STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

RECEIVED

(RSA Chapter 15)

PLEASE PRINT

JAN 2 8 2020

I. Name of Lobbyist(s)	James V. Hatem		NEW HAMPSHIRE DEPARTMENT OF STATE
II Name of labbuist's partner	ship, firm or corporation, if any:		DEI ANTMENT OF STATE
Nixon Peabod			
	ership, firm or corporation)		
900 Elm Stree		ter NH	0301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603 628-4062	₍ 866, 947-0952	_{e-mail} jhate	em@nixonpeabody.con
(Telephone)	(Fax)		
	hoose one – file separate reports f ns which are not attributable to a		u may file a separate report for
All reportable transactions of	occurring in the months prior to the	reporting date relative	to the following client:
State Farm In	surance Companies		
(Full Na	me of Client as it appears on the Lobby	ist Registration Form)	
<u>OR</u>			
☐ All reportable transactions b unrelated to any particular clien	y the lobbyist (including the lobbyi it.	st's family), or the lobb	ying firm listed below which are
	24, 2019 ate of registration to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/3	
	er 30, 2019	January 29, 2020 activity from 10/1/19 to 1	
	received and no reportable tra just this form and submit it to the So rd, NH 03301.		
VI. Check if additional report	s are attached:		
•	r made expenditures, you must file	Addendum A– Fees an	nd Expenses
☐ If you have paid an honorar Expense Reimbursement	rium or reimbursed expenses, you m	nust file Addendum B-	Report of Honorariums or
☐ If you, your firm, or your fa	amily has made political contributio	ns, you must file Adde	ndum C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my (Signature of lobbyist)	, RSA 14-C and RSA 664 and hereb knowledge and belief.	oy swear or affirm that	
James V. Hatem			
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



II. Name of lobbyist's partnership, firm or corporation, if any:	
Nixon Peabody LLP	
(Name of partnership, firm or corporation)	
III. Name of Client State Farm Insurance Companies	Date
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, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses: a) Total of all fees received in this reporting period	t relations, or public relations service oss fee amount reported shall not b 17,800.00
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 y	b) \$53,400.00
c) Total of all fees received to date (Add lines a and b)	c) \$71,200.00
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 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 e individual expenses where the expenditure was of \$25.00 or less (for examp lunch 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 (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 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 made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business stan \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 four of greater than \$25, purchase of 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) \$ _ 17,800.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) 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) \$17,800.00
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)	e) \$53,400.00
f) Total of all expenses year to date	f) \$71,200.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
J. U. Water	1/27/20
(Signature of lobbyist)	(Date)
James V. Hatem	
(Print Name of lobbyist)	