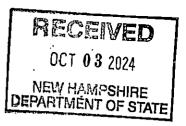
#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15



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 part	nership, firm, or corpo	oration:		
Name of Client (leave b	plank if Statement is fo	or the partnership, firm, or	corporation and not rela	ted to any
particular client):				
Date of Report (check	one):			. •
, April 24, 2024 □	July 31, 2024 □	October 30, 2024	January 29, 2025 □	•
I have read RSA 15, R the following Addendu submitted):	SA 15-B, RSA 664, the ms submitted with the	he Statement of Income a at Statement (insert the n	nd Expenses described a umber of Addendum fo	bove, and
Addendum A(s	)			
Addendum B(s	)			• •
Addendum C(s	)		٠.	
				;
I hereby swear or affirm complete to the best of	n that the foregoing in my knowledge and bel	formation on the Stateme	nt and each Addendum i	s true and
(Signature of lobbyist)		<del>-</del>	10/1/2020 (Date)	<u>1</u>
(Elghanac of 1000yist)	r 1		(Date)	•
- Francis	Rorke			
(Print Name of lobbyist	)			

#### P L E A S E

# S E P R I N T

### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Francis X. Burke	,		
II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partnership, firm or corporation)  III. Name of Client	, Date 9/30/2024		
<ul> <li>IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, governmer including research, monitoring legislation, and related legal work. The greduced by any expenses: <ol> <li>Total of all fees received in this reporting period</li> </ol> </li> <li>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) <ol> <li>Total of all fees received to date (Add lines a and b)</li> </ol> </li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	that are related, directly or indirectly or relations, or public relations service ross fee amount reported shall not be  a) \$\frac{1320}{2264}\$		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 of individual expenses where the expenditure was of \$25.00 or less (for examplunch 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 repany purpose not covered by (a) (for example: purchase of a meal with value great 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 be may be filed for the lobbyist(s)/firm the aggregate total of all expenses pair expenses; (b) the aggregate total of a ple: meals purchased during a businesses than \$10 that is given to the persounce with a value of \$25.00 or less); an aporting period of greater than \$25.00 for lue of greater than \$25, purchase of ter than \$25, but not greater than \$50, expense reimbursement, or politics.		
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>	a) \$ 0 b) \$ 0		
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0		

<ul> <li>d) Total expenses for this reporting period (Add lines a, b and c)</li> <li>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)</li> <li>f) Total of all expenses year to date</li> <li>VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.</li> </ul>	e) \$ 0  f) \$ 0  bbbying fees during this reporting
Paid to:	Amount:
	\$
the second of th	
	\$
<del></del>	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinist true and complete to the best of my knowledge and belief.	
Wille -	9/30/24
(Signature of lobbyist)	(Date)
Francis X. Burke	
_ (Print Name of lobbyist)	

#### STATE OF NEW HAMPSHIRE

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

(Name of partnership, firm or corporation, if any:  (Name of partnership, firm or corporation)  (Name of partnership, firm or corporation)  (Name of Client	II. Name of lobbyist's p			<del></del>
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  Ayotte  Kelly  (Last Name)  Office Candidate is Seeking  Governor  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Personal contribution made by my wife, Joanne T. Burke, but the instructions see to incidacte that they must be reported here.  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)	•	oartnership, firm or co	rporation, if any:	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  Ayotte  Kelly  (Last Name)  Office Candidate is Seeking  Governor  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Personal contribution made by my wife, Joanne T. Burke, but the instructions see to incidacte that they must be reported here.  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)	(Name of	partnership, firm or corporation	<u> </u>	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:    Ayotte   Kelly				Date 9/30/2024
Amount of contribution \$ 250 Office Candidate is Seeking Governor  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Personal contribution made by my wife, Joanne T. Burke, but the instructions see for incidacte that they must be reported here.  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	For each political contri	s ibution that is reportable	e pursuant to RSA Chap	oter 664 paid on behalf of the
Amount of contribution \$ 250 Office Candidate is Seeking Governor  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Personal contribution made by my wife, Joanne T. Burke, but the instructions see to incidacte that they must be reported here.  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	Ayotte	Kelly	
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Personal contribution made by my wife, Joanne T. Burke, but the instructions see to incidacte that they must be reported here.  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)		(Last Name) 250		(Middle Name/Initial) Governor
(Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$			· · · · · · · · · · · · · · · · · · ·	<del></del>
Amount of contribution \$ Office Candidate is Seeking				
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."  Personal contribution made by my wife, Joanne T. Burke, but the instructions see to incidacte that they must be reported here.  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)		(Last Name)	,	(Middle Name/Initial)
(Last Name) (First Name) (Middle Name/Initial)	Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	(Last Name) -kind contribution, provide contribution on the line about the word "estimate."	Office Candidate is See e a description of the good ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known
(····=································	Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar Personal contribution	(Last Name) -kind contribution, provide contribution on the line about the word "estimate." on made by my wife	Office Candidate is See e a description of the good ove for amount of contrib , Joanne T. Burke,	ds or services provided, and enter the ution. If the actual cost is not known but the instructions see
	Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value an Personal contribution to incidacte that the	(Last Name) -kind contribution, provide contribution on the line about the word "estimate." -con made by my wife ay must be reported.	_ Office Candidate is See e a description of the good ove for amount of contrib , Joanne T. Burke, here.	ds or services provided, and enter the ution. If the actual cost is not known but the instructions see

	e line above for amor	on of the goods or services provided, and enter the unt of contribution. If the actual cost is not known,
(If more than three contributions were made, rep	ort additional contribu	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lob	byist	
I have read RSA 15, RSA 15-B and RSA is true and complete to the best of my ki		swear or affirm that the foregoing information of.
Trim		<i>:</i> 8/30/2024
(Signature of lobbyist)		(Date)
Francis X. Burke	•	
(Print Name of lobbyist)		

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