

#### STATE OF NEW HAMPSHIRE

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

JAN 17 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

| MA 02110 (State) (Zip Code) e-mail phaley@serlinhaley.com ach client, OR you may file a separate representation form) amily), or the lobbying firm listed below will separate to 6/30/22 by from 4/1/22 to 6/30/22 January 25, 2023  | port fo   |
|--|---|
| (State) (Zip Code)  e-mail phaley@serlinhaley.com  ach client, OR you may file a separate repare client).  rting date relative to the following client:  egistration Form)  amily), or the lobbying firm listed below what the series of the ser | port fo   |
| (State) (Zip Code)  e-mail phaley@serlinhaley.com  ach client, OR you may file a separate repare client).  rting date relative to the following client:  egistration Form)  amily), or the lobbying firm listed below what the series of the ser | port fo   |
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| rting date relative to the following client:  registration Form)  amily), or the lobbying firm listed below wl   |   |
| July 27, 2022 Ju | hich ar   |
| y from 4/1/22 to 6/30/22   | **  |
| ty from 10/1/22 to 12/31/22  | -   |
| ctions made since the last report. Lary of State's Office, 107 North Main Street   | <u>,</u>  |
| endum A- Fees and Expenses file Addendum B- Report of Honorariums ou must file Addendum C- Political Contr   |   |
| vear or affirm that the foregoing information 01/11/2023 (Date)  | n is true   |
| a  | ary of State's Office, 107 North Main Street  and Main Are Fees and Expenses  le Addendum B- Report of Honorariums  ou must file Addendum C- Political Continuation  ear or affirm that the foregoing information |



### STATE OF NEW HAMPSHIRE

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

# RECEIVED

JAN 17 2023

NEW HAMPSHIRE

| I. Name of Lobbyist(s) Serli   | In Haley LEP   | 12  |   |
|--|--|---|---|
|  |  |   | 36  |
| II. Name of lobbyist's parti   | nersnip, nrm or co   | rporation, it any:  |   |
| Serlin Haley LLP   |  |   |   |
| (Name of partne  | ership, firm or corporation)   |   |   |
| III. Name of Client  |  |   | <sub>Date</sub> 01/11/2023  |
| Political Contributions  |  |   | 花   |
|  | on that is reportable  | nursuant to RSA Chan  | oter 664 paid on behalf of the  |
| client/lobbyist and lobbying   |  |   |   |
|  |  | 61  | <u> </u>  |
|  | 19   |   |   |
| Culturance of soudidates   | Framuth  | August  |   |
| Full name of candidate:  | Fromuth (Last Name)  | August<br>(First Name)  | (Middle Name/Initial)   |
|  | ,  | •   |   |
| Amount of contribution \$ 250  |  | Office Candidate is Seekii  | ng  |
| If the contribution is an in-kind<br>actual cost of the in-kind contr<br>enter an estimated value and th | ibution on the line abo  |   | ution. If the actual cost is not know   |
| actual cost of the in-kind contr   | ibution on the line abo  | ove for amount of contrib   | ution. If the actual cost is not know   |
| actual cost of the in-kind contr<br>enter an estimated value and th                                      | ibution on the line above word "estimate."   | e ve for amount of contribution   |   |
| actual cost of the in-kind contr<br>enter an estimated value and th                                      | ibution on the line above word "estimate."   | e ve for amount of contribution   |   |
| actual cost of the in-kind contrenter an estimated value and the   | ibution on the line above word "estimate."  (Last Name)  | (First Name)  | (Middle Name/Initial)   |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  d contribution, provide ibution on the line about the | (First Name)  Office Candidate is See a description of the good                           |   |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  d contribution, provide ibution on the line about the | (First Name)  Office Candidate is See a description of the good                           | (Middle Name/Initial)  eking  ds or services provided, and enter the  |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  d contribution, provide ibution on the line about the | (First Name)  Office Candidate is See a description of the good                           | (Middle Name/Initial)  eking  ds or services provided, and enter the  |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  d contribution, provide ibution on the line about the | (First Name)  Office Candidate is See a description of the good                           | (Middle Name/Initial)  eking  ds or services provided, and enter the  |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  d contribution, provide ibution on the line about the | (First Name)  Office Candidate is See a description of the good                           | (Middle Name/Initial)  eking  ds or services provided, and enter the  |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  (Last Name)  d contribution, provide ibution on the line above word "estimate."   | (First Name)  Office Candidate is See a description of the good ove for amount of contrib | (Middle Name/Initial)  eking  ds or services provided, and enter the ution. If the actual cost is not known |
| Full name of candidate:  Amount of contribution \$   | (Last Name)  d contribution, provide ibution on the line about the | (First Name)  Office Candidate is See a description of the good                           | (Middle Name/Initial)  eking  ds or services provided, and enter the  |

| ₹0  |                                   |    |
|---|-----------------------------------|----|
| If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amoun enter an estimated value and the word "estimate." |                                   |    |
|   |                                   | #8 |
|   |                                   |    |
|   | 8                                 |    |
| (If more than three contributions were made, report additional contributio  | ns on separate addendum C forms.) | -  |
| Sworn Statement/Affirmation by Lobbyist   |                                   |    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby sw<br>is true and complete to the best of my knowledge and belief.  | • •                               |    |
| Pione Q. Heley  | 01/11/2023                        |    |
| (Signature of lobby list)   | (Date)                            |    |
| Pierce J. Haley   |                                   |    |
| (Print Name of lobbyist)  |                                   |    |

% ≥ 8

## 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.

JAN 17 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: Serlin   | Haley LLP                                   |
|--|---|
| Name of Client (leave blank if Statement is for the partners   |   |
|  |   |
| particular client):  | <del></del>                                 |
| Date of Report (check one):  |   |
| April 27, 2022 July 27, 2022 October 26  | , 2022 January 25, 2023 🔽                   |
|  |   |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (submitted): |   |
| Addendum A(s). 0   | *2  |
| Addendum A(s).   |   |
| Addendum B(s). 0   |   |
| Addendum C(s). 1   |   |
| ₫  |   |
| 65   |   |
| 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.   | * L   |
|  | 100 g to 100                                |
| sace f. May  | 01/11/2023                                  |
| (Signature of Abbyist)   | (Date)                                      |
| V  | 10 <sup>14</sup>                            |
| Pierce J. Haley  |   |
| (Print Name of lobbyist).  |   |
| N. W.  |   |