STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS OCT 3 0 2019 (RSA Chapter 15)

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

1. Name of Lobbyist(s) Ellen G. Scarponi
II. Name of lobbyist's partnership, firm or corporation, if any:
(Name of partnership, firm or corporation)
Business Address: (Street) 103 Claush Pend Rd Canterbury NH 03224 (Cip Code) (Cip Code)
(63) 703-7315 () e-mail ellen scarpeni e consolidated.com
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
Consolidated Communications
(Full Name of Client as it appears on the Lobbyist Registration Form) OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 24, 2019 Substitution Street Substitution of Substitution Substitution of Substitution Substitu
October 30, 2019 S January 29, 2020 S activity from 7/1/19 to 9/30/19 activity from 10/1/19 to 12/31/19
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist 1 have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Signature of lobbyist) (Date)
Filen G. Scarponi (Print Name 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 partn	ership, firm, or corpo	ration: <u>Scalrani</u>	Solutions LC
Name of Client (leave bl	ank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):	Consolidated	Communications	<u> </u>
Date of Report (check vi	пе):		
April 24, 2019 □	July 31, 2019 🗆	October 30, 2019	January 29, 2020 🗆
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m			nt and each Addendum is true and
(Signature of lobbyist)	Carponi		/0 /28/19 (Date)
Ellen G S	- Zaroni		
(Print Name of lobbyist)	1		