

I. Name of Lobbyist(s) Kirsten Koch

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

(Name of partnership, firm	or corporation)		
7 North Main St. Suite 403	Concord	NH	03301
usiness Address: (Street)	(Town/City)	(State)	(Zip Code)
(202)448-9500)	e-mail	
(Telephone))(Fax)	e-man	
II. This statement covers: (Choose one eportable expense transactions which a All reportable transactions occurring in	re not attributable to any	one client).	
(Full Name of Clien	t as it appears on the Lobbyist l	Registration Form)	·
All reportable transactions by the lobby unrelated to any particular client.	ist (including the lobbyist's	family), or the lobbying fi	irm listed below which
V. Date of Report April 30, 2025 Reports cover: activity from date of registrati		July 30, 2025 J ity from 4/1/25 to 6/30/25	
October 29, 2025 activity from 7/1/25 to 9/		January 28, 2026 from 10/1/25 to 12/31/25	
V. There have been no fees received f this box is checked, complete just this fortate House, Room 204, Concord, NH 033	rm and submit it to the Secre		
<u>/I.</u> Check if additional reports are attac	:hed:		
If you have received fees or made exp		lendum A— Fees and Exp	enses
If you have paid an honorarium or rein expense Reimbursement			
If you, your firm, or your family has n	nade political contributions,	you must file Addendum	C- Political Contrib
Sworn Statement/Affirmation by Lobby have read RSA 15, RSA 15-B, RSA 14-Cand complete to the best of my knowledge	and RSA 664 and hereby s	wear or affirm that the for	regoing information i
Kirsten Koch	·	07/30/2025	
(Signature of lobbyist)		(Date))
Kirsten Koch	·	()	
(Print Name of lobbyist)			(

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Kirs	ten Koch		<u>.</u> -
II. Name of lobbyist's part	nership, firm or co	orporation, if any:	
Cornerstone Governm	- '	· , ,	
	ership, firm or corporation)	
III. Name of Client N/A			Date 07/30/2025
Political Contributions For each political contributions client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate: N	HGOP (Last Name)	(First Name)	(Middle Name/Initial)
25	, ,		•
Amount of contribution \$ 25		Office Candidate is Seeking	ng IVA
enter an estimated value and the state of candidate:		(Floring)	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is See	eking
	ribution on the line ab		ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is See	king

If more than three contributions were made, report additional	il contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
	hereby swear or affirm that the foregoing information and belief.
s true and complete to the best of my knowledge	
have read RSA 15, RSA 15-B and RSA 664 and s true and complete to the best of my knowledge Kirstan Koch (Signature of lobbyist)	and belief.
s true and complete to the best of my knowledge Kirsten Koch	and belief. 07/30/2025
s true and complete to the best of my knowledge Kirsten Koch (Signature of lobbyist) Kirsten Koch	and belief. 07/30/2025
s true and complete to the best of my knowledge Kirsten Koch (Signature of lobbyist)	and belief. 07/30/2025