STATE OF NEW HAMPSHIRE

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

RECEIVED
JUL 09 2010
NEW HAMPSHIRE
DEPARTMENT OF STATE

P L E A S E P R I N T

I. Name of Lobbyist(s) Elizabeth Lochhead

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 _____

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:

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

Amount of contribution $ 100 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 $ _____

(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.

Elizabeth Lochhea — 7/9/10

(Signature of lobbyist) (Date)

ELIZABETH LOCHHEA

(Print Name of lobbyist)