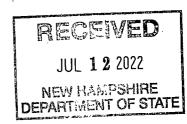


### STATE OF NEW HAMPSHIRE

### 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s) Jill L. Rickard	
II. Name of lobbyist's partnership, firm or corporation,	if any:
American Council of Life Insurers	
(Name of partnership, firm or corporation	)
101 Constitution Ave. NW Ste 700 Washington	DC 20001-2133
Business Address: (Street) (Town/City)	(State) (Zip Code)
(202) 624-2046 ( ) email jillric (Telephone) (Fax)	ckard@acli.com
III. This statement covers: (Choose one – file separate rereportable expense transactions which are not attributal	eports for each client, OR you may file a separate report for ble to any one client).
	or to the reporting date relative to the following client:
American Council of Life Insurers	
<u>OR</u>	ears on the Lobbyist Registration Form) he lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 27, 2022  Reports cover: activity from date of registration to 3/31/2 October 26, 2022  activity from 7/1/22 to 9/30/22	July 27, 2022 ⊠  2 activity from 4/1/22 to 6/30/22  January 25, 2022 □  activity from 10/1/22 to 12/31/22
V. There have been no fees received and no reportable to If this box is checked, complete just this form and submit it a Concord, NH 03301.	
Expense Reimbursement	ou must file Addendum A—Fees and Expenses penses, you must file Addendum B—Report of Honorariums or al contributions, you must file Addendum C—Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby switche best of my knowledge and belief.	wear or affirm that the foregoing information is true and complete to
///	July 27, 2022
(Signature of lobbyist)	(Date)
Jill L. Rickard	•
(Print Name of Johnvist)	





# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

			•				
P	I. N	lame of Lobbyist(s) Jill L. Rickard					
L E	11.	II. Name of lobbyist's partnership, firm or corporation, if any:					
A	An	American Council of Life Insurers					
S		(Name of partnership, firm or corporation)					
E	н1.	Name of Client American Council of Life Insurers	Date July 27, 2022				
P R							
l	` iV.	Fees Received	· · · · · · · · · · · · · · · · · · ·				
N T	ind	icate the gross amount of all fees received from the client identified above th uding fees for services such as public advocacy, government relations, on itoring legislation, and related legal work. The gross fee amount reported sha	or public relations services including research,				
	a)	Total of all fees received in this reporting period	a) \$ 2750				
	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	<sub>b) \$</sub> <u>2750</u> r)				
-	<b>c</b> )	Total of all fees received to date (Add lines a and b)	c) \$_5000				
	d)	Indicate the amount of any such fees that are due, but have not yet been paid	ı d) \$_0				
		·					
	Lob repo unre cate and mea give and puri give reco	Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expended to any one client a separate report may be filed for the lobbyist(s)/fiegories of expenses: (a) the aggregate total of all expenses paid during the report office expenses; (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purcent to the person being lobbied, purchase of a ceremonial object given to a person to the person being lobbied, purchase of a ceremonial object given to a person to the person being lobbied, purchase of a meal with value of greate pose not covered by (a) (for example: purchase of a meal with value of greate en to the subject of lobbying with a value greater than \$25, but not greate exption). Expenses for honorariums, expense reimbursement, or political control should not be reported on Addendum A.	ditures are made by the lobbyist(s)/firm that are rm. Expenses are to be reported in one of three porting period for salaries, benefits, support staff, expenditure was of \$25.00 or less (for example: hase of a pen with a value of less than \$10 that is son being lobbied with a value of \$25.00 or less); reporting period of greater than \$25.00 for any or than \$25, purchase of a ceremonial object to be than \$50, restaurant expenses for a legislative				
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>				
	c)	Total of all itemized expenditures reported in detail in section VI	c) \$ 0				

i.					
		•			
		•		<i>&gt;</i>	
			•		
	d) Total expenses for this reporting period		d) \$ 0	·	
	(Add lines a, b and c)	•	0	\ .	
	<ul> <li>Total of expenses paid this calendar year, prior to this (This should be the amount on line f of addendum A for</li> </ul>	reporting period or last month's report)	e) \$ <u>0</u>	<del></del>	
•	f) Total of all expenses year to date		<sub>F)\$</sub> 0		
	VI. Other Expenses: Provide the following detail for all expenditures of more the including by whom paid or to whom charged.	an \$25 made from lobb	ying fees during this reportin	ng period,	
•	Paid:		Amount:		
			\$	<del></del>	
	·	. · ·	\$	<del></del> .	
		· · · · · · · · · · · · · · · · · · ·	\$	<u> </u>	
•			\$		
		,	\$	<del></del> .	
		<del> </del>	\$		
	Sworn Statement/Affirmation by Lobbyist				
. )	I have read RSA 15, RSA 15-B and RSA 664 and hereby s	wear or affirm that the	foregoing information		
	is true and complete to the best of my knowledge and belief				
	(Signature of lobbyist)	July 2	7, 2022 (Date)	•	•
,	Jill L. Rickard				
	(Print Name of lobbyist)		÷		
	•				
					•