

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 24 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Thomas F. Irwii	n 			
II. Name of lobbyist's partnership, firm or co	rporation, if any:			(25)
Conservation Law Foundation,	Inc.			
(Name of partnership, firm or cor	poration)	***	- 10	98
27 North Main Street	Concord	NH		03301
Business Address: (Street)	(Town/City)	(State)		(Zip Code)
603 225-3060	•	ு _{e-mail} tirwi	in@clf.org	
(Telephone)	(Fax)			
III. This statement covers: (Choose one – file reportable expense transactions which are no All reportable transactions occurring in the n	t attributable to a	ny one client).		
Conservation Law Foundation,	Inc.			20
(Full Name of Client as it a		ist Registration Form)		
OR		,		
All reportable transactions by the lobbyist (in unrelated to any particular client. IV. Date of Report April 24, 2024 Reports cover: activity from date of registration to October 30, 2024 activity from 7/1/24 to 9/30/24 V. There have been no fees received and If this box is checked, complete just this form and	3/31/24 act no reportable tra	July 31, 2024 [activity from 4/1/24 to 6 January 29, 2025 ivity from 10/1/24 to 12/	730/24 731/24 nce the last re	eport.
State House, Room 204, Concord, NH 03301.	a suomii ii io ine 5	ecretary of state's Off	ice, 107 North	wam sireei,
VI. Check if additional reports are attached: If you have received fees or made expenditu If you have paid an honorarium or reimburse Expense Reimbursement	-			norariums or
If you, your firm, or your family has made p	olitical contributio	ns, you must file Add	endum C– Pol	itical Contribution:
99	£0.	5	22	**
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and I and complete to the byst of my knowledge and b		by swear or affirm that	the foregoing	information is true
Thom F. L		1/10/25	3)	
(Signature of lobbyist)			(Date)	
Thomas F. Irwin				
(Print Name of Johnvist)				



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Thomas F. Irwin	
II. Name of lobbyist's partnership, firm or corporation, if any: Conservation Law Foundation, Inc.	**
(Name of partnership, firm or corporation)	
III. Name of Client Conservation Law Foundation, Inc.	Date 1/10/25
#1 #1	激
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ N/A
2 2	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ele: meals purchased during a business as than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political
8	**
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ N/A
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$ N/A b) \$ N/A c) \$ N/A
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ N/A

		5 (2)	P *
*1		·	
* *			
d) Total auroneses for this reporting paried	i	d) \$ N/A	8
 d) Total expenses for this reporting period (Add lines a, b and c) 	ø [©] #	d) 3	
		e) \$ N/A	
 e) Total of expenses paid this calendar year (This should be the amount on line f of ac 			====
tins should be the amount on the For ac	adendum A tot last month s report	, s N/A	
f) Total of all expenses year to date	e.	f) \$ 14/74	
VI. Other Expenses:			
Provide the following detail for all expend		n lobbying fees during this repor	ting
period, including by whom paid or to who	m charged.		
Paid to:		Amount:	
N/A	€.	s N/A	
		\$	_
	17	\$	
	88	c .	
		\$	_
4	#F	\$	_
		\$	
		\$	_
*	. 15	\$ \$	_
*	AS	\$ \$	_
*		\$· \$	
		\$	1000
*			
Sworn Statement/Affirmation by Lo			
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B and RS	bbyist SA 664 and hereby swear or aff		
Sworn Statement/Affirmation by Lo	bbyist SA 664 and hereby swear or aff		
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B and RS is true and complete to the best of my l	bbyist SA 664 and hereby swear or aff	irm that the foregoing inform	
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Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B and RS is true and complete to the best of my lo Thom 7, (Signature of lobbyist)	bbyist SA 664 and hereby swear or aff knowledge and belief.	irm that the foregoing inform	
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B and RS is true and complete to the best of my I (Signature of lobbyist) Thomas F. Irwin	bbyist SA 664 and hereby swear or after the second	irm that the foregoing inform	
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B and RS is true and complete to the best of my lo Thom 7, (Signature of lobbyist)	bbyist SA 664 and hereby swear or after the second	Tirm that the foregoing inform 1/10/25 (Date)	nation
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Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B and RS is true and complete to the best of my I (Signature of lobbyist) Thomas F. Irwin (Print Name of lobbyist)	bbyist SA 664 and hereby swear or after the second	Tirm that the foregoing inform 1/10/25 (Date)	nation

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Th	nomas F. Irwin		<u> </u>	
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	. *	
Conservation Law Fo	oundation, Inc.			
(Name of pa	rtnership, firm or corporation)		,	
III. Name of Client Cons	servation Law Found	dation, Inc.	Date 1/10/25	
Political Contributions For each political contrib	ution that is reportable	oursuant to RSA Cha	pter 664 paid on behalf of the	
client/lobbyist and lobbyi				
	Onein			
Full name of candidate:	Craig	Joyce (First Name)	(Middle Name/Initial)	
-	(Last Name)		·	
Amount of contribution \$ 5	O (personal contribution)	ffice Candidate is Seek	ing Governor	
	1			88
		\$F	E-	#
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _		Office Candidate is Se	eking	
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ind contribution, provide	a description of the goo		
¥	ntribution on the line above the word "estimate."	ve for amount of contrib	oution. If the actual cost is not kn	r the own,
ăe	ntribution on the line above the word "estimate."	e for amount of contrib	oution. If the actual cost is not kn	r the own,
ä	ntribution on the line above the word "estimate."	e for amount of contrib	oution. If the actual cost is not kn	r the own,
Full name of candidate:	ntribution on the line above the word "estimate."	e for amount of contrib	oution. If the actual cost is not kn	r the own,
¥2	ntribution on the line above the word "estimate." (Last Name)	(First Name)	oution. If the actual cost is not kn	r the own,

actual o	ontribution is an in-kind co ost of the in-kind contribut estimated value and the w	tion on the line abov	ve for amount of c	contribution. If the ac	tual cost is not known,	,
		93		e.	20	
				3 98	***	
	1 1 2	made report addition	nal contributions on	separate addendum C fo	neme)	
Sworn	Statement/Affirmation	n by Lobbyist		*		
Sworn I have is true	Statement/Affirmation read RSA 15, RSA 15-B and complete to the best	n by Lobbyist 3 and RSA 664 an	nd hereby swear	or affirm that the for	regoing information	-
Sworn I have is true	Statement/Affirmation	n by Lobbyist 3 and RSA 664 an	nd hereby swear	or affirm that the for		-
Sworn I have is true (Signation Thom	Statement/Affirmation read RSA 15, RSA 15-B and complete to the best	n by Lobbyist 3 and RSA 664 an	nd hereby swear	or affirm that the for	regoing information	-

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