# STATE OF NEW HAMPSHIRE

### 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**RECEIVED** 

OCT 3 0 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Frank Guints			DEPARTMENT O
II. Name of lobbyist's partnership.		ay:	
ML Strategies, LLC			
	o, firm or corporation)		
701 Pennsylvania Ave NW	Washington	DC _	20004
usiness Address: (Street)	(Town/City)	(State)	(Zip Code)
> 202.434.7300	( ) 202-434-7400	c-mail foguinta@n	nistrategies.com
(Telephone)	(Fax		
II. This statement covers: (Chooseportable expense transactions w	e one – file separate repo hich are not attributable	rts for each client, OR you m to any one client).	ay file a separate report fo
All reportable transactions occur	ring in the months prior to	the reporting date relative to the	he following client:
KARL STORZ - ENDOSCOPE - Amer	ice, Inc.		<u> </u>
	Client as it appears on the L	obbyist Registration Form)	•
<u>OR</u> .			o Parakalan daka
All reportable transactions by the inrelated to any particular client.	lobbyist (including the lo	obyist's family), or the lobbyin	g nrm nated delow which at
V. Date of Report April 24, 26 Reports cover: activity from date of	019  Cregistration to 3/31/19	July 31, 2019	9
October 30	_	January 29, 2020 🗆	
	11/19 to 9/30/19	activity from 10/1/19 to 12/3:	1/19
V. There have been no lees roc If this box is checked, complete just Concord, NH 03301.	cived and no reportabl this form and submit it to t	e transactions made since he Secretary of State's Office,	the last report.   State House, Room 204.
VI. Check if additional reports an	e attached:		
If you have received fees or may		file Addeadum A- Fees and E	Expenses
If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, y	ou must file Addendum B-R	eport of Honorariums or
If you, your firm, or your family	y has made political contri	butions, you must file Addend	um C- Political Contribution
Sworn Statement/Affirmation by I have round RSA 45, RSA 15-B, RS and complete to the bear of my know	/14-C and RSA 664 and		foregoing information is tru
X du A Mille		10/28/19	<del></del>
(Signature of lobbyist)		(Di	atc)
Frank Guinta			
(Print Name of lobbyist)			



# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
ML Strategies, LLC (Name of partnership, firm or corporation)	
III. Name of Client KARL STORZ - ENDOSCOPE - America, Inc.	Date 10/28/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The preduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 15,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	b) \$ 20,000.00 year)
c) Total of all fees received to date (Add lines a and b)	c) \$ 35,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 5,000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to a fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) a during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example, being lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to a person being lob (c) an iternized statement of each individual expenditure made during this reany purpose not covered by (a) (for example; purchase of a meal with a value gre restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	the chent and it expenditures are made of may be filed for the lobbyist(s)/firm the aggregate total of all expenses parexpenses; (b) the aggregate total of apple: meals purchased during a busine less than \$10 that is given to the personal with a value of \$25.00 or less); as exporting period of greater than \$25.00 falue of greater than \$25, purchase of a ter than \$25, but not greater than \$5 ms, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0.00</u>
b) Total aggregate of expenditures during this reporting period, not reporte in a), of \$25 or less.	b) \$ <u>0.00</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0.00</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$ <u>0.00</u>
f) Total of all expenses year to date	ŋ \$ <u>0,00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
	\$
	s
	s
	······································
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete 16 the best of my knowledge and belief.	m that the foregoing information
Xul Mint	10/28/19
(Signature of lobbyist)	(Date)
Frank Guinta	
(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 Incom	c and Expenses for:			
Name of Lobbying par	tnership, firm, or corpo	oration: ML Strategies, LLC		
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	о алу
particular client): KAR	L STORZ - ENDOSCOPE -	America, Inc.		
Date of Report (check	one):			
April 24, 2019 🗅	July 31, 2019 🗖	October 30, 2019 🗷	January 29, 2020 🗆	
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, the thought the submitted with the	he Statement of Income at Statement (insert the n	nd Expenses described above umber of Addendum forms to	, and being
x Addendum A(	s).			
Addendum B(	s).			
Addendum C(	s).		•	
-	m that the foregoing in my knowledge and bel	lief.	nt and each Addendum is true	e and
Signature of lobbyin)	party y		(Date)	
Frank Guinte				
Print Name of Johhvis	er)			