------------------------|
|  | partnership, firm or corporatio  | n, if any:             |                                  |
| National Associa                         | ition for Gun Rights   | -                      |                                  |
|  | partnership, firm or corporation)                                      | -                      |                                  |
| III. Name of Client <u>Na</u>            | tional Association for G   | un Rights              | Date 3/28/2024                   |
| State the full name of                   | the person receiving the honor   | arium or expense i     | reimbursement:                   |
| Veltri                                   | Angelo   | E                      |                                  |
| Last Name                                | First Name   | Middle Na              | me/Initial                       |
| What is the walve of the b               | nat is the value of the honorarium or expense reimbursement? \$ 436.10 |                        |                                  |
| what is the value of the h               | onorarium or expense reimnursemer                                      | ıt? \$                 |                                  |
| Describe the event to whi of the event). | ch the honorarium or expense reimb                                     | ursement relates. (Inc | lude the date(s) and location(s) |
| 2/1/24 travel mile                       | eage from Ridge, NY 11   | 961 to Conco           | rd, NH                           |
| 2/2/24 travel mile                       | eage from Concord, NH  | to Ridge, NY           | 11961                            |
|  |  | <u> </u>               |                                  |
| -  | ,  |                        |                                  |
|  |  |                        |                                  |
| (If there is more than one ho            | norarium or expense reimbursement use                                  | a separate addendum B  | form for each.)                  |
| Sworn Statement/Affi                     | rmation by Lobbyist  |                        |                                  |
|  | SA 15-B and RSA 664 and hereb<br>the best of my knowledge and be       |                        | at the foregoing information     |
| 1/1 1/2                                  |  |                        |                                  |
| 11/11                                    | 7  | 3                      | /28/2024                         |
| (Signature of lobbyist)                  |  |                        | (Date)                           |
| Angelo Vel                               | Hri  |                        |                                  |
| (Print Name of lobbyis                   | et)  |                        |                                  |
|  | •  |                        |                                  |

# 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 |
|--------|-----------------------------------|
| Statem | ent of Income and Expenses for:   |

| Name of Lobbying par   | tnership, firm, or corpo                        | oration: Nationa                                   | 1 Association for bu                                    | n Rights       |
|--|---|--|---|----------------|
| Name of Client (leave  |   | or the partnership, firm, or                       | r corporation and not related to                        | -              |
| Date of Report (check  | one):   |  |   |                |
| April 24, 2024 🔟   | July 31, 2024 □                                 | October 30, 2024 □                                 | January 29, 2025 □                                      |                |
| I have read RSA 15, I<br>the following Addend<br>submitted): | RSA 15-B, RSA 664, the three submitted with the | ne Statement of Income and Statement (insert the r | and Expenses described above number of Addendum forms b | , and<br>being |
| Addendum A(  | s)  |  |   |                |
| Addendum B(  | s)  | •  |   |                |
| Addendum C(  |   |  |   |                |
|  | m that the foregoing in<br>my knowledge and bel |  | ent and each Addendum is true                           | e and          |
| MILL   |   | <u> </u>   | 3/28/2024   |                |
| (Signature of lobbyist)                                      |   |  | (Date) <sup>f</sup>                                     |                |
| Angelo   | Veltri  |  |   |                |
| (Print Name of lobbyis                                       |   |  |   |                |