

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 27 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Name of Lobbyist(s) Shanr	non Patch	01	
I. Name of lobbyist's partnership,	firm or corporation, if any:		
Name of partnershir	, firm or corporation)		
	Buffalo	NIV	14202
250 Delaware Ave., Business Address: (Street)	(Town/City)	NY (State)	(Zip Code)
	(Townseny)	ì	
) 716-367-3959	()(Fax)	e-mail complaince	e_nh_deno_1@m
(Telephone)	(rax)		
II. This statement covers: (Choose			y file a separate re
portable expense transactions wh	lich are not attributable to any	one client).	
All reportable transactions occurr	ring in the months prior to the re	norting date relative to the	following client:
-			
Delaware North Companies			47 25
(Full Name of)R	Client as it appears on the Lobbyist	Registration Form)	
All reportable transactions by the	lobbyist (including the lobbyist)	e family) or the lobbying	firm listed below u
Trelated to any particular client.	loodyist (including the loodyist	s ranning), or the toooying	THIII IISTED DEIOW W
V. Date of Report April 24,	2024	July 31, 2024	
eports cover: activity from date of reg	sistration to 3/31/24 act	tivity from 4/1/24 to 6/30/24	
October 30,		January 29, 2025	
activity from 7/1/24	1 to 9/3 u/24 activit	ry from 10/1/24 to 12/31/24	_
V. There have been no fees rece This box is checked, complete just to Itale House, Room 204, Concord, Ni	his form and submit it to the Seci		
VI, Check if additional reports are	attached:		
If you have received fees or mad		dendum A- Fees and Ex	penses
If you have paid an honorarium of			
Expense Reimbursement	, ,		
If you, your firm, or your family	has made political contributions	, you must file Addendur	n C- Political Cont
Sworn Statement/Affirmation by L have read RSA 15, RSA 15-B, RSA and complete to the best of my know	14-C and RSA 664 and hereby	swear or affirm that the fo	oregoing information
South		01/23/2025	
		,,	
nannon Patch (Jan 23, 2025 13:01 EST) (Signature of lobbyist)		(Date	:)
		(Date	:)

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Shannon Patch	×
II. Name of lobbyist's partnership, firm or corporation, if a	ny:
(Name of partnership, firm or corporation)	ios Inc. 01/23/202
III. Name of Client Delaware North Compani	Date 0 1/23/202
IV Paris Presidential	
IV. Fees Received Indicate the gross amount of all fees received from the client identify to lobbying, including fees for services such as public advocacy, go including research, monitoring legislation, and related legal work, reduced by any expenses:	overnment relations, or public relations
a) Total of all fees received in this reporting period	a) \$ _112
b) Total of all fees received this calendar year, prior to this reporting (This should equal the total of all prior monthly reports for this c	
c) Total of all fees received to date (Add lines a and b)	c) § 712.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) 8 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are requifees. Separate reports are to be filed for expenditures made relative the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expense during the reporting period for salaries, benefits, support staff, and individual expenses where the expenditure was of \$25.00 or less (funch where the cost was \$25.00 or less, purchase of a pen with a value being lobbied, purchase of a ceremonial object given to a person be (c) an itemized statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal ceremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for hor contributions will be reported on separate addendums and should not	e to each client and if expenditures are to e report may be filed for the lobbyists: (a) the aggregate total of all expenses of office expenses; (b) the aggregate total of example: meals purchased during a lalue of less than \$10 that is given to the ing lobbied with a value of \$25.00 or less this reporting period of greater than \$2 with value of greater than \$25, purchallue greater than \$25, but not greater the orariums, expense reimbursement, or
a) Total aggregate expenses for this reporting period for salaries, ber support staff, and office expenses, related directly or indirectly to lob	

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0
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)	
f) Total of all expenses year to date	ŋ s <u>0</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:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Shannon Patch (Jan 23, 2025 13:01 EST)	01/23/2025
(Signature of lobbyist)	(Date)
Shannon Patch	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Sh	annon Patch		
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:	
	tnership, firm or corporation)	· ·	
III. Name of Client Delay	ware North Compai	nies	_{Date} 01/23/2025
Political Contributions For each political contributions client/lobbyist and lobbyist			er 664 paid on behalf of the
Full name of candidate:	Kenney	Joe	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution $\frac{2}{}$	<u>50.00 </u>	ffice Candidate is Seeking	, Senate
enter an estimated value and		- =	ion. If the actual cost is not know
Full name of candidate:	Abrami	Patrick	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 2	50.00	Office Candidate is Seek	Senate Senate
	tribution on the line above		or services provided, and enter the ion. If the actual cost is not know
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seek	ing

actual cost of the in-kind contribution on the line above for amoun	
enter an estimated value and the word "estimate."	
<u> </u>	
(If more than three contributions were made, report additional contributio	ns on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw is true and complete to the best of my knowledge and belief.	
Shannon Patch (Jan 23, 2025 13:01 EST)	01/23/2025
(Signature of lobbyist)	(Date)
Shannon Patch	
(Print Name of lobbyist)	