(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 19 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s	DEPARTMENT O		
II. Name of lobbyist's	partnership, firm or corporation, if	any:	
Nixon Peabody LLP			
(Nam	e of partnership, firm or corporation)	<u> </u>	
900 Elm Street	Mancheste	r NH	03101
Business Address: (Str	ect) (Town/City)	(State)	(Zip Code)
(603) 628-4062	(866) 947-0952	e-mail_jhatem@i	nixonpeabody.com_
(Telephone)	(F	ax)	
	vers: (Choose one – file separate rep ansactions which are not attributabl		ay file a separate report for
🔞 All reportable trans	sactions occurring in the months prior	to the reporting date relative to t	he following client:
State Farm Ins	urance Companies		
	(Full Name of Client as it appears on the	Lobbyist Registration Form)	
<u>OR</u>			
All reportable trans unrelated to any partic	actions by the lobbyist (including the lular client.	obbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Report	April 24, 2019 🗍	July 31, 2019 🛚 🖾	
Reports cover: activi	ity from date of registration to 3/31/19	activity from 4/1/19 to 6/30/1	9
	October 30, 2019 activity from 7/1/19 to 9/30/19	January 29, 2020 🗍 activity from 10/1/19 to 12/3	1/19
If this box is checked,	no fees received and no reportal complete just this form and submit it to 4. Concord, NH 03301.	ole transactions made since the Secretary of State's Office.	the last report. □ 107 North Main Street,
VI. Check if addition	al reports are attached:		
	ed fees or made expenditures, you mus	st file Addendum A- Fees and I	Expenses
·	n honorarium or reimbursed expenses.		
	or your family has made political cont	ributions, you must file Addend	um C- Political Contributions
1 have rend RSA 15. R and complete to the be	Firmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and st of my knowledge and belief.	d hereby swear or affirm that the $\frac{7/17/19}{(D)}$	foregoing information is true
James V. Hatem			

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) _	James V. Hatem		
	partnership, firm or cor	poration, if any:	
Nixon Peabody LL	•		
-	partnership, firm or corporation)	<u> </u>	
111. Name of Client	State Farm Insurance Com	panies	Date7/17/19
Political Contribution For each political contr client/lobbyist and lobb	is Tibution that is reportable poying firm, indicate the fo	pursuant to RSA Chap llowing:	ter 664 paid on behalf of the
Full name of candidate	. Carson	Sharon	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate i	s Seeking State Senate
Full name of candidate	c: (Last Name)	(First Name)	
	(Last Name)		(Middle Name/Initial)
Amount of contribution !	•		(Middle Name/Initial)
	•		•
If the contribution is an i	S	Office Candidate i	s Scekingds or services provided, and enter t
If the contribution is an i	sn-kind contribution, provided contribution on the line about and the word "estimate."	Office Candidate is a description of the goo	s Seeking
If the contribution is an inactual cost of the in-kind enter an estimated value	sn-kind contribution, provided contribution on the line about and the word "estimate."	Office Candidate i	(Middle Name/Initial) s Seeking

If the contribution is an in-kind contribution, provide a descripti	on of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	unt of condibation. If the actual cost is not known,
Circle and Committee value and the world Committee	
(If more than three contributions were made, report additional contribu	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and believed.	
Q v. Hoten	7/17/19
(Superture of lobbyist)	(Date)
James V. Hatem	
(Print Name of lobbyist)	

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