



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

RECEIVED
OCT 13 2010
NEW HAMPSHIRE
SECRETARY OF STATE

I. Name of Lobbyist(s) Robert Shepherd

II. Name of lobbyist's partnership, firm or corporation, if any: Shepherd, Williams and Associates, LLC

(Name of partnership, firm or corporation)

4020 Galt Ocean Drive Suite 812 Fort Lauderdale, FL 33308

Business Address: (Street) (Town/City) (State) (Zip Code)

(954) 295-7555

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e-mail rls@shepherdwilliams.com

(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: Altria Client Services Inc. and its Affiliates

(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.

Robert L Shepherd
(Signature of lobbyist) (Date)

Robert L Shepherd
(Print Name of lobbyist)

PLEASE PRINT