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OCT 23 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

ALL OF A		STATE OF NEW HAMPSHIRE
		2017 Statement of Income and Expense
		for LOBBYISTS
		(RSA Chapter 15)
	PLEASE PRINT	

I. Name of Lobbyist(s)			
II. Name of lobbyist's partnership, firm or	corporation, if any:		
Primmer Piper Eggleston & Cramer Po	5		
(Name of partnership, firm or	corporation)		
900 Elm Street, 19th Floor, PO Box 3600) Mancheste	r NH	03105-3600
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
	3) 626-0997	e-mail pphillips	@primmer.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one - f reportable expense transactions which are			nay file a separate report for
☐ All reportable transactions occurring in the	ne months prior to the	reporting date relative to t	he following client:
(Full Name of Client as	it appears on the Lobby	ist Registration Form)	
OR △ All reportable transactions by the lobbyist unrelated to any particular client.	(including the lobbyi	st's family), or the lobbyir	ng firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration	ion to 3/31/17	July 26, 2017 []	7
October 25, 2017 Activity from 7/1/17 to 9/		January 31, 2018 [] activity from 10/1/17 to 12/3	1/17
V. There have been no fees received an If this box is checked, complete just this form Concord, NH 03301.			
VI. Check if additional reports are attache	d:		
☐ If you have received fees or made expend		Addendum A- Fees and I	Expenses
☐ If you have paid an honorarium or reimbe Expense Reimbursement	ursed expenses, you n	nust file Addendum B – R	eport of Honorariums or
If you, your firm, or your family has mad	le political contributio	ns, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C at any complete to the best of my knowledge an	nd RSA 664 and here	by swear or affirm that the	foregoing information is true
touth:		10/18/2017	
(Signature of lobbyist)		(Da	ate)
Paul J. Phillips			
(Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE

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

II. Name of lobbyist's par	tnership, firm or cor	poration, if any:		
Primmer Piper Egglesto	• '	,		
	tnership, firm or corporation)			
(Name of pan	inership, firm or corporation)			
III. Name of Client		Date 7/3/2017		
Political Contributions		DC + 61		
client/lobbyist and lobbying			ter 664 paid on behalf of the	
cheminophysist and robbyin	ig min, indicate the to	nowing.		
		ستوي هي در پ اور داده دست پودسورد در		
Full name of candidate:	Adjutant	Joshua		
	(Last Name)	(First Name)	(Middle Name Initial)	
	50 00	000 . 0 . 1/1 4 .	State Representative	
Amount of contribution \$		Office Candidate i	s Seeking State Representative	
enter an estimated value and	the word "estimate."			
enter an estimated value and	the word "estimate."			
enter an estimated value and	the word "estimate."			
enter an estimated value and Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
enter an estimated value and Full name of candidate:	(Last Name)	(First Name)		
Full name of candidate: Amount of contribution \$	(Last Name) nd contribution, provide tribution on the line abo	(First Name)Office Candidate is a description of the good	(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$	(Last Name) nd contribution, provide tribution on the line abo	(First Name)Office Candidate is a description of the good	(Middle Name/Initial) Seeking ds or services provided, and enter the	
Full name of candidate: Amount of contribution \$	(Last Name) nd contribution, provide tribution on the line abo	(First Name)Office Candidate is a description of the good	(Middle Name/Initial) Seeking ds or services provided, and enter th	
Full name of candidate: Amount of contribution \$	(Last Name) nd contribution, provide tribution on the line abothe word "estimate."	(First Name)Office Candidate is a description of the good we for amount of contribu	(Middle Name/Initial) s Seeking ds or services provided, and enter thation. If the actual cost is not known	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind con enter an estimated value and	(Last Name) nd contribution, provide tribution on the line abo	(First Name)Office Candidate is a description of the good	(Middle Name/Initial) Seeking ds or services provided, and enter th	

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribu	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and beli	
Paul Par	10/18/2017
(Signature of lobbyist)	(Date)
Paul J. Phillips	
(Print Name of lobbyist)	