

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

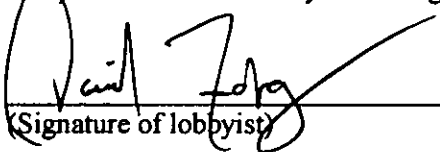
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ 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 lobbyist)

10/27/2020

(Date)

Daniel Costa Zotos

(Print Name of lobbyist)