

STATE OF NEW HAMPSHIRE

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

RECEIVED

SEP 2 0 2019

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PLEASE PRINT	DEPARTMENT OF STATE
I. Name of Lobbyist(s) Rosemary M.	Heard
II. Name of lobbyist's partnership, firm or corporation, if any: Concord Area Trust for Col (Name of partnership, firm or corporation)	mmunity Housing (CATCH)
105 Loudon Rd unit Con (or Business Address: (Street) (Town/City)	rd NH 03301
(Telephone) (VO3 225 - 84	
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the re	
Concord Area Trust for Cor (Full Name of Client as it appears on the Lobbyist	nmunity Housing (CARH)
OR All reportable transactions by the lobbyist (including the lobbyist' unrelated to any particular client.	•
October 30, 2019	July 31, 2019
V. There have been no fees received and no reportable tran If this box is checked, complete just this form and submit it to the Section State House, Room 204, Concord, NH 03301.	sactions made since the last report. retary of State's Office, 107 North Main Street,
VI. Check if additional reports are attached:	
 If you have received fees or made expenditures, you must file Ad If you have paid an honorarium or reimbursed expenses, you must expense Reimbursement 	
If you, your firm, or your family has made political contributions	, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby and complete to the best of my knowledge and belief.	swear or affirm that the foregoing information is true

(Print Name of lobbyist)