STATE OF NEW HAMPSHIRE



(Print Name of lobbyist)

2020 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

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PLEASE PRINT

OCT 2 7 2020

I. Name of Lobbyist(s) John McAllister			NEW HAMI DEPARTMENT	OF STATE
	s partnership, firm or corp	ooration, if any:	,		
The Professional	Fire Fighters of New H	ampshire			
	ne of partnership, firm or corpo	•			-
43 Centre St. Co	oncord, NH 03301				
		Town/City)	(State)	(Zip Code	j
		•	_{с-mail} john@р		•
(603) <u>223-3304</u> (Telephone)	(603)22	3-3310 (Fax)	c-mail joint@p	min.org	-
reportable expense to	overs: (Choose one – file so ransactions which are not	attributable to any o	ne client).	,	cport for
M All reportable tran	sactions occurring in the mo	onths prior to the repo	rting date relative to the	ne following client:	
The Professional	Fire Fighters of New Ha	ampshire			
	(Full Name of Client as it ap	<u> </u>	egistration Form)		
<u>OR</u>					
☐ All reportable trans unrelated to any partic	sactions by the lobbyist (inci- cular client.	uding the lobbyist's	family), or the lobbying	g firm'listed below	which are
IV. Date of Report	April 29, 2020 🛘		July 29, 2020 🛚		
Reports cover: activ	ity from date of registration to	3/31/20 activi	ty from 4/1/20 to 6/30/20	1	
	October 28, 2020 M activity from 7/1/20 to 9/30/20	activ	January 27, 2021 🗌 ity from 10/1/20 to 12/31	/20	
If this box is checked,	n no fees received and no complete just this form and 4, Concord, NH 03301.				□ eei,
VI. Check if addition	al reports are attached:				
	ed fees or made expenditure	s, you must file Add	endum A—Fecs and E	xpenses	
	n honorarium or reinībursed			-	s or
☑ If you, your firm,	or your family has made pol	itical contributions, y	ou must file Addendu	ım C-Political Con	tributions
I have read RSA 15, R	firmation by Lobbylst ISA 15-B, RSA 14-C and Riest of my knowledge and bel		vear or affirm that the 1	foregoing informatic	on is truc
(Signature of lobbyist)	_	(Dat	to)	
John McAllister					



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
The Professional Fire Fighters of New Hampshire	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
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 grouped by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 65.47
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 car)
c) Total of all fees received to date (Add lines a and b)	c) \$ 65.47
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. 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 examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (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 may be filed for the lobbylst(s)/fine aggregate total of all expenses papenses; (b) the aggregate total of le: meals purchased during a busine as than \$10 that is given to the persect with a value of \$25.00 or less); a prting period of greater than \$25.00 in the persect of greater than \$25.00 in the period
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>

From:

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0
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.
f) Total of all expenses year to date	ŋ\$ <u>0</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
·	`\$
	\$.
	s
	\$
	· \$
	\$
,	
	•
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and helief.	
Alm MADE to	10/27/2020
(Signature of lobbyist)	(Date)
John McAllister	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

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

P	I. Name of Lobbyist(s)	ohn McAllister			
ل و	II. Name of lobbyist's p	artnership, firm or coi	poration, if any:		
٨	The Professional Fig	re Fighters of New H	lamnshire		
C		partnership, firm or corporation)	tumponii c		
	THY M. COLL.			Date	
L	III. Name of Client			Date	-
_	Political Contributions				
	For each political contribution client/lobbyist and lobby			oter 664 paid on behalf of the	
•	chenyloodyist and loody	ing firm, indicate the fe	mowing:		
			• • • • • • • • • • • • • • • • • • • •		_
	Full name of candidate:	Pappas	Chris	C. (Middle Name/Initial)	
		(Last Name)	(First Name)	(Middle Name/Initial)	
	Amount of contribution \$	50.00	Office Candidate i	s Seeking Congress D1	
	- u	Shahaan	laanna		
	Full name of candidate:	(Last Name)	Jeanne (First Name)	(Middle Name/Initial)	
			,	•	
	Amount of contribution \$		Office Candidate is	Seeking U.S. Senate	
		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)	
	Amount of contribution \$		Office Candidate is	: Seeking	

If the contribution is an in-kind contribution, provide a descriactual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	
·	
	·
(If more than three contributions were made, report additional contr	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 and heret is true,and complete to the best of my knowledge and b	
John MADDentes	10/27/2020
(Signature of lobbyist)	(Datc)
John McAllister	
(Print Name of Johnwict)	,

From:

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 pa	rtnership, firm, or corpo	oration: The Professional	Fire Fighters of New Hampshire
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 □
			and Expenses described above, as number of Addendum forms being
Addendum A	(s).		
Addendum B(s).		
Addendum C(s).		
	f my knowledge and bel	lief.	ent and each Addendum is true at 27/2020
(Signature of 1000yisi,	•		(Date)
John McAllister			
(Print Name of lobbyi	st)		