STATE OF NEW HAMPSHIRE
2010 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Terry Lochhead

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

Alliance For Retired Americans
(Name of partnership, firm or corporation)

PO Box 271 Canterbury NH
Business Address: (Street) (Town/City) (State) (Zip Code)

( ) 603 545-9989 ( ) _____ e-mail tlochhead@retiredamericans.org
(Telephone) (Fax)

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 reporting date relative to the following client:

_____
(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

☑ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 28, 2010 ☐ July 28, 2010 ☐
Reports cover: *activity from date of registration to 3/31/10* *activity from 4/1/10 to 6/30/10*
October 27, 2010 ☑ January 26, 2011 ☐
activity from 7/1/10 to 9/30/10 *activity from 10/1/10 to 12/31/10*

V. There have been no fees received and no reportable transactions made since the last report. ☐
If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses

☑ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**– Report of Honorariums or 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 and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Ty Lochhead
(Signature of lobbyist)

10 25 2010
(Date)

TERRY LOCHHEAD
(Print Name of lobbyist)

RECEIVED
OCT 25 2010
NEW HAMPSHIRE
DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement

Addendum B

(RSA Chapter 15:6)

P L E A S E P R I N T

I. Name of Lobbyist(s) Terry Lockhead

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

Alliance For Retired Americans
(Name of partnership, firm or corporation)

III. Name of Client _____ Date _____

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

Alliance For Retired Americans
Last Name First Name Middle Name/Initial

What is the value of the honorarium or expense reimbursement? $ 50

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

Unitarian Church of Nashua Coffee hour 10/24/10

(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.

Terry Lockhead
(Signature of lobbyist)

10/25/10
(Date)

Terry Lockhead
(Print Name of lobbyist)