

STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 28 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Simon P. Thomson					
II. Name of lobbyist's partnersh	p, firm or corporation, if a	ny:			
Sheehan Phinney Capitol Gr	oup				
(Name of partner	ship, firm or corporation)				
Two Eagle Square	Canaard	NILI	02201		
Business Address: (Street)	Concord (Town/City)	NH (State)	03301 (Zip Code)		
(5000)	(10mg chy)	(otate)	(Elp Code)		
(603) 228-2370		email <u>sthomson@she</u>	eehan.com		
(Telephone)	(Fax)				
III. This statement covers: (Choo reportable expense transactionsAll reportable transactions occasions	which are not attributable	to any one client).			
711 reportable transactions oct	carring in the months prior to	die reporting date relative to die	tonowing chem.		
NH State Chiropractic Socie	ty		····		
<u>OR</u>		s on the Lobbyist Registration Fo			
Reports cover: activity from date October 2	27, 2021 \[\] \(1/\text{21 to 9/30/21} \)	July 28, 2021 activity from 4/1/21 to 6/30/2 January 26, 2022 activity from 10/1/21 to 12/3 sactions made since the last rep	1/21		
If this box is checked, complete jus Concord, NH 03301.	t this form and submit it to th	ne Secretary of State's Office, Sta	nte House, Room 204,		
If you have paid an hono Expense Reimbursement	or made expenditures, you r rarium or reimbursed expens	must file Addendum A – Fees an ies, you must file Addendum B - ontributions, you must file Adde			
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belie	I RSA 664 and hereby swear of.	or affirm that the foregoing info	ormation is true and complete to		
Simon? Chause		April 28, 2021			
(Signature of lobbyist)		(Date))		
Simon P. Thomson (Print Name of lobbyist)					



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

P L		Name of Lobbyist(s) Simon P. Thomson				
Ξ	11.	I. Name of lobbyist's partnership, firm or corporation, if any:				
\	St	Sheehan Phinney Capitol Group				
5		(Name of partnership, firm or corporation)				
)	III.	Name of Client NH State Chiropractic Society	Date <u>April 28, 2021</u>			
₹						
Ν Γ	Ind inc	IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying including fees for services such as public advocacy, government relations, or public relations services including research monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:				
	a)	Total of all fees received in this reporting period	a) \$ 4,000.00			
	b) Total of all fees received this calendar year, prior to this reporting period b) \$ 0.00 (This should equal the total of all prior monthly reports for this calendar year)					
	c)	Total of all fees received to date (Add lines a and b)	c) \$ 4,000.00			
	d)	Indicate the amount of any such fees that are due, but have not yet been paid	1 d) \$			
	Lot repount cate and mea give less any to be 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 experelated to any one client a separate report may be filed for the lobbyist(s)/figories of expenses: (a) the aggregate total of all expenses paid during the reploffice 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 (a); and (c) an itemized statement of each individual expenditure made during the purpose not covered by (a) (for example: purchase of a meal with value of going eigen to the subject of lobbying with a value greater than \$25, but not great eption). Expenses for honorariums, expense reimbursement, or political contractions are required to a political contraction.	ditures are made by the lobbyist(s)/firm that are rm. Expenses are to be reported in one of three forting 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 person being lobbied with a value of \$25.00 or this reporting period of greater than \$25.00 for greater than \$25, purchase of a ceremonial object ter 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) \$ <u>5,953.00</u>			
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
	c)	Total of all itemized expenditures reported in detail in section VI.	c) \$			

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>5,953.00</u>			
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>0.00</u>			
f)	Total of all expenses year to date	F) \$ <u>5,953.00</u>			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.					
Paic	:	Amount:			
_		\$			
		\$			
_		\$			
	· · · · · · · · · · · · · · · · · · ·	\$			
		\$			
		\$			
Swo	rn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.					
للح	man P. Chausen April 28, 2021				
•	nature of lobbyist)	(Date)			
	nt Name of lobbyist)				

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