

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Tracie Sullivan				
II. Name of lobby	ist's partnership, firm or corp	oration, if any:		
	Name of partnership, firm or corpor	ration)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Business Address:	(Street) (T	Town/City)	(State)	(Zip Code)
()	ne)		e-mail	
(Telephor	ne)	(Fax)	e-mail	
reportable expens	t covers: (Choose one – file sep te transactions which are not a transactions occurring in the mon	ttributable to an	y one client).	•
New Futures				Č
	(Full Name of Client as it app	ears on the Lobbyis	t Registration Form)	
OR ☐ All reportable to unrelated to any pa	ransactions by the lobbyist (inclu rticular client.	uding the lobbyist	's family), or the lobbying	firm listed below which are
	t April 26, 2017	3/31/17 ac	July 26, 2017 [.] activity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to 9/30/17	a	January 31, 2018 Civity from 10/1/17 to 12/31/	17
	een no fees received and no ed, complete just this form and so			
VI. Check if addit	tional reports are attached:			
☐ If you have red	ceived fees or made expenditures	s, you must file A	ddendum A– Fees and Ex	penses
☐ If you have pa Expense Reimburs	id an honorarium or reimbursed ement	expenses, you mu	st file Addendum B – Rep	ort of Honorariums or
☐ If you, your fir	m, or your family has made poli	itical contribution	s, you must file Addendun	n C- Political Contributions
I have read RSA 13 and complete to the (Signature of lobb)	Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C and RS. c best of my knowledge and believes yist)		swear or affirm that the following $\frac{10 30 17}{0}$	oregoing information is true
Tracie Sullivan (Prin: Name of lob	obyist)			<u>.</u>