STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses RECEIVED for LOBBYISTS

(RSA Chapter 15)

JUL 18 2017

PLEASE PRINT

| | · | 4 | | NEW HAMPSHIRE |
|---|--|---|--------------------------------------|--|
| I. Name of Lobbyist(| s) (SREGORY | MODRE | | DEPARTMENT OF STATE |
| | , | 7 7100.00 | | The state of the s |
| II. Name of lobbyist' | s partnership, firm or cor | | } | |
| AMERICAN | US FOR TRUS | PERITY- NE | O HAMP | SHIRE |
| (Nau | ne of partnership, firm or corpe | oration) | | |
| 340 CRAN | 150 ST #201 | MANCHESTER (TOWN/City) | $\mathcal{N}H$ | (Zip Code) |
| Business Address: (St | reet) | (Town/City) | (State) | (Zip Code) |
| (603) <u>303-97</u> (Telephone) | <u>97 </u> | (Fax) | e-mail <u>GM00</u> | RECE AFPHO. o.R.b |
| | | | | ay file a separate report for |
| reportable expense to | ransactions which are not | attributable to any one o | lient). | |
| P All reportable tran | sactions occurring in the me | onthe prior to the reporting | r date relative to t | he following client |
| 2 Am reportative man | | | | |
| -IMERICA | INS FOR 1 RO | SPERITY - Me pears on the Lobbyrst Regist | ow Wang | os a ine |
| OP | (Full Name of Chent as it ap | pears on the Lobbyist Regist | ration Form) | |
| OR | sections by the labbuist (inc | luding the lobbrist's fami | ly) or the lobbying | ng firm listed below which are |
| unrelated to any partic | | treme are roosylat a tarm | , , or ale 1000y ii | ig IIII iisiou odo ii iiisaii iiio |
| | | | | / |
| IV. Date of Report | April 26, 2017 🛚 | Jul | y 26, 2017 🗹 | |
| Reports cover: activ | lty from dute of registration to | 3/31/17 activity fro | om 4/1/17 to 6/30/1 | 7 |
| | October 25, 2017 🗆 | | uary 31, 2018 🗌 | |
| | activity from 7/1/17 to 9/30/17 | 7 activity fr | om 10/1/17 to 12/3 | 1/17 |
| V. There have been If this box is checked, Concord, NH 03301. | no fees received and ne complete just this form and | o reportable transaction submit it to the Secretary | ons made since of State's Office, | the last report. State House, Room 204, |
| VI. Check if addition | al reports are attached: | | | |
| If you have receiv | red fees or made expenditure | es, you must file Addend i | ım A– Fees and I | Expenses |
| ☐ If you have paid a Expense Reimburseme | n honorarium or reimbursed ent | d expenses, you must file | Addendum B-R | eport of Honoraniums or |
| - | | litical contributions, you r | nust file Addend | um C- Political Contributions |
| I have read RSA 15, R and complete to the be | est of my knowledge and be | | or affirm that the | foregoing information is true |
| (Signatural of Taxing | pare | | 7/17/2 | 10) |
| (Signature of logibyist | η - Δ λ | | / / (1) | suc.) |
| GROGURY | MOORE | _ | | |
| Print Name of Johnvi | iet) | | | |

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

RECEIVED

(RSA Chapter 15:6)

JUL 18 2017

| NEW HAMPSHIRE DEPARTMENT OF STA |
|--|
| 4. |
| HAMPSHIRE |
| Date 7/14/2017 |
| Date 7///2017 |
| e that are related, directly or indirectly, t relations, or public relations services oss fee amount reported shall not be |
| a) \$ 14,684.44 |
| b) \$ 10, 646.59 (ear) |
| 0)\$ 25,331.03 |
| d) \$ |
| port all expenses made from lobbying client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all older meals purchased during a business ess than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, s, expense reimbursement, or political ted on Addendum A. |
| a) \$ |
| b)s 163.91 c)s 384.89 |
| os 384.89 |
| |

| d) Total expenses for this reporting period | d) \$ 344. 80 |
|--|-----------------------------------|
| (Add lines a, b and c) | |
| 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) | e)\$ <u>370.14</u> |
| (11) Should be the amount on time (of addendard A for last month s report) | 9,0 00 |
| f) Total of all expenses year to date | ns 918.94 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. | bbying fees during this reporting |
| Paid to: | Amount: |
| PIZZA 911 (FREEDOM CAUCUS CATEGIAS) | s 170- |
| PIZZA 911 (FREEDOM CAUCUS CATORINA |)s 92.42 |
| SAMIS CLUB (FROKDOM CAKUS AFTERNO | 78.04 |
| SAM'S CLUB (FROSDOM CAUCIS CATORINA |) \$ 44.43 |
| | \$ |
| | \$ |
| | |
| | |
| | ······ |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. | that the foregoing information |
| d M | 7/1/2/2 |
| (Signature of lobbyist) | 7//7/co/7 |
| Car M | (2)(2) |
| $\bigcirc \mathcal{N} = \emptyset + A (2 \mathcal{M} - \mathcal{M}) / A = \emptyset = \emptyset$ | |

(Print Name of lobbyist)

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NEW HAMPSHIRE DEPARTMENT OF STATE