

#### STATE OF NEW HAMPSHIRE

# 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| 1. Name of Lobbyist(s) _                                                  | Curtis J. Barı                                 | ry                  |                                                        | <del> </del>                                         |  |  |
|---------------------------------------------------------------------------|------------------------------------------------|---------------------|--------------------------------------------------------|------------------------------------------------------|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:          |                                                |                     |                                                        |                                                      |  |  |
| Barry Government Relations, LLC                                           |                                                |                     |                                                        |                                                      |  |  |
| (Name o                                                                   | of partnership, firm or co                     | rporation)          |                                                        | <del></del>                                          |  |  |
|                                                                           | Street, Suite 405                              | Concord             | N.H.                                                   | 03301                                                |  |  |
| Business Address: (Street)                                                | )                                              | (Town/City)         | (State)                                                | (Zip Code)                                           |  |  |
| (603) 496-4564 (Telephone)                                                | ( )                                            | (Fax)               | e-mail Cur                                             | tis@BarryGR.com                                      |  |  |
| reportable expense trans                                                  | sactions which are no                          | ot attributable to  |                                                        | may file a separate report for the following client: |  |  |
|                                                                           | full Name of Client as it                      | appears on the Lob  | byist Registration Form)                               | <del></del>                                          |  |  |
| All reportable transacti<br>unrelated to any particular                   |                                                | ncluding the lobb   | yist's family), or the lobbyi                          | ng firm listed below which are                       |  |  |
| Reports cover: activity f                                                 | April 29, 2020<br>from date of registration    | ı to 3/31/20        | July 29, 2020<br>activity from 4/1/20 to 6/30/2        | 20                                                   |  |  |
|                                                                           | October 28, 2020<br>ivity from 7/1/20 to 9/30, | /20                 | January 27, 2021<br>activity from 10/1/20 to 12/3      | 31/20                                                |  |  |
|                                                                           | iplete just this form ar                       |                     | ransactions made since<br>Secretary of State's Office, |                                                      |  |  |
| VI. Check if additional r                                                 | eports are attached:                           |                     |                                                        |                                                      |  |  |
|                                                                           | _                                              |                     | Addendum A- Fees and                                   | Expenses                                             |  |  |
| If you have paid an ho<br>Expense Reimbursement                           | onorarium or reimburs                          | sed expenses, you   | must file Addendum B- R                                | Report of Honorariums or                             |  |  |
| ✓ If you, your firm, or y                                                 | our family has made j                          | political contribut | ions, you must file Addend                             | lum C- Political Contributions                       |  |  |
| Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best o | 15-B, RSA 14-C and                             |                     | 10-27                                                  | <u> </u>                                             |  |  |
| JATIJ U                                                                   | 1. BARRY                                       | ,                   | (υ                                                     | RECEIVED                                             |  |  |
| (Print Name of lobbyist)                                                  | ,                                              |                     |                                                        | OCT 2 8 2020                                         |  |  |

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

#### STATE OF NEW HAMPSHIRÉ

## Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

### RECEIVED

OCT 2 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

c) \$ \_\_\_\_\_

| . Name of Lobbyist(s)                 | Curtis J. Barry |
|---------------------------------------|-----------------|
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c) Total of all itemized expenditures reported in detail in section VI.

|                                                        | Barry Government Relations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _                                                      | (Name of partnership, firm or corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        | <del></del>                                                                                                                                                                                                                                                                                                           |
| Ш                                                      | . Name of Client N.H. Optometric Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                   | October 27, 2020                                                                                                                                                                                                                                                                                                      |
| Inc<br>to<br>inc                                       | . Fees Received licate the gross amount of all fees received from the client identified above lobbying, including fees for services such as public advocacy, government cluding research, monitoring legislation, and related legal work. The graduced by any expenses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t relations,                                                                                                                                                           | or public relations services<br>count reported shall not be                                                                                                                                                                                                                                                           |
| a) Total of all fees received in this reporting period |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a) \$                                                                                                                                                                  | \$10,800                                                                                                                                                                                                                                                                                                              |
| 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) <b>\$</b> ear)                                                                                                                                                      | \$21,600                                                                                                                                                                                                                                                                                                              |
| c)                                                     | Total of all fees received to date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                        | #22 400                                                                                                                                                                                                                                                                                                               |
|                                                        | (Add lines a and b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | c) \$                                                                                                                                                                  | \$32,400                                                                                                                                                                                                                                                                                                              |
| d)                                                     | Indicate the amount of any such fees that are due, but have not yet been paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d) \$                                                                                                                                                                  | \$0                                                                                                                                                                                                                                                                                                                   |
| Lo feed the Ext during lur being (c) any cer res       | Expenses: bbyist(s)/Lobbying partnerships, firms, or corporations are required to report as. Separate reports are to be filed for expenditures made relative to each a lobbyist(s)/firm that are unrelated to any one client a separate report of penses are to be reported in one of three categories of expenses: (a) the ring the reporting period for salaries, benefits, support staff, and office extended as the cost was \$25.00 or less, purchase of a pen with a value of leng lobbied, purchase of a ceremonial object given to a person being lobbied an itemized statement of each individual expenditure made during this report of purpose not covered by (a) (for example: purchase of a meal with value remonial object to be given to the subject of lobbying with a value greate taurant expenses for a legislative reception). Expenses for honorariums intributions will be reported on separate addendums and should not be reported. | client and i<br>may be file<br>aggregate<br>xpenses; (b<br>le: meals p<br>ss than \$10<br>ed with a v<br>orting perious<br>are of great<br>er than \$25<br>, expense i | f expenditures are made by ed for the lobbyist(s)/firm. total of all expenses paid by the aggregate total of all urchased during a business that is given to the person alue of \$25.00 or less); and dof greater than \$25.00 for er than \$25, purchase of a but not greater than \$50, reimbursement, or political |
|                                                        | Total aggregate expenses for this reporting period for salaries, benefits, poort staff, and office expenses, related directly or indirectly to lobbying.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | a) \$                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |
|                                                        | Total aggregate of expenditures during this reporting period, not reported a), of \$25 or less.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | b) \$                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |

| d) Total expenses for this reporting period (Add lines a, b and c)                                                                                       | d) \$                              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|
| 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) \$                              |  |  |
| f) Total of all expenses year to date                                                                                                                    | f) \$                              |  |  |
| VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leading 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 is true and complete to the best of my knowledge and belief.                         | n that the foregoing information   |  |  |
| To A Dum                                                                                                                                                 | 10-27-20                           |  |  |
| (Signature of lobbyist)                                                                                                                                  | (Date)                             |  |  |
| CURTINJ. BARRY                                                                                                                                           |                                    |  |  |
| (Print Name of lobbyist)                                                                                                                                 |                                    |  |  |