STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement

Addendum B

(RSA Chapter 15:6)

PLEASE PRINT

I. Name of Lobbyist(s) Teresa D. Donovan

II. Name of lobbyist's partnership, firm or corporation, if any:

AFT-NH

(Name of partnership, firm or corporation)

III. Name of Client AFT-NH Date _____

State the full name of the person receiving the honorarium or expense reimbursement:

_____

Last Name First Name Middle Name/Initial

What is the value of the honorarium or expense reimbursement? $ _____

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

None Received

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Teresa D Donovan
(Signature of lobbyist)

12-31-12
(Date)

Teresa D. Donovan
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

Lobbyists Report of
Political Contributions
Addendum C
(RSA Chapter 15:6)

PLEASE PRINT

I. Name of Lobbyist(s) Teresa D. Donovan

II. Name of lobbyist's partnership, firm or corporation, if any:
AFT-NH
(Name of partnership, firm or corporation)

III. Name of Client AFT-NH **Date** _____

Political Contributions
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

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* Personal Donations Between 10/30/12 and 12-31-12

Full name of candidate: Hassan Maggie (11-3-12)
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 75.00 Office Candidate is Seeking Governor

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ _____

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ _____

* Other donations previously reported.

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Teresa D Donovan
(Signature of lobbyist)

12-31-12
(Date)

Teresa D. Donovan
(Print Name of lobbyist)