



STATE OF NEW HAMPSHIRE
2015 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Amy B. Messer

II. Name of lobbyist's partnership, firm or corporation, if any:

Disability Rights Center - NH
 (Name of partnership, firm or corporation)

64 N. Main Street, Suite 2 Concord NH 03301
 Business Address: (Street) (Town/City) (State) (Zip Code)

(603 228-0432 (Telephone) (603 225-2077 (Fax) e-mail _____)

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for 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:

 (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 which are unrelated to any particular client.

IV. Date of Report April 29, 2015 July 29, 2015
 Reports cover: activity from date of registration to 3/31/15 activity from 4/1/15 to 6/30/15
 October 28, 2015 January 27, 2016
 activity from 7/1/15 to 9/30/15 activity from 10/1/15 to 12/31/15

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 204, Concord, NH 03301.

VI. Check if additional reports are attached:
 If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses
 If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**– Report of Honorariums or Expense Reimbursement
 If you, your firm, or your family has made political 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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Amy B. Messer
 (Signature of lobbyist)

10/23/2015
 (Date)

Amy B. Messer
 (Print Name of lobbyist)

RECEIVED
OCT 28 2015
 NEW HAMPSHIRE
 DEPARTMENT OF STATE

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

Use this form to swear or affirm the truth and completeness of
Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Amy B. Messer, DRC-NH

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): _____

Date of Report (check one):

April 29, 2015 July 29, 2015 October 28, 2015 January 27, 2016

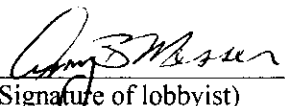
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ Addendum A(s).

_____ Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

10/23/2015
(Date)

Amy B. Messer
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Amy B. Messer

L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A

S Disability Rights Center - NH

E

(Name of partnership, firm or corporation)

P III. Name of Client Date

R

I Political Contributions

N

T

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Democratic Senatorial Campaign Committee (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 50.00 Office Candidate is Seeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: NH Democratic Party Victory Funds (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 50.00 Office Candidate is Seeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)


Amount of contribution \$ Office Candidate is Seeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

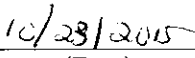
(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn 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.



(Signature of lobbyist)



(Date)

Amy B. Messer

(Print Name of lobbyist)