# STATE OF NEW HAMPSHIRE



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

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PLEASE PRINT

JUL 2 9 2020

I. Name of Lobbyist(s)	NEW HAMPSHIRE					
II. Name of lobbyist's	DEPARTMENT OF STATE					
The Professional F	ire Fighters of New Hampsh	ire				
(Name	of partnership, firm or corporation)					
43 Centre St. Cor	ncord, NH 03301					
Business Address: (Stre	et) (Town/C	ity) (Sta	ate)	(Zip Code)		
(603)223-3304	( 603) 223-3310	e-mail C	donald@pt	ffnh.org		
(Telephone)	( • • • • • • • • • • • • • • • • • • •	(Fax)				
	vers: (Choose one – file separate insactions which are not attribut		R you may 1	īle a separate report for		
☑ All reportable transc	actions occurring in the months pr	ior to the reporting date rel	ative to the fo	ollowing client:		
The Professional F	ire Fighters of New Hampsh	іге				
	(Full Name of Client as it appears on	the Lobbyist Registration For	m)	* ** **** ****************************		
<u>OR</u>						
Li All reportable transa unrelated to any particu	ctions by the lobbyist (including t lar client.	ne lobbyist's family), or the	c lobbying fi	m listed below which are		
• • •		July 29, 202 activity from 4/1/20				
а	October 28, 2020 🗹 cuvity from 7/1/20 to 9/30/20	January 27, activity from 10/1/2				
	no fees received and no repor complete just this form and submit to Concord, NH 03301.					
VI. Check if additions	l reports are attached:					
_	d fees or made expenditures, you i	nust file Addendum A-F	ees and Expe	nses		
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Exponse Reimbursement						
If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions						
and complete to the best (Signature of lobbyist)	A 15-B, RSA 14-C and RSA 664 tof my knowledge and belief.	,	that the fore	going information is true		
(Print Name of lobbyis						

P L E A S E

P R I N T

#### STATE OF NEW HAMPSHIRE



#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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JUL 29 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:					
The Professional Fire Fighters of New Hampshire					
(Name of partnership, firm or corporation)					
III. Name of Client	Date				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service				
a) Total of all fees received in this reporting period	a) \$ 424.54				
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 year)	b) \$ <u>5.754.79</u>				
c) Total of all fees received to date (Add lines a and b)	c) \$ 6,179.33				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0				
V. Expenses: I.obbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0				
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы \$_0				
c) Total of all itemized expenditures reported in detail in section VI.	c) § 0				

From:

d) Total expenses for this reporting period (Add lines a, b and c)	d) <b>\$</b> 0
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) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>0</u>
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
(Signature of lobbyist)	7/27/20 (Date)
Donald Stokes Jr. (Print Name of lobbyist)	, (Sure)

From:

## 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.

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JUL 2 9 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnershi	p, firm, or corpor	ration: The Professional	Fire Fighters of New Hampshire
Name of Client (leave blank i	f Statement is for	r the partnership, firm, or	corporation and not related to any
particular client):	••		
Date of Report (check one):			
April 29, 2020 □ July	29, 2020 🗆	October 28, 2020 🗹	January 27, 2021 □
			nd Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my know			nt and each Addendum is true and
(Signature of lobbyist)	23. fa		7/27/20 (Date)
Donald Stokes 5	r		
(Print Name of lobbyist)			