

# STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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MAR 1:5 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(	Bryan K. Gould and Cooley A.	Arroyo	
·	s partnership, firm or corporation, if a	any:	
	Cleveland, Waters and Bass, P.A.		
(Nai	me of partnership, firm or corporation)		<u></u>
Two Capital Pl	aza, P.O. Box 1137, Concord, NH 03302	2-1137	
	reet) (Town/City)	(State)	(Zip Code)
(603) <u>224-7761</u> (Telephone)	( 603) <u>224-6457</u> (Fax	e-mail gouldb@cw	/bpa.com
	overs: (Choose one – file separate reporansactions which are not attributable		file a separate report for
X All reportable trar	nsactions occurring in the months prior to	the reporting date relative to the f	ollowing client:
C	asella Waste Systems, Inc.	abbuist Desistantias Farms	
<u>OR</u>	(Full Name of Client as it appears on the L	obbyist Registration Form)	
	sactions by the lobbyist (including the locular client.	bbyist's family), or the lobbying fi	rm listed below which are
IV. Date of Report Reports cover:	April 29, 2020  activity from date of registration to	July 29, 2020 activity from 4/1/20 to 6/30/2	20
	3/31/20 October 28, 2020  activity from 7/1/20 to 9/30/20	January 27, 2021 XX activity from 10/1/20 to 12/31/	
If this box is checked,	n no fees received and no reportable complete just this form and submit it to to 0.04, Concord, NH 03301.		
VI. Check if addition	nal reports are attached:		
•	ved fees or made expenditures, you must		
☐ If you have paid a Expense Reimbursem	an honorarium or reimbursed expenses, y nent	you must file <b>Addendum B</b> – Repo	rt of Honorariums or
	or your family has made political contribu	utions, you must file Addendum C	- Political Contributions
I have read RSA 15, 1	ffirmation by Lobbyist RSA 15-B, RSA 14-C and RSA 664 and est of my knowledge and belief.	hereby swear or affirm that the for	egoing information is true
/s/Bryan K. Gould		March !	<u>12,</u> 2021
(Signature of lobbyis		(Date)	
Bryan K. Gould	viet)		

# PLEASE PRINT



# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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MAR 15 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Bryan K. Gould and Cooley A. Arroyo				
II. Name of lobbyist's	partnership, firm or corporation, if any:				
	Cleveland, Waters and Bass, P.A.				
(Name o	f partnership, firm or corporation)				
III. Name of Client	Casella Waste Systems, Inc.	Date	March	12,	2021
to lobbying, including fe	nt of all fees received from the client identified above res for services such as public advocacy, government itoring legislation, and related legal work. The gro :	relations,	or public re	lation	s service
a) Total of all fees receive	ved in this reporting period	a)	\$ 275.50		
	ived this calendar year, prior to this reporting period ne total of all prior monthly reports for this calendar ye	b) ear)	\$4,143.50		
c) Total of all fees recei (Add lines a and b		c)	\$4,419.00		
d) Indicate the amount of yet been paid	of any such fees that are due, but have not	d)	\$ 52.00		
fees. Separate reports a the lobbyist(s)/firm that Expenses are to be repo during the reporting per individual expenses whe lunch where the cost wa being lobbied, purchase (c) an itemized statementary purpose not covered ceremonial object to be restaurant expenses for contributions will be repo	artnerships, firms, or corporations are required to repreted to be filed for expenditures made relative to each care unrelated to any one client a separate report norted in one of three categories of expenses: (a) the iod for salaries, benefits, support staff, and office experted the expenditure was of \$25.00 or less (for examples \$25.00 or less, purchase of a pen with a value of less of a ceremonial object given to a person being lobbie to of each individual expenditure made during this report of by (a) (for example: purchase of a meal with value given to the subject of lobbying with a value greate a legislative reception). Expenses for honorariums, orted on separate addendums and should not be reported	elient and may be fi aggregate penses; ( e: meals   ss than \$1 d with a virting perion in of greater than \$2 expense	if expendituled for the let total of all b) the aggre purchased do 0 that is given all be of \$25 od of greater than \$25, but not greimbursem	res are lobbyis lexpe gate to uring a en to t .00 or than \$5, pure reater	e made by st(s)/firm nses paid otal of all busines he perso less); an \$25.00 fo thase of than \$50
support staff, and office	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$	0.00	-	
b) Total aggregate of ex	penditures during this reporting period, not reported	b) \$	0.00		

c) Total of all itemized expenditures reported in detail in section VI.

c) \$ \_\_\_\_\_0.00

d) Total expenses for this reporting period	d) \$
(Add lines a, b and c)	
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) \$
f) Total of all expenses year to date	f) \$100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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
/s/Bryan K. Gould	March 12, 2021
(Signature of lobbyist)	(Date)
Bryan K. Gould	
(Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

Cleveland, Waters and Bass, P.A.  (Name of pannership, firm or corporation)  III. Name of Client	I. Name of Lobbyist(s)	Bryan K. Gould		DEPARTMENT (
Name of Client   Casella Waste Systems, Inc.   Date March 12, 2021	II. Name of lobbyist's	partnership, firm or corp	oration, 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: Syverson, Jason (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 200.00 Office Candidate is Seeking NH Senate  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 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)  Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	Clevela	nd, Waters and Bass, P.A.		
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: Syverson, Jason (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 200.00 Office Candidate is Seeking NH Senate  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 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)	(Name	of partnership, firm or corporation)		
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: Syverson, Jason  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$	III. Name of Client	Casella Waste Systems, Inc.		Date March 12, 2021
Amount of contribution \$ 200.00 Office Candidate is Seeking NH Senate  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."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	For each political con	tribution that is reportable p		ter 664 paid on behalf of the
Amount of contribution \$	Full name of candidat	e: Syverson, Jason (Last Name)	(First Name)	(Middle Name/Initial)
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 \$	Amount of contribution	,		
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."  Full name of candidate:	Full name of candidat	te:		
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)		(Last Name)	(First Name)	(Middle Name/Initial)
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
(Last Name) (First Name) (Middle Name/Initial)	If the contribution is an			
	actual cost of the in-kin-	in-kind contribution, provide a d contribution on the line above	description of the good	ds or services provided, and enter the
	actual cost of the in-kin- enter an estimated value	in-kind contribution, provide a d contribution on the line above and the word "estimate."	description of the good e for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,

(If more than three contributions were made, report additional	al contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and	I hereby swear or affirm that the foregoing inforr
•	
I have read RSA 15, RSA 15-B and RSA 664 and	
I have read RSA 15, RSA 15-B and RSA 664 and	

# 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 partnership, fi	rm, or corporation:	Cleveland, Waters and Bass, P.A.
Name of Client (leave blank if St	atement is for the partn	nership, firm, or corporation and not related to any
particular client):	Casella Waste Syster	ms, Inc.
Date of Report (check one):		
April 29, 2020	20 □ October 28, 2	2020 □ January 27, 2021 💆
		ment of Income and Expenses described above atement (insert the number of Addendum forms
Addendum A(s).		
Addendum B(s).		
l Addendum C(s).		
I hereby swear or affirm that the complete to the best of my knowl		on the Statement and each Addendum is true and
/s/Cooley A. Arroyo		March 12, 2021
(Signature of lobbyist)		(Date)
Cooley A. Arroyo, Esq.		
(Print Name of lobbyist)		