

OR

STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Tyler Gouveia

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

The Professional Fire Fighters of New Hampshire

(Name of partnership	, firm or corporation)		
43 Centre St.	Concord,	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) 603-223-3304	, 603-223-3310	<sub>e-mail</sub> tyler@p	offnh.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:

## The Professional Fire Fighters of New Hampshire

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

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 Rep	xort April 27, 2022
Reports cover:	activity from date of registration to 3/31/22
	October 26, 2022 activity from 7/1/22 to 9/30/22

October 26, 2022 January 25, 2023 activity from 7/1/22 to 9/30/22 activity from 10/1/22 to 12/31/22
V. There have been no fees received and no reportable transactions made since the last report.

July 27, 2022 \_\_\_\_\_ activity from 4/1/22 to 6/3

If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, 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, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

1/24/2023

(Date)

Tyler Gouveia (Print Name of lobbyist)

	STATE OF NEW HA Lobbyists Fees and D Addendum (RSA Chapter 1	Expenses A	JAN 2 5 2023 NEW HAMPSHIRE DEPARTMENT OF ST
I. Name of Lobbyist(s) Tylei	r Gouveia		
II. Name of lobbyist's partne	rship, firm or corporation, if any:		
The Professional Fi	re Fighters of New Hampsh	ire	
(Name of partners)	hip, firm or corporation)		
III. Name of Client		Date	
to lobbying, including fees for s	fees received from the client identified above ervices such as public advocacy, governmen legislation, and related legal work. The gr	t relations, or publi	c relations services
a) Total of all fees received in th	is reporting period	<sub>a)</sub> <u>6,</u> 158.0	01
	calendar year, prior to this reporting period of all prior monthly reports for this calendar y	a) $\frac{6,158.1}{6,639.4}$ b) $\frac{6,639.4}{6,639.4}$	43
c) Total of all fees received to d (Add lines a and b)	ate	<sub>c) \$</sub> _12,797	.44
<ul> <li>d) Indicate the amount of any su yet been paid</li> </ul>	ich fees that are due, but have not	<sub>d) \$</sub> 0	

#### V. Expenses:

PLEASE

P R I N T

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

a) \$	 	
<sub>b)\$</sub> _0		
<sub>c) \$</sub> 0		

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

d)	Total expenses for this reporting period
	(Add lines a, b and c)

d) \$ 0 e) \$ 0 <sub>f) \$</sub> 0

Amount:

e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)

f) Total of all expenses year to date

#### VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:

 	\$
 	\$
 	\$
 	\$
 	S
 	S

### 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.

> 52

(Signature of lobbyist)

(Signature of lobbyist) Tyler Gouveia

(Print Name of lobbyist)

1/24/2023

(Date)



	STAT	E OF NEW HAMPS Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)	(4) 25 0000
I. Name of Lobbyist(s) Tyle	r Gouveia		
II. Name of lobbyist's part	nership, firm or co	orporation, if any:	
Professional Fire Fight			
	ership, firm or corporation		
III. Name of Client		D	ate
Political Contributions For each political contributions client/lobbyist and lobbying	on that is reportable firm, indicate the f	e pursuant to RSA Chapter 664 following:	apaid on behalf of the
Full name of candidate: S	ununu	Chris	
Full hame of candidate:	(Last Name)		Middle Name/Initial)
actual cost of the in-kind contr	l contribution, provid ibution on the line ab	Office Candidate is Seeking <u>GO</u> e a description of the goods or ser ove for amount of contribution. If	rvices provided, and enter the
If the contribution is an in-kine	l contribution, provid ibution on the line ab	e a description of the goods or ser	rvices provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th	l contribution, provid ibution on the line ab e word "estimate."	e a description of the goods or ser ove for amount of contribution. If	rvices provided, and enter the
If the contribution is an in-kine actual cost of the in-kind contr	l contribution, provid ibution on the line ab e word "estimate."	e a description of the goods or ser ove for amount of contribution. If Don	rvices provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th	l contribution, provid ibution on the line ab e word "estimate." DIduc (Last Name)	e a description of the goods or ser ove for amount of contribution. If Don (First Name) (1	rvices provided, and enter the f the actual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th 	I contribution, provid ibution on the line ab e word "estimate." DICUC (Last Name) D Contribution, provide bution on the line abo	e a description of the goods or ser ove for amount of contribution. If Don (First Name) (I	Middle Name/Initial) J.S. Senate
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th 	Contribution, provid ibution on the line ab- e word "estimate." DICUC (Last Name) Contribution, provide bution on the line ab- e word "estimate." Leavitt	e a description of the goods or ser ove for amount of contribution. If Don (First Name) (I Office Candidate is Seeking e a description of the goods or ser ove for amount of contribution. If Karoline	Middle Name/Initial) J.S. Senate
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th 	Contribution, provid ibution on the line ab- e word "estimate." DICUC (Last Name) Contribution, provide bution on the line ab- e word "estimate." Leavitt (Last Name)	e a description of the goods or ser ove for amount of contribution. If Don (First Name) (I Office Candidate is Seeking e a description of the goods or ser ove for amount of contribution. If Karoline (First Name) (I	Middle Name/Initial) J.S. Senate

