

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	_{yist(s)} Michael M	cCary, Stephen	Buoniconti	
II. Name of lobb	yist's partnership, fir	m or corporation, if an	y:	
Buoniconti	& McCary, LLC	,		
	(Name of partnership, fir	m or corporation)		
1 Boston Place	Suite 2600	Boston	MA	02108
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
() 617-93	33-7255 one)	()	mike@br e-mail	nllcboston.com
(Telepho	one)	(Fax)		
				ay file a separate report for
reportable exper	ise transactions which	are not attributable to	o any one client).	
All reportable	transactions occurring	in the months prior to t	he reporting date relative to t	he following client:
	orrectional Emp			J
	<u> </u>	ent as it appears on the Lob	obvist Registration Form)	
<u>OR</u>	•	11	,	
		byist (including the lobb	yist's family), or the lobbying	g firm listed below which are
unrelated to any p	earticular client.			
IV. Date of Repo	activity from date of region October 26, 202	22	July 27, 2022 activity from 4/1/22 to 6/30/2 January 25, 2023	
	activity from 7/1/22	to 9/30/22	activity from 10/1/22 to 12/3	1/22
If this box is chec		form and submit it to the	transactions made since e Secretary of State's Office,	
VI. Check if add	litional reports are att	ached:		
If you have re	eceived fees or made ex	kpenditures, you must fi	le Addendum A – Fees and I	Expenses
		eimbursed expenses, you	ı must file Addendum B – R	eport of Honorariums or
Expense Reimbur		made nolitical contribu	tions you must file Addand	um C– Political Contributions
II you, your I	iiii, or your family has	made political contribu	mons, you must me Addend	um C- Pontical Continutions
I have read RSA and complete to the	he best of my knowleds	-C and RSA 664 and he ge and belief.	reby swear or affirm that the	foregoing information is true
Md. M.	h 1 13.	- unti	10/17/22	
(Signature of lob	Stene Bur		(Da	ate)
	ary, Stephen Buo			
(Print Name of lo	obbyist)			

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 partnership, firm, or corporation: Buoniconti & McCary, LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): National Correctional Employees Union
Date of Report (check one):
April 27, 2022
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). $\frac{0}{0}$ Addendum B(s). $\frac{0}{0}$ Addendum C(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.
Mile Mila Siene Byenisont 10/17/22 (Date)
Michael McCary, Stephen Buoniconti
(Print Name of lobbyist)