STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

1. Name of Lobby	yist(s) <u>Martha</u>	Wood			
II. Name of lobby	yist's partnership	, firm or corporation, if a	any:		
Teachers In	surance and Ai	nuity Association (TI	AA)		
	(Name of partnersh	p, firm or corporation)			•
730 Third	Avenue	New Yor	rk NY	10027	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(212) 916-6232	2	()	e-mail mlw	ood@tiaa.org	
(Telepho	one)	(Fax	κ)	<u>-</u>	-
III. This stateme reportable expen	nt covers: (Chooses etransactions v	se one – file separate repo hich are not attributable	orts for each client, OR you to any one client).	ou may file a separate r	eport for
x All reportable	transactions occu	rring in the months prior to	the reporting date relative	to the following client:	
Teachers Insu		nuity Association (TIA			
<u>OR</u>	(Full Name o	f Client as it appears on the L	obbyist Registration Form)		
		e lobbyist (including the lo	bbyist's family), or the lob	bying firm listed below	which are
IV. Date of Repo		017 () fregistration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17		
	October 25 activity from 7	, 2017 X /1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to		
	ked, complete just	eived and no reportabl this form and submit it to t			ixl 204.
VI. Check if add	itional reports ar	e attached:			
	•	de expenditures, you must	file Addendum A- Fees a	nd Expenses	
If you have pa Expense Reimbur		or reimbursed expenses, y	ou must file Addendum B	- Report of Honorarium	s or
☐ If you, your f	irm, or your famil	y has made political contrib	butions, you must file Add	endum C- Political Cor	itributions
	15, RSA 15-B, RS he best of my know A	Lobbyist A 14-C and RSA 664 and wledge and belief.	·	t the foregoing informati	on is true
Martha Woo	d			Ð	ECEIVED
(Print Name of Ic				r\t	-CEIVED

OCT 1 3 2017