STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

| I. Name of Lobbyist(s) R | obert L. Best | | OCT 3 1 2018 |
|--|------------------------------------|---|---------------------------------|
| 11. Name of lobbyist's partnership, firm or corporation, if any: | | | 1 |
| | | | NEW HAMPSHIR DEPARTMENT OF S |
| Sulloway & Hollis, P.L. | | | |
| (Name of partners | ship, firm or corporation) | | |
| 9 Capitol Street, Conco | | | |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| (603) 224-2341 | (603) 226-2404 | e-mail rbest@su | lloway.com |
| (Telephone) | (Fa | x) | |
| III. This statement covers: (Choreportable expense transactions All reportable transactions occ | which are not attributable | e to any one client). | |
| ☐ An reportable transactions occ | curring in the months prior to | o the reporting date relative to the | : following chent. |
| New Hampshire M | | | |
| (Full Name | e of Client as it appears on the L | Lobbyist Registration Form) | |
| ☐ All reportable transactions by unrelated to any particular client. | he lobbyist (including the lo | obbyist's family), or the lobbying | firm listed below which are |
| IV. Date of Report April 25, Reports cover: activity from date | 2018 of registration, to 3/31/18 | July 25, 2018 activity from 4/1/18 to 6/30/18 | |
| | 31, 2018 🕏 - 7/1/18 10 9/30/18 | January 30, 2019 activity from 10/1/18 to 12/31/ | 18 |
| V. There have been no fees ro If this box is checked, complete ju Concord, NH 03301. | | | |
| VI. Check if additional reports : | are attached: | | |
| ☐ If you have received fees or n | nade expenditures, you must | file Addendum A- Fees and Ex | penses |
| Expense Reimbursement | | ou must file Addendum B – Rep | |
| ☐ If you, your firm, or your fam | ily has made political contri | butions, you must file Addendur | n C- Political Contributions |
| Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my kn (Signature of lobbyist) Robert L. Best | SA 14-C and RSA 664 and | hereby swear or affirm that the fo | |
| (Print Name of lobbyist) | | | |