STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

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PLEASE PRINT NEW HAMPSHIRE I. Name of Lobbyist(s) Margaret Gorman II. Name of lobbyist's partnership, firm or corporation, if any: American Chemistry Council (Name of partnership, firm or corporation) North Pearl St. Suite 1400 dress: (Street) (Town/City) e-mail margaret_gorman @ americanchemistry.com BB1432-7835 III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 29, 2020 July 29, 2020 IV. Date of Report activity from date of registration to 3/31/20 activity from 4/1/20 to 6/30/20 Reports cover: October 28, 2020 January 27, 2021 🗌 activity from 7/1/20 to 9/30/20 activity from 10/1/20 to 12/31/20 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Maraaret

(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: American Chemistry Council
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 29, 2020 □ July 29, 2020 □ October 28, 2020 □ January 27, 2021 □
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).
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) $10/20/20$ (Date)
Enn Desants
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) N	Nargaret Gorm	ran	
II. Name of lobbyist's pa	ertnership, firm or cor	poration, if any:	
American Ch	emistry Cour	rail	
(Name of partnership, firm of corporation) III. Name of Client		Date 10/20/20	
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	SUNUNU (Last Name)	Chris Sunur Chris (First Name)	\U (Middle Name/Initial)
Amount of contribution \$_	2000.00	Office Candidate i	s Seeking GOVEMON
actual cost of the in-kind co			ution. If the actual cost is not known,
Full name of candidate:	Sununu (Last Name)	Chris (First Name)	(Middle Name/Initial)
Amount of contribution \$ _	3000.00	Office Candidate is	s Seeking Governor
	ontribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of tactual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions or	n separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
Margayet M. (00 yan (Signature of lobbyist)	10/20/20 (Date)
Margaret M. Gorman (Print Name of lobbyist)	

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