STATE OF NEW HAMPSHIRE

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

RECEIVED

PLEASE PRINT

JAN 2 9 2020

I. Name of Lobbyist(s) Erin Smit	:h		A LOLU
II. Name of lobbyist's partnership, firm or corporation, if any:			NEW HAMESTARE DEPARTMENT OF STA
N/A			
(Name of partnership, fi	rm or corporation)		,
203 Trumbull Street	Hartford	CT	06103
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(860) 757-5221	())e _{-mail} erin.smith2@td.com	
(Telephone)	(Fax)		
III. This statement covers: (Choose of reportable expense transactions which			may file a separate report for
_	•		
All reportable transactions occurring		reporting date relative to	o the following client:
TD Bank Government A			
	ent as it appears on the Lobby	ist Registration Form)	
OR		a 6 9 5 a 111	
☐ All reportable transactions by the lot unrelated to any particular client.	obyist (including the lobbyis	it's family), or the lobby	ring firm listed below which are
IV. Date of Report April 24, 2019		July 31, 2019	
Reports cover: activity from date of reg	_	ctivity from 4/1/19 to 6/30	_
October 30, 20 activity from 7/1/1		January 29, 2020 activity from 10/1/19 to 12	
V. There have been no fees receive If this box is checked, complete just this State House, Room 204, Concord, NH (form and submit it to the Se		
VI. Check if additional reports are at	tached:		
If you have received fees or made e		Addendum A- Fees and	d Expenses
If you have paid an honorarium or a Expense Reimbursement	reimbursed expenses, you m	ust file Addendum B-	Report of Honorariums or
☐ If you, your firm, or your family ha	s made political contributio	ns, you must file Adder	idum C- Political Contribution
Sworn Statement/Affirmation by Lob			t of the state of the forest of the same
I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled		by swear or affirm that t	ne foregoing information is true
C 1	1	1/20/20	`
(Signature of lobbyist)		1/ 98/96	<u>)</u> Date)
	•	. (Date)
Erin Smith			• '
(Print Name of Johnvist)			