

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobb | yist(s) Jim O'Brie | en, Sheila Vargas | · | |
|-------------------------------|---|--|---|-------------------------------|
| | - - | m or corporation, if any: | | |
| | Conservancy | | | · |
| | (Name of partnership, fir | = - | | |
| 22 Bridge Street | 4th Floor | Concord | NH | 03301 |
| Business Address: | (Street) | (Town/City) | (State) | (Zip Code) |
| , , 603-85 | 56-5378 one) | () | e-mail | |
| (Telepho | one) | (Fax) | | |
| | | ne – file separate reports for | | y file a separate report for. |
| reportable exper | ise transactions which | h are not attributable to any | one client). | |
| All reportable | transactions occurring | g in the months prior to the re | norting date relative to the | following client: |
| | , it is the second of the second | 5 m mo monino prior to mo rej | porting data rotative to the | Tonowing oneit. |
| | C IIN COL | | B 14 4 B 3 | |
| OR | (Full Name of Ch | ent as it appears on the Lobbyist | Registration Form) | |
| | transactions by the lob | byist (including the lobbyist' | s family), or the lobbying | firm listed below which are |
| unrelated to any p | | or is a moral management of the control of the cont | · | min noise obton which are |
| | | | | |
| IV. Date of Repo | | | July 27, 2022 | |
| Reports cover: | activity from date of reg | | ivity from 4/1/22 to 6/30/22 | |
| | October 26, 20 activity from 7/1/22 | | January 25, 2023 ivity from 10/1/22 to 12/31/2 | ,, ,, |
| | ucuray jrom //2/22 | 10 // 30/ 22 u.c. | y jioni 10/1/22 to 12/32/2 | " _[5] |
| | | ed and no reportable tran | | |
| | | form and submit it to the Sect | retary of State's Office, 10 | 97 North Main Street, |
| State House, Root | m 204, Concord, NH 0 | 3301. | | |
| VI. Check if add | itional reports are at | tached: | | |
| If you have re | eceived fees or made e | xpenditures, you must file Ad | dendum A– Fees and Exp | penses |
| If you have p Expense Reimbur | | eimbursed expenses, you mus | st file Addendum B – Rep | ort of Honorariums or |
| If you, your f | irm, or your family ha | s made political contributions | , you must file Addendun | n C- Political Contributions |
| | | | | |
| | | | | |
| | t/Affirmation by Lob | | | |
| | 15, RSA 15-B, RSA 14 he best of my knowled | 4-C and RSA 664 and hereby | swear or affirm that the fo | oregoing information is true |
| and complete to the | the best of may knowled | ge and benef. | $\mathcal{A}_{\mathcal{A}}$ | |
| | | · , | 1/30/23 | |
| (Signature of lob | byist) | | / / (Date | |
| | in USIA | | | RECEIVED |
| (Print Name of lo | obbyist) | | • | 1 |
| | | | | JAN 3 1 2023 |
| | | | | NEW HAMPSHIRE |
| | | | | DEPARTMENT OF STATE |