



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

**RECEIVED**  
**JUL 30 2015**  
**NEW HAMPSHIRE**  
**DEPARTMENT OF STATE**

PLEASE PRINT

**I. Name of Lobbyist(s)** Richard Cohen

**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 ( 603 ) 225-2077 e-mail \_\_\_\_\_  
 (Telephone) (Fax)

**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.

(Signature of lobbyist)

7/29/15  
 (Date)

Richard Cohen  
 (Print Name of lobbyist)

*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: DRC-NH, Richard Cohen

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

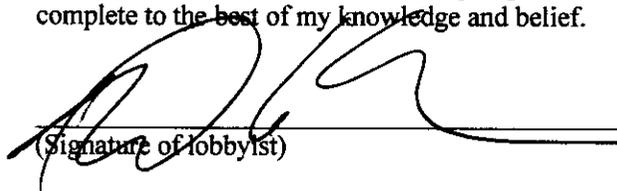
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and  
the following Addendums submitted with that Statement (insert the number of Addendum forms being  
submitted):

\_\_\_\_\_ 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)

\_\_\_\_\_  
(Date)

Richard Cohen

(Print Name of lobbyist)