

STATE OF NEW HAMPSHIRE

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

RECEIVED APR 19 2023 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

American Chemistry	hip, firm or corporation, if any:		
•	rship, firm or corporation)		
54 State Street #304	Albany	NY	12207
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
518-432-7835	()	margaret_gorman e-mail	@americanchemistry.com
(Telephone)	(Fax)		
II. This statement covers: (Ch	oose one – file separate reports fo	r each client. OR vou ma	v file a separate r
	s which are not attributable to an		, .
7			
	ccurring in the months prior to the re	porting date relative to the	e following client:
American Chemistry	Council		
•	ne of Client as it appears on the Lobbyis	t Registration Form)	
<u>OR</u>			
1	the lobbyist (including the lobbyist	's family), or the lobbying	firm listed below
unrelated to any particular client.	•		
IV. Date of Report April 26	5, 2023	July 26, 2023	
iv. Date of Report April 20	, 2023 <u> </u>	JUIY 20. 202J 1 1	
	te of registration to 3/31/23 a	ctivity from 4/1/23 to 6/30/23	3
Reports cover: activity from dat		ctivity from 4/1/23 to 6/30/23	3
Reports cover: activity from dat October	25, 2023		3
Reports cover: activity from dat October activity from	25, 2023	ctivity from 4/1/23 to 6/30/23 January 31, 2024 ity from 10/1/23 to 12/31/23	
Reports cover: activity from dat October activity from V. There have been no fees i	25, 2023	ctivity from 4/1/23 to 6/30/23 January 31, 2024 ity from 10/1/23 to 12/31/23 asactions made since the	ne last report.
Reports cover: activity from dat October activity from V. There have been no fees if this box is checked, complete j	25, 2023 active received and no reportable transust this form and submit it to the Sec	ctivity from 4/1/23 to 6/30/23 January 31, 2024 ity from 10/1/23 to 12/31/23 asactions made since the	ne last report.
Reports cover: activity from dat October activity from to V. There have been no fees i If this box is checked, complete j State House, Room 204, Concord	25, 2023 active received and no reportable transust this form and submit it to the Section NH 03301.	ctivity from 4/1/23 to 6/30/23 January 31, 2024 ity from 10/1/23 to 12/31/23 asactions made since the	ne last report.
Reports cover: activity from date October activity from the Common of the Common of the Complete of State House, Room 204, Concord VI. Check if additional reports	25, 2023 active received and no reportable transust this form and submit it to the Section III.	January 31, 2024 January 31, 2024 ity from 10/1/23 to 12/31/23 associous made since the sectory of State's Office, 16	ne last report. [07 North Main Stre
Reports cover: activity from date October activity from the Control of this box is checked, complete justified House, Room 204, Concord of Concord of Concord of this box is checked, complete justified House, Room 204, Concord of Concord of Concord of the Concor	25, 2023 7/1/23 to 9/30/23 received and no reportable translust this form and submit it to the Second, NH 03301. s are attached: made expenditures, you must file Active	January 31, 2024 January 31, 2024 ity from 10/1/23 to 12/31/23 sactions made since the cretary of State's Office, 10 ddendum A—Fees and Ex	ne last report. O7 North Main Stre
Reports cover: activity from date October activity from the Country from t	25, 2023 active received and no reportable transust this form and submit it to the Section III.	January 31, 2024 January 31, 2024 ity from 10/1/23 to 12/31/23 sactions made since the cretary of State's Office, 10 ddendum A—Fees and Ex	ne last report. O7 North Main Stre
Reports cover: activity from date October activity from the Country from t	25, 2023 7/1/23 to 9/30/23 received and no reportable translust this form and submit it to the Second, NH 03301. s are attached: made expenditures, you must file Active	January 31, 2024 January 31, 2024 ity from 10/1/23 to 12/31/23 asactions made since the sectory of State's Office, 10 ddendum A—Fees and Extended the state of the sectory of of the s	ne last report. Of North Main Street Expenses Poort of Honorarium

P L E A S E P R I

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Margaret Gorman				
II. Name of lobbyist's partnership, firm or corporation, if any: American Chemistry Council				
(Name of partnership, firm or corporation) III. Name of Client American Chemistry Council	_{Date} April 13, 2023			
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:	that are related, directly or indirectly trelations, or public relations service:			
a) Total of all fees received in this reporting period	a) \$ 805.00 b) \$ 0			
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) \$ 0 ear)			
c) Total of all fees received to date (Add lines a and b)	c) \$ 805.00			
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 lebeing 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.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0			
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ 0			
e) Total of all itemized expenditures reported in detail in section VI	$_{c)s}$ 0			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ U
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) \$ <u>0</u>
f) Total of all expenses year to date	_{f)} \$ 0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
n/a	s <u>O</u>
	\$
	\$
	\$
	\$
	\$
	· · · · · · · · · · · · · · · · · · ·
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.	m that the foregoing information
Marcaget In. Corman	4/13/23
(Signature of lobbyist)	(Date)
Margaret Gorman	
(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

(Print Name of lobbyist)

Statement of Income	•			1
Name of Lobbying part	nership, firm, or corpo	oration: American	Chemistry	Councis
Name of Client (leave l	plank if Statement is fo	or the partnership, firm, or	corporation and not re	lated to any
Date of Report (check	one):			
April 26, 2023 🔯	July 26, 2023 □	October 25, 2023 🗆	January 31, 2024	
the following Addendu submitted):	ms submitted with the	he Statement of Income a at Statement (insert the n		
Addendum A(s). 🗸			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affire complete to the best of		nformation on the Stateme	nt and each Addendum	is true and
Dorl-			4/13/23	
(Signature of lobbyist)			(Date)	-
Raza Mi				

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 parts	nership, firm, or corpo	oration: American	Cremistry Council
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	 -	 	
Date of Report (check o	one):		
April 26, 2023	July 26, 2023 □	October 25, 2023 □	January 31, 2024 □
I have read RSA 15, RS the following Addendu submitted):	SA 15-B, RSA 664, the submitted with the	he Statement of Income a at Statement (insert the r	nd Expenses described above, and number of Addendum forms being
Addendum A(s))		
Addendum B(s)	·		
Addendum C(s))		
I hereby swear or affirm complete to the best of a			nt and each Addendum is true and
(Signature of lobe sist)	vid		4/13/23
(Signature of lobbyist)			(Date)
Erin Desans			
(Print Name of lobbyist))		