STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAM 2 S 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	st(s) EDDZE	EDWAND 5		DEPARTMEN	OFSIAIE
II. Name of lobbyis	st's partnership, firm or co	rporation, if any:			
	EDTE EDIN lame of partnership, firm or con	•	LTING		
	Frees DR			03820	
(GU) (Telephone	765 5 ()_	(Fax)	e-mail ePourt	ods Coasy Limb &	
III. This statement reportable expense	covers: (Choose one – file s transactions which are not	separate reports for eac attributable to any on	ch client, OR you ma e client).	y file a separate report for	WW
All reportable tra	ansactions occurring in the n	,		-	
OR	(Full Name of Client as it a	TNG VFNYY ppears on the Lobbyist Reg	かい pistration Form)		
	nsactions by the lobbyist (includer client.	cluding the lobbyist's fac	mily), or the lobbying	firm listed below which are	:
IV. Date of Report Reports cover: act	April 27, 2016 == tivity from date of registration t		luly 27, 2016		
	October 27, 2016 activity from 7/1/16 to 9/30/1		anuary 25, 2017 from 10/1/16 to 12/31/1	6	
V. There have bee If this box is checked Concord, NH 03301.	en no fees received and n l, complete just this form and	to reportable transact I submit it to the Secretai	tions made since th ry of State's Office, Sta	e last report. the House, Room 204,	
VI. Check if addition	nal reports are attached:				
	ived fees or made expenditur				
If you have paid Expense Reimbursen	an honorarium or reimburse nent	d expenses, you must fil-	e Addendum B- Rep	ort of Honorariums or	
•	ı, or your family has made po	olitical contributions, you	u must file Addendun	C- Political Contributions	;
I have read RSA 15,	ffirmation by Lobbyist RSA 15-B, RSA 14-C and R pest of my knowledge and be		ar or affirm that the fo		
(Print Name of lobby	STUMMOS (