STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 2 1 2021

| I. Name of Lobbyist(s) Maura Wwton | | | NEW HAMPSHIRE DEPARTMENT OF STATE | | |
|--|---------------------------------------|--|--|--|--|
| П. Name of lobbylst's partnership, fir | m or corporation, if any: | | —————————————————————————————————————— | | |
| MM Wwtm (Name of partnership, fi | and Associates | PLIE | | | |
| • | - <i>'</i> | | | | |
| PO BOX QQ | Concord | N | 1331 <u>]</u> (Zip Code) | | |
| | (Town/City) | | | | |
| (1013) <u>224 - 4077</u> (Telephone) | (Fax) | e-mail <u>mau</u> | ameofor @ Comcast N | | |
| III. This statement covers: (Choose or reportable expense transactions which | | | nay file a separate report for | | |
| All reportable transactions occurring | , | • | the following client: | | |
| Derm medica | 1 | | | | |
| (Full Name of Cli | ent as it appears on the Lobbyist R | egistration Form) | | | |
| All reportable transactions by the lob unrelated to any particular client. | obyist (including the lobbyist's | family), or the lobbyi | ng firm listed below which are | | |
| IV. Date of Report April 28, 2021 Reports cover: activity from date of reg | | July 28, 2021 🗍 | 21 | | |
| October 27, 20 activity from 7/1/2. | 21 🗆 | January 26, 2022 rity from 10/1/21 to 12/3 | | | |
| V. There have been no fees receive If this box is checked, complete just this State House, Room 204, Concord, NH 0 | form and submit it to the Secre | | | | |
| VI, Check if additional reports are at | tached: | | | | |
| If you have received fees or made e | | endum A- Fees and | Expenses | | |
| ☐ If you have paid an honorarium or r Expense Reimbursement | | | | | |
| ☐ If you, your firm, or your family ha | s made political contributions, y | you must file Addend | um C- Political Contributions | | |
| Sworn Statement/Affirmation by Lob | hviet | | | | |
| I have read RSA 15. RSA 15-B, RSA 14 and complete to the best of my knowled | 1-C and RSA 664 and hereby st | wear or affirm that the | foregoing information is true | | |
| | | U-7-21 | | | |
| (Signature of lobbyist) | · · · · · · · · · · · · · · · · · · · | (D | ate) | | |
| Mawa Wistm (Print Name of lobbyist) | · · · · · · · · · · · · · · · · · · · | | | | |

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Maura Westm | |
|--|---|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| MM Wytm and Associates Plu (Name of partnership, firm or corporation) | |
| • | |
| III. Name of Client Derry Medical | Date <u> </u> |
| 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, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses: | t relations, or public relations service |
| a) Total of all fees received in this reporting period | a)\$18,000 |
| 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 y | b) \$ ear) |
| c) Total of all fees received to date (Add lines a and b) | c)\$ <u>18,000</u> |
| d) Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ |
| 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 expenditure was of \$25.00 or less (for examp 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 greater 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 may be filed for the lobbyist(s)/fir e aggregate total of all expenses paxpenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the persed with a value of \$25.00 or less); a porting period of greater than \$25.00 are of greater than \$25, purchase of the persect than \$25, but not greater than \$35, expense reimbursement, or politic |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a)\$_\8(NU |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
| c) Total of all itemized expenditures reported in detail in section VI | 0) 8 |

| (Add lines a, b and c) | d) Total expenses for this reporting period | | 18,M | , | |
|--|--|--------------------------|---|---------------------------------------|--|
| (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)\$ | | | |
| Total of all expenses year to date | | ns 18 | 1000 | | • • |
| VI. Other Expenses: Provide the following detail for all expenditures of a period, including by whom paid or to whom charged | more than \$25 made from l | obbying fe | es during | this repor | ting |
| Paid to: | | Amount | : | * \$ | |
| | · | \$ | | | <u>. </u> |
| | | \$ | <u>:</u> | · . | <u> </u> |
| | | \$ | - | | |
| | | \$ | | | :. |
| | | · » | ere e e e e e e e e e e e e e e e e e e | | |
| : | 1. | J | | | |
| | | | * 4.7 | | |
| · | | | | | 1: |
| Sworn Statement/Affirmation by Lobbyist | | ٠. | | | |
| have read RSA 15, RSA 15-B and RSA 664 as true and complete to the best of my knowledge | nd hereby swear or affirm | m that the | foregoir | | ation.: |
| | 50 444 001101. | , , | - | | |
| (Signature of lobbyist) | | -4- برد در | 7-21 | | · · · · · · · · · · · · · · · · · · · |
| • • | | | (Date) | · · · · · · · · · · · · · · · · · · · | • |
| Maura Weston | en e | | | | |
| (Print Name of lobbyist) | | | : | | |
| | taring parameters of the second s | | | | |
| | • • | | | | * * |
| : | | · • • • | 1 | | |