

### STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

AUG 01 2017

**RECEIVED** 

PLEASE PRINT

NEW HAMPSHIRE

	FLEASE PRINT		DEPARTMENT OF STATE
I. Name of Lobbyist(	(s) MARK A, LAMBE	RT	
II. Name of lobbyist'	's partnership, firm or corporation, if	any:	
UNITIL G	me of partnership, firm or corporation)		
			_
Business Address: (St	TY LANE WEST, HAN	WPTON NH 038 (State)	(Zip Code)
(603) 773.64 (Telephone)	70 (603) <u>773.66</u>	70 e-mail <i><u>LAMBEQ</u></i>	TQUNITIL. COM
	overs: (Choose one – file separate reporante ransactions which are not attributable		y file a separate report for
All reportable tran	nsactions occurring in the months prior to	the reporting date relative to the	following client:
UNITIL C	CORPORATION		
	(Full Name of Client as it appears on the L	obbyist Registration Form)	
<u>OR</u>			
☐ All reportable trans unrelated to any partic	sactions by the lobbyist (including the locular client.	bbyist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017   oity from date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
	October 25, 2017  activity from 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/31/1	17
	n no fees received and no reportable complete just this form and submit it to t		
	nal reports are attached:		
	ved fees or made expenditures, you must		
If you have paid a Expense Reimburseme	nn honorarium or reimbursed expenses, y	ou must file <b>Addendum B</b> – Rep	ort of Honorariums or
•	or your family has made political contril	butions, you must file Addendun	n C- Political Contributions
I have read RSA 15, R	firmation by Lobbyist RSA 15-B, RSA 14-C and RSA 664 and best of my knowledge and belief.	hereby swear or affirm that the fo	oregoing information is true
Mark Mille		<b>7</b> /26/17	
Signature of lobbyist		(Date	)
MARK LAME	ELT		
(Print Name of lobby			

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

<del>-</del>	
1. Name of Lobbyist(s) MARK LAMBERT	
II. Name of lobbyist's partnership, firm or corporation, if any:	
UNITIL BEDORATION (Name of partnership, firm or corporation)	
	Date 7/26/17
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 greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 8,250
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) \$ <b>O</b>
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>8,250</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 of 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 lessing 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.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$5,39/
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 5,39/
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) \$ <b>Q</b>
f) Total of all expenses year to date	f)\$_ <i>5,391</i>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from beginning 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
Mhr. Hunhad	7-26-17
(Signature of lobbyisi)	7-26-17 (Date)
MARK LAMBERT	
(Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) MARK LAMBE	'RT
II. Name of lobbyist's partnership, firm or co	rporation, if any:
ONITIC CORPORATION (Name of partnership, firm or corporation)	
III. Name of Client UnITIL COPORA	Tion Date 7/26/17
Political Contributions	
For each political contribution that is reportable	pursuant to RSA Chapter 664 paid on behalf of the
client/lobbyist and lobbying firm, indicate the fo	ollowing:
Full name of candidate: (Last Name)	SELECT HOUSE DEMOCRATS (First Name) (Middle Name/Initial)
	Office Candidate is Seeking NH House
	e a description of the goods or services provided, and enter the ove for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	The for amount of contribution. If the actual cost is not known,
Full name of candidate: ALL DELINCIATS	EDD OF SESSION RECEPTION
Full name of candidate: NH DEWOCIATS (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$ 1,000	Office Candidate is Seeking NH JENATE
·	e a description of the goods or services provided, and enter the
* •	ove for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
Full name of candidate: SENATE LEPUB (Last Name)	BLICAN MAJORITY PAC
(Last Name)	_
Amount of contribution \$ 1,000	Office Candidate is Seeking NH SENATE

### STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	MEK LAMBO	SRT	
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
DALITIC GORDA	tion	•	
UNITIC CORSON (Name of partn			
III. Name of Client UN 17	IL CORBRATI	ion	Date 7/26/17
Political Contributions For each political contributions client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate: <i>Fi</i>	QIENOS OF (Last Name)	JEB BRADLEY (First Name)	(Middle Name/Initial)
Amount of contribution \$ 15	<u>ن</u>	Office Candidate is	Seeking NH SENATE
actual cost of the in-kind contr enter an estimated value and the	ibution on the line above word "estimate."	ve for amount of contribu	s or services provided, and enter the ation. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			Seeking
If the contribution is an in-kind	I contribution, provide ibution on the line above	a description of the good we for amount of contribu	s or services provided, and enter the stion. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

enter an estimated value and the word "estimate."	contribution. If the actual cost is not know
(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	or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	
Mad (landed)	<b>.</b> .
TMM FMMMA /	7-26,17 (Date)
(Signature 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, f Name of Client (leave blank if St particular client):	tatement is for	the partnership, firm, or	corporation and not related to any
Date of Report (check one):			
April 26, 2017 □ July 26.	, 2017	October 25, 2017 🗆	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my knowl			nt and each Addendum is true and
Signature of lobbyist)			7-26-17 (Date)
MARY LAMBERT			
(Print Name of lobbyist)			