(turn over to continue  $\rightarrow$ )

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	STAT	TE OF NEW HAMI Lobbyists Report of Political Contribution Addendum C (RSA Chapter 15:6)	f ns	JAN 2 5 2023 NEW HAMPSHI REPARTMENT OF S
I. Name of Lobbyist(s) Tyle	er Gouveia			
II. Name of lobbyist's part		orporation, if any:		
Professional Fire Figh	ters of New Harr	npshire		
(Name of parts	ership, firm or corporation	))		
III. Name of Client			Date	
Political Contributions For each political contribut client/lobbyist and lobbying		e pursuant to RSA Chapter 6 following:	64 paid on b	ehalf of the
Full name of candidate:	Bolduc (Last Name)	Don (First Name)	(Middle Nam	
Amount of contribution \$ 10 If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	d contribution, provid ibution on the line ab	Office Candidate is Seeking le a description of the goods or sove for amount of contribution.	services provi	ded, and enter the
If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provid ibution on the line ab	le a description of the goods or	services provi	ded, and enter the
If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provid ibution on the line ab	le a description of the goods or	services provi	ded, and enter the cost is not known,
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	d contribution, provid ribution on the line ab ne word "estimate." (Last Name)	de a description of the goods or above for amount of contribution.	services provid If the actual	ded, and enter the cost is not known, 
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t 	d contribution, provid ribution on the line ab he word "estimate." (Last Name) d contribution, provid ibution on the line ab	de a description of the goods or soove for amount of contribution.	services provi If the actual (Middle Name services provid	ded, and enter the cost is not known, 
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t 	d contribution, provid ribution on the line ab he word "estimate." (Last Name) d contribution, provid ribution on the line ab he word "estimate."	de a description of the goods or pove for amount of contribution. (First Name) Office Candidate is Seeking de a description of the goods or pove for amount of contribution.	services provid If the actual (Middle Name services provid If the actual	ded, and enter the cost is not known, 
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t 	d contribution, provid ribution on the line ab he word "estimate." (Last Name) d contribution, provid ribution on the line ab he word "estimate." (Last Name)	de a description of the goods or a pove for amount of contribution. (First Name) Office Candidate is Seeking le a description of the goods or a pove for amount of contribution. (First Name)	services provid If the actual (Middle Name services provid If the actual (Middle Name	ded, and enter the cost is not known, e/Initial) ded, and enter the cost is not known,
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t 	d contribution, provid ribution on the line ab he word "estimate." (Last Name) d contribution, provid ribution on the line ab he word "estimate." (Last Name)	de a description of the goods or pove for amount of contribution. (First Name) Office Candidate is Seeking de a description of the goods or pove for amount of contribution.	services provid If the actual (Middle Name services provid If the actual (Middle Name	ded, and enter the cost is not known, 

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.

(Signature of lobbyist) \_\_\_\_

1/24/2023

(Date)

Tyler Gouveia (Print Name of lobbyist)



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

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:

JAN 2 5 2023 NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

Name of Lobbying partnership, firm, or corporation: \_ The Professional Fire Fighters of NH

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):

April 27, 2022	July 27, 2022	October 26, 2022	January 25, 2023	$\checkmark$
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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). X

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.

1/24/2023

(Date)

ignature of lobbyist)

Tyler Gouveia

(Print Name of lobbyist)