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STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAY 09 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s)	Jenn M	yers		DEPARTMENT OF STA
II. Name of lobbyist's p	artnership, firm o	r corporation, if any	/:	
The Profession	onal Fre	Fighter 0	f New Hamps	<u>hire</u>
43 Centre Business Address: (Street	St. Conc	(Town/City)	03301 (State)	(Zip Code)
(Telephone)	14 (4	多 <u>223-3310</u> (Fax)	e-mail <u>jenn</u> (pffnh.org
III. This statement covereportable expense tran			for each client, OR you ma	y file a separate report for
All reportable transac	ctions occurring in t	he months prior to th	e reporting date relative to th	e following client:
The Profession	Soul Fre	Fighters of the Lob	f New Hampsni oyist Registration Form)	ire
<u>OR</u>	tions by the lobbyis	-	vist's family), or the lobbying	g firm listed below which are
Reports cover: activity	April 26, 2017 from date of registra October 25, 2017 tivity from 7/1/17 to 9	tion to 3/31/17 _	July 26, 2017 activity from 4/1/17 to 6/30/17 January 31, 2018 activity from 10/1/17 to 12/31/	
			ransactions made since the Secretary of State's Office, S	
VI. Check if additional	reports are attach	ed:		
	-	-	e Addendum A– Fees and E	-
☐ If you have paid an h Expense Reimbursement		oursed expenses, you	must file Addendum B- Re	port of Honorariums or
-		de political contribut	ions, you must file Addendu	m C-Political Contributions
Sworn Statement/Affirm 1 have read RSA 15, RSA and complete to the best	A 15-B, RSA 14-C	and RSA 664 and her	eby swear or affirm that the f	foregoing information is true
Signature of lobbyist			U4 [24] 11 (Dat	te)
(Print Name of lobbyist))			