

## STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s) Frank Guinta		<u> 101</u>	EPARTMENT OF
II. Name of lobbyist's partnership, firm or corpo ML Strategies, LLC	oration, if any:		
(Name of partnership, firm or corpora	ation)		
555 12th Street NW S	Suite 1100	Washington DC	20004
Business Address: (Street) (T	'own/City)	(State)	(Zip Code)
( ) 202-434-7300 ( ) 20	)2-434-7400 (Fax)	e-mailemail	gies.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file sep reportable expense transactions which are not at	parate reports for each	h client, OR you may file a s e client).	eparate report for
All reportable transactions occurring in the mon	oths prior to the report	ing date relative to the following	ng client:
Protocall Services, Inc.			
(Full Name of Client as it appe	ears on the Lobbyist Reg	istration Form)	
OR			
All reportable transactions by the lobbyist (include unrelated to any particular client.	ding the lobbyist's fan	nily), or the lobbying firm liste	d below which are
IV. Date of Report April 30, 2025		July 30, 2025	
Reports cover: activity from date of registration to 3/31		from 4/1/25 to 6/30/25	
October 29, 2025 <b>2</b> activity from 7/1/25 to 9/30/25		mary 28, 2026 om 10/1/25 to 12/31/25	
V. There have been no fees received and no so If this box is checked, complete just this form and so State House, Room 204, Concord, NH 03301.	reportable transac	tions made since the last r	
VI. Check if additional reports are attached:			
If you have received fees or made expenditures	, you must file Adden	dum A- Fees and Expenses	
If you have paid an honorarium or reimbursed e Expense Reimbursement	expenses, you must fil	e Addendum B- Report of Ho	onorariums or
If you, your firm, or your family has made polit	tical contributions, yo	u must file Addendum C- Pol	litical Contributions
			•
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA and complete to the best of my knowledge and belief	A 664 and hereby swe	ar or affirm that the foregoing	information is true
tal Maint		10/28/2025	
(Signature of lobbyist)	<del>-</del>	(Date)	
Frank Guinta			
(Print Name of lobbyist)		95	

## 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:

Name of Lobbying partnership, firm, or	corporation: ML Strategies, LLC
Name of Client (leave blank if Statemen	at is for the partnership, firm, or corporation and not related to any
particular client): Protocall Services, Inc	
Date of Report (check one):	
April 30, 2025	□ October 29, 2025 ☑ January 28, 2026 □
I Land and I Down to Down to Down to	
the following Addendums submitted wis submitted):	664, the Statement of Income and Expenses described above, and ith that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
	e #I
I hereby swear or affirm that the foregoi complete to the best of my knowledge are	ng information on the Statement and each Addendum is true and he belief.
1 ml your	10/28/2025
(Signature of lobbyist)	(Date)
E p	*
Frank Guinta	
(Print Name of lobbyist)	