

## STATE OF NEW HAMPSHIRE

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

APR 3 0 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lo	obbyist(s) ALEXAN	IDER J	. KOUTROUB	AS & RICHARD	L. BOULEY
	obbyist's partnership, s		•		
	(Name of partnership,	firm or cor	poration)		<del>-</del>
17	DEPOT ST	STE 3	CONCORD	NH	03301
Business Addre	ss: (Street)		(Town/City)	(State)	(Zip Code)
· /	-228-1601	_ ( )_	(Fax)	e-mail	
	ement covers: (Choose pense transactions wh				file a separate report for
All reporta	able transactions occurri	ng in the r	nonths prior to the rep	orting date relative to the	following client:
MEALS	ON WHEELS I	NΗ			
	(Full Name of C	Client as it a	appears on the Lobbyist I	Registration Form)	<del>-</del>
<u>OR</u>				- ·	
All reportal unrelated to an	ble transactions by the long particular client.	obbyist (in	cluding the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of R. Reports cover:	eport April 24, 2 activity from date of regi October 30, 2 activity from 7/1/24	stration to		July 31, 2024 vity from 4/1/24 to 6/30/24  January 29, 2025 from 10/1/24 to 12/31/24	
If this box is ci		is form an		actions made since the etary of State's Office, 10	
VI. Check if a	dditional reports are a	ttached:			
If you hav	e received fees or made	expenditu	ires, you must file Ado	lendum A- Fees and Exp	penses
If you hav Expense Reim	•	reimburs	ed expenses, you must	file Addendum B- Repo	ort of Honorariums or
If you, you	ur firm, or your family h	as made p	olitical contributions,	you must file Addendun	a C- Political Contributions
I have read RS and complete	of the best of my knowle	14-C and being an armount of the being and being an armount of the being and being an armount of the being an armount of the being and being an armount of the being and being an armount of the being an armount of the being an armount of the being and being an armount of the being and being an armount of the being and being an armount of the being an armount of the being an armount of the being and being an armount of the being and being an armount of the being an armount of the being armount of the b	whef.	* / /	regoing information is true
(Print Name o			<del></del>		

## 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	Staten	nent/Affi	irmatio	n by L	obbyist
Statem	ent of	Income	and Exp	enses	for:

Name of Lobbying partnership, firm, or corporation: DENNEY & BOULEY GROUP LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): MEALS ON WHEELS NH
Date of Report (check one):
April 24, 2024 ☐ July 31, 2024 ☐ October 30, 2024 ☐ January 29, 2025 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s)
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
Richard L. Bouley  (Signature of lobbyist)  April 23, 2024  (Date)
RICHARD L. BOULEY
(Print Name of lobbyist)