

### STATE OF NEW HAMPSHIRE

### 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

| I. Name of Lobbyist(s) Christopher Buchanan  II. Name of lobbyist's partnership, firm or corporation, if any:  N/A  |   |  |                             |  |  |
|---|---|--|-----------------------------|--|--|
|   |   |  |                             |  |  |
| 31 Home Depot Drive PMB 295   | Plymouth  | MA   | 02360                       |  |  |
| Business Address: (Street)  | (Town/City)   | (State)  | (Zip Code)                  |  |  |
| (617) 997-2971  | 1   | e-mail chris.buchan                            | an@walmart.com              |  |  |
| (Telephone)   | (Fax)   |  |                             |  |  |
| III. This statement covers: (Choose one – freportable expense transactions which are  | not attributable to an                              | y one client).                                 |                             |  |  |
| All reportable transactions occurring in the  | he months prior to the re                           | eporting date relative to the                  | following client:           |  |  |
| Walmart Inc.  | s it appears on the Lobbyis                         |  |                             |  |  |
| All reportable transactions by the lobbyis unrelated to any particular client.  IV. Date of Report April 27, 2022  Reports cover: activity from date of registrations.  | t (including the lobbyist                           | editected → conscional delegant during dispers | irm listed below which ar   |  |  |
| October 26, 2022<br>activity from 7/1/22 to 9.  V. There have been no fees received at<br>If this box is checked, complete just this form<br>State House, Room 204, Concord, NH 03301   | nd no reportable trai                               |  | last report.                |  |  |
| VI. Check if additional reports are attached.  If you have received fees or made expending the second of the seco | ditures, you must file A<br>oursed expenses, you mu | ıst file Addendum B- Repo                      | ort of Honorariums or       |  |  |
| Sworn Statement/Affirmation by Lobbyist  Have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge an  (Signature of lobbyist)  Christopher Buchanan  | nd RSA 664 and hereby                               | y swear or affirm that the for (Date)          | regoing information is true |  |  |
| (Print Name of lobbyist)  |   |  |                             |  |  |

# THIS Y

# STATE OF NEW HAMPSHIRE

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

|  | I. Name of Lobbyist(s) Christopher Buchanan  II. Name of lobbyist's partnership, firm or corporation, if any:   |   |  |  |  |
|--|---|---|--|--|--|
|  |   |   |  |  |  |
| 1  | N/A   | or grounding in serily.   |  |  |  |
|  | (Name of partnership, firm or corporati   |   |  |  |  |
|  | III. Name of Client Walmart Inc.  |   | Date 4/20/2022   |  |  |
| I  | Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:                         |   |  |  |  |
|  | Full name of candidate: Sununu (Last Name)  | Chris   |  |  |  |
|  | (Last Name)   | (First Name)  | (Middle Name/Initial)  |  |  |
|  | Amount of contribution \$ 2,500.00  | Office Candidate is Seekir  | , Governor   |  |  |
| -  | actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  N/A                                   |   |  |  |  |
| ]  | Full name of candidate:   |   |  |  |  |
|  | Full name of candidate:(Last Name)  | (First Name)  |  |  |  |
|  | (Last Name)   | (First Name)  |  |  |  |
| I  | Full name of candidate:  (Last Name)  Amount of contribution \$  f the contribution is an in-kind contribution, provectual cost of the in-kind contribution on the line a contribution and the word "estimate." | (First Name)  Office Candidate is See ide a description of the good   | king   |  |  |
| I : : : : : : : : : : : : : : : : : : :  | Amount of contribution \$  If the contribution is an in-kind contribution, proventual cost of the in-kind contribution on the line and the word "estimate."   | (First Name)  Office Candidate is See ide a description of the good   | king   |  |  |
| // II a a a a a a a a a a a a a a a a a  | f the contribution is an in-kind contribution, provectual cost of the in-kind contribution on the line.   | (First Name) Office Candidate is See: ide a description of the good above for amount of contribu                | king is or services provided, and enter the actual cost is not known,                                |  |  |
| II a e e e e e e e e e e e e e e e e e e | Amount of contribution \$  If the contribution is an in-kind contribution, provinctual cost of the in-kind contribution on the line a enter an estimated value and the word "estimate."                         | (First Name)  Office Candidate is See: ide a description of the good above for amount of contribu  (First Name) | kingkingking enter the actual cost is not known, the actual cost is not known, (Middle Name/Initial) |  |  |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|---|
|   |
|   |
|   |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
| 19 ()   |
| (Signature of lobbyist)  (Date)   |
| Christopher Buchanan  |
| (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:                            | Christopher Buchanan  |
|--|---|
| Name of Lobbying partnership, firm, or corporation   | . N/A   |
|  | partnership, firm, or corporation and not related to any  |
| Date of Report (check one):  |   |
| April 27, 2022 July 27, 2022 Oc  | tober 26, 2022  |
|  | tement of Income and Expenses described above, and<br>tement (insert the number of Addendum forms being |
| Addendum A(s). 0   |   |
| Addendum B(s). 0   |   |
| Addendum C(s). 1   |   |
|  |   |
| I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief. | ation on the Statement and each Addendum is true and  |
| $\mathcal{L}$  | 00/00/00  |
| (Signature of lobbyist)  | (Date)  |
| Christopher Buchanan   | _   |
| (Print Name of lobbyist)   |   |