

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 9 2020

PLEASE F	RINT
----------	------

I. Name of Lobbyist(s) Daniel Costa Zotos

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:

Alzheimer's Association

(Name of partnership, firm or corporation)

309 Waverly Oats Road		Waltham	MA	02452
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(617) <u>448-7497</u> (Telephone)	_ ()(Fax)	e-mail_dzotos@alz.org	

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:

Alzheimer's Association

(Full Name of Client as it appears on the Lobbyist Registration Form)

<u>OR</u>

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 29, 2020 *Reports cover:* activity from date of registration to 3/31/20

> October 28, 2020 A activity from 7/1/20 to 9/30/20

July 29, 2020 activity from 4/1/20 to 6/30/20

January 27, 2021

V. There have been no fees received and no reportable transactions made since the last report. \square 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 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, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyis

lo (27 /2020

Daniel Costa Zotos

(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: Alzheimer's Association

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

Date of Report (check one):

April 29, 2020 🗆 July 29, 2020 🖬 October 28, 2020 🖾 January 27, 2021 🗖

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.

Signature of lob

10/27/2020

Daniel Costa Zotos

(Print Name of lobbyist)