## STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 21 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s) Lee Greenwood		_	DEPARTMENT OF STAT
II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partnership, firm or corporation)			
5401 N. Central Expressway, Suite 290,	, Dallas	TX	75205
Business Address: (Street) (Town/City)	-	(State)	(Zip Code)
( ) (617) 595-7042 ( ) (Fax)	e-m	ail <u>complian</u>	ce_nh_associa_1@multistate.us
III. This statement covers: (Choose one file separate reports to reportable expense transactions which are not attributable to a			may file a separate report for
All reportable transactions occurring in the months prior to the	reporting dat	e relative to	the following client:
Associa			<b>.</b>
(Full Name of Client as it appears on the Lobby	rist Registratio	п Гопп)	<del></del>
All reportable transactions by the lobbyist (including the lobbyi unrelated to any particular client.	st's family),	or the lobby	ing firm listed below which are
October 30, 2024	July 3 activity from a January 2 ivity from 10/1	9, 2025	
V. There have been no fees received and no reportable transfer if this box is checked, complete just this form and submit it to the S 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			=
If you have paid an honorarium or reimbursed expenses, you n Expense Reimbursement	nust file Add	endum B– l	Report of Honorariums or
If you, your firm, or your family has made political contribution	ons, you must	file Adden	dum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and heret and complete to the best of my knowledge and belief.  Lee Greenwood	oy swear or a	ffirm that th	e foregoing information is true
(Signature of lobbyist)			Date)
Lee Greenwood		•	
(Print Name of lobbyist)			