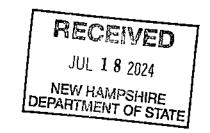


STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lo	obbyist(s) ALEX/	ANDEF	R J	. KOUTROUBA	S & RICHA	RD L. BOULE	EY
	obbyist's partnershi Y & BOULE\	•		• •			
	(Name of partners	hip, firm or	cor	poration)	· -		
17		T STE	3	CONCORD	NH	033	01
Business Addre	` ,			(Town/City)	(State)	(Zip C	ode)
, 603	-228-1601	(١		e-mail		
(Tele	phone)	`	/-	(Fax)			
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:							
MEALS ON WHEELS NH							
(Full Name of Client as it appears on the Lobbyist Registration Form)							
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 Re Reports cover:	eport April 2 activity from date of a October 30 activity from 7/1.	0, 2024		J.	July 31, 2024 ity from 4/1/24 to 6/ anuary 29, 2025 from 10/1/24 to 12/2		ייבא .
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 a	dditional reports a	re attache	d:				
If you hav	e received fees or ma	ade expen	ditu	res, you must file Adde	endum A– Fees ar	d Expenses	
If you hav Expense Reim		n or reimb	urse	ed expenses, you must t	file Addendum B	- Report of Honorar	iums or
If you, you	ur firm, or your fami	ly has mad	le p	olitical contributions, y	ou must file Adde	ndum C– Political	Contributions
I have read RS and complete	the best of my kno	SA 14-C a	nd J		vear or affirm that	the foregoing inform	nation is true
(Print Name of			_ •	·			

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: DENNEY & BOULEY GROUP LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): MEALS ON WHEELS NH
Date of Report (check one):
April 24, 2024
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.
Richard L. Bouley (Signature of lobbyist) Signature of lobbyist) Signature of lobbyist)
RICHARD L. BOULEY
(Print Name of lobbyist)