



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

PLEASE PRINT

**RECEIVED**

**I. Name of Lobbyist(s)** John E. Laboe

OCT 15 2010

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

Laboe Associates, P.L.L.C.

(Name of partnership, firm or corporation)

6 Loudon Rd - Ste 307                      Concord                      NH                      03301  
 Business Address: (Street)                      (Town/City)                      (State)                      (Zip Code)

(603) 224-8700                      (603) 225-5223                      e-mail jlaboe@laboelaw.com  
 (Telephone)                      (Fax)

NEW HAMPSHIRE  
 SECRETARY OF STATE

**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:  
New Hampshire Chapter of the National Academy of Elder Law Attorneys  
 (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.

*John E. Laboe*  
 (Signature of lobbyist)

10/14/10  
 (Date)

John E. Laboe  
 (Print Name of lobbyist)

State of New Hampshire  
Signature Form for Associated Lobbyist  
RSA Chapter 15

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NEW HAMPSHIRE  
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Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

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

Name of Lobbying partnership, firm, or corporation: \_\_\_\_\_

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): New Hampshire Chapter of the National Academy of Elder Law Attorneys

**Date of Report (check one):**

April 28, 2010

July 28, 2010

October 27, 2010

January 26, 2011

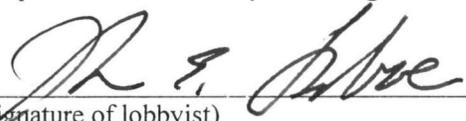
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

\_\_\_\_\_ Addendum A(s).

\_\_\_\_\_ Addendum B(s).

\_\_\_\_\_ Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

10/14/10  
(Date)

John E. Laboe  
(Print Name of lobbyist)