

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT I. Name of Lobbyist(s) Marc Goldberg, Kirsten Koch, Mike Vlacich, Maura Weston

Jorner	stone Government Aff			
57	N. Main St., Suite 403		NH	03301
isiness Ad	dress: (Street)	(Town/City)	(State)	(Zip Code)
(2)	02)448-9500		e-mail	
· / — —	Celephone)	(Fax)		*
I This et	atement covers: (Choose one – file	senarate renorts for	each client. OR you may t	file a senarate renor
	expense transactions which are no			e a separate repor
1				
All repo	ortable transactions occurring in the n	nonths prior to the re	porting date relative to the f	ollowing client:
Am	exim Materians	members		
	(Full Name of Clien as it a	ppears on the Lobbyist	Registration Form)	
<u>PR</u>			88	. 11.1 147
	rtable transactions by the lobbyist (in-	cluding the lobbyist's	s family), or the lobbying fir	m listed below which
inrelated t	o any particular client.			
V. Date of	Report April 30, 2025		July 30, 2025	
	er: activity from date of registration to	3/31/25 acti	ivity from 4/1/25 to 6/30/25	
	October 29, 2025		January 28, 2026	
	activity from 7/1/25 to 9/30/25	activi	ty from 10/1/25 to 12/31/25	
/ There	have been no fees received and i	no renortable tran	sactions made since the	last report.
	s checked, complete just this form an			
ate House	e, Room 204, Concord, NH 03301.		. , , .	
I. Check	if additional reports are attached:			
7	have received fees or made expenditu	res, vou must file Ac	Idendum A- Fees and Expe	enses
·	have paid an honorarium or reimburs	· ·		
	eimbursement			
If you,	your firm, or your family has made p	olitical contributions	s, you must file Addendum	C- Political Contribu
	tement/Affirmation by Lobbyist	00.444 11 1		
	RSA 15, RSA 15-B, RSA 14-C and I te to the best of my knowledge and b		swear or affirm that the fore	egoing information is
	4-1/1		41211200	۳
_ Mg	w /w		<u> 1001 70 Y</u>	-2_
Signature	or loodyist)		· (Date)	
Kirsh	en koch			
Print Nam	ne of lobbyist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Marc Goldberg, Kirsten Koch, Mike	/lacich, Maura Weston
II. Name of lobbyist's partnership, firm or corporation, if any: Cornerstone Government Affairs	
(Name of partnership, firm or corporation)	
III. Name of Client American Huterhays operators	Date 430/2025
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 12,500.00
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 year)	b) \$ 0.00
c) Total of all fees received to date (Add lines a and b)	c) \$ 12,500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses pair penses; (b) the aggregate total of a e: meals purchased during a business than \$10 that is given to the persod with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of r than \$25, but not greater than \$56 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

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)	e) \$ 0.00
f) Total of all expenses year to date	n s 0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, 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 is true and complete to the best of my knowledge and belief.	n that the foregoing information
Metersun	4/30/2025
(Signature of lobbyist)	' (Date)
(Print Name of lobbyist)	

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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 Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Cornerstone Government Affairs
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 30, 2025 🗹 July 30, 2025 🗆 October 29, 2025 🗆 January 28, 2026 🖂
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s). X
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Signature of lobbyist) (Date)
Days M Wester
(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 Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Cornerstone Government Affairs
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to ar
particular client): fre, ch WArra Was Operation
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April 30, 2025 🗹 July 30, 2025 🗆 October 29, 2025 🗆 January 28, 2026 🗆
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, an the following Addendums submitted with that Statement (insert the number of Addendum forms bein submitted):
Addendum A(s). X
Addendum B(s)
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
4-30-25-
(Signature of lobbyist) (Date)
Michael Vlace
(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 Income and Expenses for:

Name of Lobbying partn	ership, firm, or corpor	ration: Cornerston	e Government Affa	nirs
Name of Client (leave b)	ank if Statement is for	r the partnership, fire	m, or corporation and r	not related to any
particular client):	Aylvican	Waterway	ys Operator	ر
Date of Report (check o	ne):	/	,	
April 30, 2025 🗹	July 30, 2025 🗆	October 29, 2025	□ January 28, 202	6 🗆
I have read RSA 15, RS the following Addendum submitted):	A 15-B, RSA 664, then submitted with that	e Statement of Incom t Statement (insert the	ne and Expenses descr he number of Addend	ribed above, and um forms being
Addendum A(s).	<u>x</u>			
Addendum B(s).				
Addendum C(s).				
hereby swear or affirm complete to the best of m	that the foregoing info y knowledge and belie	ormation on the State of.		
MAK CENS	<u> </u>		Y130/20	
Signature of lobbyist)			(Date)	
Marc Gold	berg			
Print Name of Johnvist)	7			