PLEASE PRINT

## STATE OF NEW HAMPSHIRE

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

OCT 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

<del>-</del>	A .		DEPARTMENT OF S
I. Name of Lobbyist(s)	<u> Glenn R. Mi</u>	Inec	
II. Name of lobbyist's partne	ership, firm or corporation, if a	any:	
(Name of par	thership, firm or corporation)	LC	
DO NOCH State Business Address: (Street)	Street, Suite 9.	CONCORN, NH DE	3301 (Zip Code)
(OB) 850-LODD (Telephone)	603 <u>505-46</u>	52 e-mail glenn	milnereme.com
	Choose one – file separate repo ions which are not attributable	rts for each client, OR you may to any one client).	file a separate report for
All reportable transactions	occurring in the months prior to	the reporting date relative to the	following client:
Cione As	Sociation of V	tmerica . Inc.	
OR (Full )	lame of Client as it appears on the L	obbyist Registration Form)	
<del></del>		bbyist's family), or the lobbying	firm listed below which are
	24, 2019	July 31, 2019 🗍 activity from 4/1/19 to 6/30/19	
	ber 30, 2019 LP from 7/1/19 to 9/3W19	January 29, 2020 🗍 activity from 10/1/19 to 12/31/1	9
V. There have been no fee If this box is checked, complete Concord, NH 03301.	es received and no reportable just this form and submit it to t	e transactions made since th the Secretary of State's Office. Su	e last report.   □  ate House, Room 204.
VI. Check if additional repo	rts are attached:		
•		file Addendum A- Fees and Ex	
☐ If you have paid an honor Expense Reimbursement	arium or reimbursed expenses, y	ou must file Addendum B- Rep	ort of Honorariums or
	family has made political contril	butions, you must file Addendun	n C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m	B, RSA 14-C and RSA 664 and	hereby swear or affirm that the fo	oregoing information is true
- M	u	10/15/2019	<u>a</u>
(Signature of Obbyist)	<del></del>	(Date	:)
(Print Name of lobbyist)	iet		

## STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

- <del></del>
<del></del>
Datc
uat are related, directly or indirectly clations, or public relations service is fee amount reported shall not be
a) S 10, 500.00
b) s 21,000,00
c)s 31,500.00
d) \$
rt all expenses made from lobbyin ent and if expenditures are made by be filed for the lobbyist(s)/firm aggregate total of all expenses paienses; (b) the aggregate total of a meals purchased during a busines than \$10 that is given to the perso with a value of \$25.00 or less); an ing period of greater than \$25.00 fc of greater than \$25, purchase of than \$25, but not greater than \$56 expense reimbursement, or political on Addendum A.
a)\$
b) \$

c) \$

c) Total of all itemized expenditures reported in detail in section VI.

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) S
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	<b>\$</b>
	\$
	\$
	\$
	\$
	\$
***************************************	
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.	เกโรโลกเล
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	