## STATE OF NEW HAMPSHIRE

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

**RECEIVED** 

PLEASE PRINT

OCT 25 2017

|  | _  | ,                     |   | 00, 202011                       |
|--|--|-----------------------|---|----------------------------------|
| I. Name of Lobbyist(s)   | Michael                                    | Stibble               |   | NEW HAMPSHIRE                    |
| II. Name of lobbyist's part  | mershin firm or co                         | rnoration if any:     |   | <b>DEPARTMENT OF STATE</b>       |
|  |  |                       | A LL  |                                  |
| Disabilita<br>(Name of p   | 1 L.(1)                                    | (en)4er-              | (1T)  |                                  |
| tall 11 M. s. S.   | arthership, firm or corp                   | C on a l              | 011   | , 20, 1                          |
| <u>by W.Man St</u> ,<br>Business Address: (Street)   | <u> </u>                                   | CONCORD               | 1)#   | 0 3 3 0 1                        |
| Business Address: (Street)   | ; h)                                       | (Town/City)           | (State)   | (Zip Code)                       |
| (005) <u>228-095</u><br>(Telephone)  | <del>1</del> (1013)                        | 735-30"<br>(Fax)      | 77 e-mail M.W                                     | (Zip Code) Ces Parchhorg         |
|  | (Choose one - file s                       | separate reports fo   | or each client, OR you                            | may file a separate report for   |
| ,  |  |                       |   |                                  |
| All reportable transaction   | ns occurring in the n                      | nonths prior to the i | eporting date relative to                         | the following client:            |
|  |  |                       |   |                                  |
| (Full  | Name of Client as it a                     | ppears on the Lobbyi  | st Registration Form)                             |                                  |
| <u>OR</u>  |  | <b>,</b>              | ,   |                                  |
| All reportable transaction unrelated to any particular cl  |  | cluding the lobbyis   | t's family), or the lobby                         | ing firm listed below which are  |
| Reports cover: activity from   | il 26, 2017<br>n date of registration i    | to 3/31/17 a          | July 26, 2017<br>ctivity from 4/1/17 to 6/30      | /17                              |
|  | ober 25, 2017 🔀<br>v from 7/1/17 to 9/30/1 | '7 a                  | January 31, 2018 [<br>activity from 10/1/17 to 12 |                                  |
| V. There have been no fe<br>If this box is checked, comple<br>Concord, NH 03301.                           |  |                       |   |                                  |
| VI. Check if additional rep  | orts are attached:                         |                       |   |                                  |
| If you have received fee   | s or made expenditu                        | res, you must file A  | ddendum A– Fees and                               | Expenses                         |
| If you have paid an hone<br>Expense Reimbursement  | orarium or reimburse                       | ed expenses, you m    | ust file Addendum B -                             | Report of Honorariums or         |
| If you, your firm, or you  | r family has made p                        | olitical contribution | ns, you must file Adden                           | dum C- Political Contributions   |
| Sworn Statement/Affirmat: I have read RSA 15, RSA 15 and complete to the best of n (Signature of lobbyist) | -B, RSA 14-C and F                         |                       | y swear or affirm that th                         | ne foregoing information is true |
| (Print Name of Johnvist)   | 11111                                      |                       |   |                                  |