STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS

DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: **Business Address** III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). ☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 29, 2020 \Box July 29, 2020 🗍 IV. Date of Report activity from 4/1/20 to 6/30/20 activity from date of registration to 3/31/20 Reports cover: October 28, 2020 January 27, 2021 🔽 activity from 10/1/20 to 12/31/20 activity from 7/1/20 to 9/30/20 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 Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

and complete to the best of my knowledge and belief.

(Signatu ldbbyist)

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

JAN **26** 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

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I. Name of Lobbyist(s)	Adan Xh	midl		
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:		
J. Grim	6.(as Straf, thership, firm or corporation)	esic Solutions	ILC	
(Name of par	mership, firm or corporation)	U		
III. Name of Client		Date		
Political Contributions For each political contributions client/lobbyist and lobbyist			oter 664 paid on	n behalf of the
Full name of candidate: _	Sununu (Last Name)	(First Name)	(Middle N	ame/Initial)
Amount of contribution \$	200	Office Candidate	is Seeking	overwor
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line abo			
Full name of candidate:	Hennessey (Last Name)	Erin (First Name)	(Middle N	ame/Initial)
Amount of contribution \$	100	Office Candidate i	s Seeking	evate
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line abo	a description of the goove for amount of contrib	ds or services pro oution. If the actu	ovided, and enter the ual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle N	Jame/Initial)
A		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."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobby)st) (Date)
(Print Name of lobbyist)

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