STATE OF NEW HAMPSHIRE 2015 Statement of Income and Expenses

5 Statement of Income and Exp for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

			NEW HAMPSHIRE
1. Name of Lobbyist(s)	Judy A. Silva, Cordell A. Johnston, Ba	arbara T. Reid, Timothy W. Fortic	, DEPARTMENT OF STATE

New Hampshire Municipal As			
(Name of partnership, fir	m or corporation)		
25 Triangle Park Drive	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-7447 (Telephone)	(603) 224-5406 (Fax		ffairs@nhmunicipal.o
III. This statement covers: (Choose on- reportable expense transactions which			file a separate report
X All reportable transactions occurr	ring in the months prior	r to the reporting date relative to	the following client:
New Hampshire Municipa	al Association		
		obbyist Registration Form)	
<u>OR</u>			
All reportable transactions by the lobl unrelated to any particular client.	oyist (including the lob	obyist's family), or the lobbying f	irm listed below which
IV. Date of Report April 29, 2015		July 29, 2015	
Reports cover: activity from date of regi		activity from 4/1/15 to 6/30/15	
October 28, 201 activity from 7/1/15		January 27, 2016 activity from 10/1/15 to 12/31/1	75
V. There have been no fees received If this box is checked, complete just this J Concord, NH 03301.			
VI. Check if additional reports are att	ached:		
X If you have received fees or ma		nust file Addendum A – Fees and	d Expenses
If you have paid an honorarium or re Expense Reimbursement			
If you, your firm, or your family has	made political contrib	utions, you must file Addendum	C– Political Contribu
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B and RSA	oyist a 664 and hereby swear	r or affirm that the foregoing info	ormation is true and cor
to the best of my knowledge and belief.			
(Signature of lobbyist)		October 28, 20 (Date	· · · · — —
Judy A. Silva, Executive Dire	ctor		
(Print Name of Johnvist)			



STATE OF NEW HAMPSHIRE

Lobbyist Fees and Expenses Addendum A

Please Print

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Judy A. Silva; Tim Fortier; Cordell A. Jo	hnston; Barbara T. Reid		
II. Name of lobbyist'	s partnership, firm or corportation, if any <i>NH</i>	Municipal Association		
	(N	ame of partnership, firm, or corporati	ion)	
III. Name of Client	NH Municipal Association	Date: 9/.	30/2015	
lobbying, including fee	unt of all fees received from the client identified as for services such as public advocacy, governmentoring legislation, and related legal work. The	ent relations, or public rel	lations services	
a) Total of all fees rec	ceived in this reporting period		a) \$	\$11,841.20
	beived this calendar year, prior to this reporting the total of all prior monthly reports for this cale		b) \$	\$82,329.66
c) Total of all fees rec	ceived to date (Add lines a and b)		c) \$	\$94,170.86
d) Indicate the amoun	it of any such fees that are due, but have not yet	been paid	d) \$	\$0.00
Separate reports are to lobbyist(s)/firms that a to be reported in one o period for salaries, ben the expenditure was of or less, purchase of a p ceremonial object give individual expenditure example: purchase of a of lobbying with a value	partnerships, firms, or corporations are required be filed for expenditures made relative to each or unrelated to any one client, a separate report of three categoriees of expense: (a) the aggregate sefits, support staff, and office expenses; (b) the aggregate sefits, support staff, and office expenses; (b) the aggregate sefits, support staff, and office expenses; (b) the aggregate with a value less than \$10.00 that is given to not aperson being lobbied with a value of \$25.00 made during this reporting period of greater than ameal with value greater than \$25.00, purchase of the greater than \$25.00, but not greater than \$50.00 mms, expense reinbursement, or political contributed on Addendum A.	client and if expenditures a may be filed for the lobbying total of all expenses paid aggregate total of all indiversing a business lunch who the person being lobbied, 10 or less); and (c) an item in \$25.00 for any purpose of a ceremonial object to \$20, restaurant expenses for	are made by the ist(s)/firm. Exp during the reportional expenses ere the cost was purchase of a sized statement not covered by the given to the state a legislative re-	penses are orting where s \$25.00 of each (a) (for subject eception).
	penses for this reporting period for salaries, bene- ffice expenses, related directly or indirectly to le		a) \$	\$11,841.20
b) Total aggregate of a), of \$25 or less.	expenditures during this reporting period, not re	ported in	b) \$	\$0.00
c) Total of all itemize	d expenditures reported in detail section VI.		c) \$	\$0.00

d) Total expenses for this reporting period (Add lines a, b, and c)	d) \$	\$11,841.20
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) \$	\$82,329,66
f) Total of all expenses year to date	f) \$	\$94,170.86
VI. Other Expense: Provide the following detail for all expenditures of more than \$25 made from lobbying including by whom paid or to whom charged.	ng fees during this reporting	period,
Paid to:	Amour	it:
N/A	\$	
	<u> </u>	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the for complete to the best of my knowledge and belief.	egoing information is true a	nd
(Signature of Lobbyist)	October 28, 2015 (Date)	
Judy A. Silva, Executive Director (Print Name of Lobbyist)		
(Firm Name of Loddyss)		

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.

Statement of Incom	me and Expenses i	for:	Coro	lell A. Johnston
Name of Lobbying pa	artnership, firm, or co	orporation: <u>New Ha</u>	ımpshi	re Municipal Association
Name of Client (leav	e blank if Statement	is for the partnership.	, firm,	or corporation and not related to any
particular client):				
Date of Report (chec	k one):			
April 29, 2015 🗆	July 29, 2015 □	October 28, 2015	X	January 27, 2016 □
				e and Expenses described above, and e number of Addendum forms being
X Addendum A	(s).			
Addendum B	(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.

Carlella a	alust	 October 28, 2015	
(Signature of lobbyis		(Date)	

Cordell A. Johnston

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

__ Addendum C(s).

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.

(Print Name of lobbyist)

Sworn Statement/A Statement of Incom	•	•	Barbara T. Reid	
Name of Lobbying par	rtnership, firm, or co	orporation: <u>New Ha</u>	mpshire Municipal Association	<u>n</u>
Name of Client (leave	blank if Statement	is for the partnership,	firm, or corporation and not re	elated to any
particular client):		_		
Date of Report (check	one):			
April 29, 2015 □	July 29, 2015 □	October 28, 2015	X January 27, 2016	
			Income and Expenses describe sert the number of Addendum	
X Addendum A(s	3).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affir complete to the best of			Statement and each Addendun	n is true and
	Ze. E	<u> </u>	October 28, 2015	
(Signature of lobbyist)			(Date)	·
Barbara T. Reid		 		

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.

	Affirmation by Lol me and Expenses fo	•	Timo	thy W. Fortier
Name of Lobbying p	artnership, firm, or co	rporation: New Ha	mpshir	e Municipal Association
Name of Client (leav	e blank if Statement i	s for the partnership,	firm, o	or corporation and not related to any
particular client):	.			
Date of Report (chec	ck one):			
April 29, 2015 🗆	July 29, 2015 □	October 28, 2015	X	January 27, 2016 □
				and Expenses described above, and number of Addendum forms being
X Addendum A	(s).			
Addendum B	(s).			
Addendum C	(s).			
•	firm that the foregoing of my knowledge and	~	Statem	ent and each Addendum is true and
(Signature of lobbyis	st)			October 28, 2015 (Date)
(<u> </u>	,			
Timothy W. Fo	rtier			
(Print Name of lobby	/ist)			