



**STATE OF NEW HAMPSHIRE**  
**2014 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

PLEASE PRINT

I. Name of Lobbyist(s) Sheridan T. Brown

II. Name of lobbyist's partnership, firm or corporation, if any:  
Law Office of Sheridan T. Brown, PLLC  
(Name of partnership, firm or corporation)

P.O. Box 1656 Grantham NH 03753  
Business Address: (Street) (Town/City) (State) (Zip Code)

603 230-2473 ( ) advocate@stbrownlaw.com  
(Telephone) (Fax) e-mail

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.

IV. Date of Report April 30, 2014  July 30, 2014   
 Reports cover: activity from date of registration to 3/31/14 activity from 4/1/14 to 6/30/14  
 October 29, 2014  January 28, 2015   
 activity from 7/1/14 to 9/30/14 activity from 10/1/14 to 12/31/14

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, 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 and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Sheridan T. Brown  
(Signature of lobbyist)

July 30, 2014  
(Date)

Sheridan T. Brown  
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Sheridan T. Brown
II. Name of lobbyist's partnership, firm or corporation, if any: Law Office of Sheridan T. Brown, PLLC

III. Name of Client Date
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: Little, Jerry

Amount of contribution \$ 50.00 Office Candidate is Seeking State 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.

Full name of candidate: Woodburn, Jeff

Amount of contribution \$ 100.00 Office Candidate is Seeking State 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.

Full name of candidate:

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."

\_\_\_\_\_  
\_\_\_\_\_

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(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.

Sheridan T. Brown  
(Signature of lobbyist)

July 30, 2014  
(Date)

Sheridan T. Brown  
(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**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Law Office of Sheridan T. Brown, PLLC

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any  
particular client): \_\_\_\_\_

***Date of Report (check one):***

April 30, 2014       July 30, 2014       October 29, 2014       January 28, 2015

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and  
the following Addendums submitted with that Statement (insert the number of Addendum forms being  
submitted):

\_\_\_\_ Addendum A(s).

\_\_\_\_ Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and  
complete to the best of my knowledge and belief.

*Sheridan T. Brown*  
(Signature of lobbyist)

July 30, 2014  
(Date)

Sheridan T. Brown  
(Print Name of lobbyist)