STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

NEW HAMPSHIRE

(603) 918-7096 ()	l. Name of Lobbyist(s)	Kelley Gossett			DEPARTMENT
(Name of partnership, firm or corporation) 255 Commonwealth Avenue Boston MA 02116 Business Address: (Street) (Town/City) (State) (Zip Code) (603) 918-7096 ()	II. Name of lobbyist's	partnership, firm or co	rporation, if an	y:	
Boston MA 02116 Business Address: (Street) (Town/City) (State) (Zip Code) (603) 918-7096 () e-mail kelleyg@uber.com (Felphone) (Fax) (III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate reportable expense transactions which are not attributable to any one client). (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below was interested to any particular client. (IV. Date of Report April 26, 2017 January 31, 2018 activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17 October 25, 2017 January 31, 2018 activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/31/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 2 Concord, NH 03301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums expense Reimbursement	Uber Technologie	es, Inc.			
Composition	(Name	of partnership, firm or cor	poration)		
(603) 918-7096 ()	255 Commonweal	th Avenue	Boston	MA	02116
(Telephone) (Fax) III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Uber Technologies, Inc. (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below warrelated to any particular client. IV. Date of Report April 26, 2017 Cottober 25, 2017 January 31, 2018 activity from 4/1/17 to 6/30/17 October 25, 2017 January 31, 2018 activity from 7/1/17 to 9/30/17 Activity from 10/1/17 to 12/31/17 VI. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State 's Office, State House, Room 2 Concord, NH 03301. VI. Check if additional reports are attached: If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums Expense Reimbursement	Business Address: (Stree	et)	(Town/City)	(State)	(Zip Code)
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	have read RSA 15, RS	A 15-B, RSA 14-C and		reby swear or affirm that the	foregoing information
Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information and complete to the best of my knowledge and belief	In I I I a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VVI.	4112/21	011
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