## STATE OF NEW HAMPSHIRE



## 2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobb	yist(s) David Ni	chols			
II. Name of lobbyist's partnership, firm or corporation, if any:					
N/A					
	(Name of partnership,	firm or corpor	ration)		<del></del>
Business Address:	(Street)		Fown/City)	(State)	(Zip Code)
( )	, ,	·		, ,	(-4,
(Telepho	one)	- ( )	(Fax)	e-mail	
reportable expen	ise transactions wh	ich are not a	ttributable to an	r each client, OR you may y one client). eporting date relative to the	-
	no, Inc. and it				ionowing choin.
(Full Name of Client as it appears on the Lobbyist Registration Form)					
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are					
All reportable unrelated to any p		obbyist (incl	uding the lobbyist	's family), or the lobbying f	irm listed below which are
IV. Date of Report April 26, 2023  Reports cover: activity from date of registration to 3/31/23  October 25, 2023  October 25, 2023  January 31, 2024  activity from 10/1/23 to 12/31/23  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 Reimbur	sement				
Sworn Statemen	t/Affirmation by L	obbvist		s, you must file Addendum  swear or affirm that the for $\frac{4}{24}$ $\frac{23}{(Date)}$	
Ďavid Nicho	ols			. ,	
(Print Name of lo	obbyist)		_		RECEIVED
					APR 2 6 2023

NEW HAMPSHIRE DEPARTMENT OF STATE