

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Ember Rosenberg			
II. Name of lobbyist's partnership, firm or corporatio	on, if any:		
(Name of partnership, firm or corporation)			
1001 G Street, NW, Suite 950 Was	shington	DC	20001
Business Address: (Street) (Town/C	City)	(State)	(Zip Code)
(202) 661-4400 ()		e-mail _ember_brillha	art@hna.honda.com
(Telephone)	(Fax)		,
III. This statement covers: (Choose one – file separate reportable expense transactions which are not attribu			y file a separate report for
All reportable transactions occurring in the months p	rior to the repor	ting date relative to the	following client:
Honda North America, Inc.	·		·
(Full Name of Client as it appears or	the Lobbyist Re	egistration Form)	
OR	r die Boodyist Re	gistration I offin	
All reportable transactions by the lobbyist (including unrelated to any particular client.	the lobbyist's fa	amily), or the lobbying	firm listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18	8 activit	July 25, 2018	
October 31, 2018	activi	January 30, 2019 ty from 10/1/18 to 12/31/1	18
V. There have been no fees received and no repoint this box is checked, complete just this form and submit Concord, NH 03301.			
VI. Check if additional reports are attached:			
☐ If you have received fees or made expenditures, you	must file Adde	endum A– Fees and Ex	penses
☐ If you have paid an honorarium or reimbursed expen Expense Reimbursement			-
☐ If you, your firm, or your family has made political of	contributions, ye	ou must file Addendur	n C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and complete to the best of my knowledge and belief.	l and hereby sw		pregoing information is true
Enlea Passer		(0/16/18	
(Signature of lobbyist)		(Date	
Ember Rosenberg		į.	RECEIVED
(Print Name of lobbyist)			1 / 100
			OCT 17 2018
			NEW HAMPSHIRE DEPARTMENT OF STATE
			DEPARTMENT OF STATE