(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

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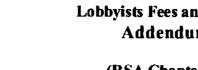
PLEASE PRINT

JUL 1 0 2017

I. Name of Lobbyist(s) _	Darryl W	. Perry		. <u></u>	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's pa	artnership, firm or	corporation, if a	ny:		
Liberty Lobby LLC					
	f partnership, firm or o	corporation)			
63 Emerald St #36	9		Keene	NH	03431
Business Address: (Street)	(Town/City)	(State)		(Zip Code)
(603) 835 3257	()	e-mail_da	rryl@lib	ertylobby.xyz
(Telephone)		(Fax)			
III. This statement cover reportable expense trans	sactions which are	not attributable t	o any one client).		
Liberty Lobby LLC	ull Name of Client as	it appears on the Lo	bbyist Registration Form)		·• • · · · · · · · · · · · · · · · · ·
<u>OR</u>	ions by the lobbyist			bbying fir	m listed below which are
<u>-</u>	April 26, 2017 From date of registration	on to 3/31/17	July 26, 2017 activity from 4/1/17 to		
	Detober 25, 2017 vity from 7/1/17 to 9/3		January 31, 20 activity from 10/1/17 to		
V. There have been no If this box is checked, com Concord, NH 03301.		-			•
VI. Check if additional r	eports are attached	1:			
■ If you have received t	-		ile Addendum A– Fees	and Exper	ases
If you have paid an ho Expense Reimbursement	onorarium or reimbu	irsed expenses, yo	u must file Addendum	B-Report	of Honorariums or
If you, your firm, or y	our family has mad	e political contribi	utions, you must file Ad	dendum (C- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C an		ereby swear or affirm th	at the fore	going information is true
			7/5/17		
(Signature of kobyist)	- `		, 	(Date)	
Darryl W. Perry					

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Darryl W. Perry				
II. Name of lobbyist's partnership, firm or corporation, if any:				
Liberty Lobby LLC				
(Name of partnership, firm or corporation)				
III. Name of Client Liberty Lobby LLC	Date 7/5/17			
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 service:			
a) Total of all fees received in this reporting period	a) \$\$1,078.02			
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) \$\$1,097.17			
c) Total of all fees received to date (Add lines a and b)	c) \$\$2,175.19			
 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 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.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business is 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 its of greater than \$25, purchase of a fer than \$25, but not greater than \$50, expense reimbursement, or political			
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$\$1,078.02			
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.	e) \$			

d) Total expenses for this reporting period (Add lines a, b and e)	d) \$\$1,078.02
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) \$\$1,097.17
f) Total of all expenses year to date	n \$ \$2,175.19
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:
	\$
	\$
	\$
	\$
	\$
	\$
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
	7/5/17
(Signature of lobbyist)	(Date)
Darryl W. Perry	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

II Name of Johnvist's no			
remove or something a ha	ırtnership, firm or corp	poration, if any:	
Liberty Lobby LLC			
(Name of pa	artnership, firm or corporation)		
III. Name of Client Lib	erty Lobby LLC		Date 7/5/17
Political Contributions For each political contrib client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Libertarian Party		
	(Last Name) \$35	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	 -	Office Candidate i	s Seeking
Full pares of condidates	losenh Stallcon		- · · ·
Full name of candidate:	Joseph Stallcop	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$		(First Name) Office Candidate is	
Amount of contribution \$ _ If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	(Last Name) \$10 sind contribution, provide a ntribution on the line above the word "estimate."	Office Candidate is description of the good e for amount of contribu	
Amount of contribution \$ _ If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	(Last Name) \$10 ind contribution, provide a ntribution on the line above the word "estimate."	Office Candidate is description of the good e for amount of contribu	Seeking State Rep Cheshire 4

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for an	
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contrib	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
_///	7/5/17
(Signature of lobbyist)	(Date)
Darryl W. Perry	
(Print Name of lobbyist)	