STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

SEP 01 2017

PLEASE PRINT

I. Name of Lobbyist(s)	AISSA		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or co	orporation, if any:		
REACHING HIGHER NI (Name of partnership, firm or con	H rporation)		
40 N MAIN ST, STE Business Address: (Street) 603 715 9696 (—)		RD NH (State) e-mail <u>CVOLYNC</u>	0330 (Zip Code) reachengthehernh.org
(Telephone) III. This statement covers: (Choose one – file reportable expense transactions which are no			file a separate report for
All reportable transactions occurring in the	months prior to the reporti	ng date relative to the	following client:
•	NH appears on the Lobbyist Regi	istration Form)	
OR ☐ All reportable transactions by the lobbyist (in unrelated to any particular client.	ncluding the lobbyist's fan	nily), or the lobbying f	firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration		uly 26, 2017 from 4/1/17 to 6/30/17	
October 25, 2017 activity from 7/1/17 to 9/30		anuary 31, 2018 [] from 10/1/17 to 12/31/1	7
V. There have been no fees received and If this box is checked, complete just this form an Concord, NH 03301.	no reportable transact and submit it to the Secretar	tions made since the ry of State's Office, Sta	e last report. State House, Room 204,
VI. Check if additional reports are attached:			
 ☐ If you have received fees or made expendit ☐ If you have paid an honorarium or reimburs 	-		
Expense Reimbursement			
☐ If you, your firm, or your family has made	political contributions, you	u must file Addendum	C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and			
		6/30/17 (Date	<u> </u>
(Signature of Vallbyist) EVEL ATSS A (Print Name of lobbyist)		(Date)