

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Erin Sr	nith ————————————————————————————————————		
II. Name of lobbyist's partnership.	, firm or corporation, if any:		
(Name of partnership	p, firm or corporation)		
203 Trumbull Street	Hartford	CT	06103
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(860) 757-5221	()	_{e-mail} erin.sm	ith2@td.com
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w			ny file a separate report fo
reportable expense transactions w	men are not attributable to an	y one enemy.	
All reportable transactions occur	ring in the months prior to the re	eporting date relative to th	e following client:
TD Bank US Holding	Company		
	f Client as it appears on the Lobbyis	t Registration Form)	
<u>OR</u>			
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist	's family), or the lobbying	g firm listed below which ar
IV. Date of Report April 27, 20 Reports cover: activity from date of October 26, activity from 7/	registration to 3/31/22 act, 2022	July 27, 2022	
V. There have been no fees reco If this box is checked, complete just a State House, Room 204, Concord, N	this form and submit it to the Sec		-
VI. Check if additional reports are	e attached:		
If you have received fees or made			
If you have paid an honorarium	or reimbursed expenses, you mu	ist file Addendum B – Re	port of Honorariums or
Expense Reimbursement If you, your firm, or your family	has made political contributions	s. vou must file Addendu	m C– Political Contribution
	r	-, , - · · · · · · · · · · · · · · · · ·	
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	A 14-C and RSA 664 and hereby	swear or affirm that the f	Foregoing information is tru
erin m smith		04/20/22	
(Signature of lobbyist)		(Dat	re)
Erin Smith			
(Print Name of lobbyist)			