

# STATE OF NEW HAMPSHIRE 2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

(Name of partnership, fi			
	rm or corporation)		
Two Capital Plaza, 5th Floor	Concord	NH _	03301
siness Address: (Street)	(Town/City)	(State)	(Zip Code)
03) 224-7761	( 603) 224-6457	e-mail_gouldb@c	wbpa.com
(Telephone)	(Fax)		
. This statement covers: (Choose o	ne – file separate repo	rts for each client, OR you may	y file a separate repo
portable expense transactions whic			
			0.11
All reportable transactions occurring	g in the months prior to	the reporting date relative to the	following client:
	ient as it appears on the Lo	obbyist Registration Form)	_
<u>R</u>			
All reportable transactions by the lo	bbyist (including the lob	obyist's family), or the lobbying	firm listed below whi
related to any particular client.			
. Date of Report April 26, 2023	$\overline{\mathcal{L}}$	July 26, 2023	
. Date of Report April 26, 2023 ports cover: activity from date of reg		activity from 4/1/23 to 6/30/23	1
October 25, 20		January 31, 2024	
activity from 7/1/23 t		activity from 10/1/23 to 12/31/23	
There have been no fees receiv	ed and no reportable	e transactions made since th	ie last report.
this box is checked, complete just this ate House, Room 204, Concord, NH (		ne Secretary of State's Office, 10	)/ North Main Street,
ae 130use, 100m 204, Concora, 1111 (	,5501.		
Check if additional reports are a	ttached:		
If you have received fees or made o	expenditures, you must	file Addendum A– Fees and Ex	penses
If you have paid an honorarium or	reimbursed expenses, y	ou must file Addendum B-Rep	oort of Honorariums o
rpense Reimbursement			
If you, your firm, or your family ha	is made political contrib	outions, you must file Addendu	m C– Political Contri
vorn Statement/Affirmation by Lol	bbyist		
nave read RSA 15, RSA 15-B, RSA 1	4-C and RSA 664 and i	nereby swear or affirm that the f	oregoing information
त दिशाभृत्याच्याच्याच्याच्याच्याच्याच्याच्याच्याच	age and bener.	10/10/2022	
TNUALL R. 100ULL		10/10/2023	
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### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Cleveland, Waters and Bass, P.A.	
(Name of partnership, firm or corporation)	
III. Name of Client Casella Waste Systems, Inc.	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services fee amount reported shall not l
a) Total of all fees received in this reporting period	<sub>a) \$</sub> 52,282.50
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	ь) \$
c) Total of all fees received to date (Add lines a and b)	c) \$0.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	<sub>d) \$</sub> 52,282.50
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesting lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by the hay be filed for the lobbyist(s)/firms aggregate total of all expenses particles, aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (c) that is given to the person with a value of \$25.00 or less); and the of greater than \$25.00 for than \$25, but not greater than \$25, expense reimbursement, or political expenses reimbursement.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f).\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
**************************************	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Bryan k. Gould	10/10/2023
(Signature of lobbyist)	(Date)
Bryan K. Gould	(Daile)
(Print Name of lobbyist)	



### STATE OF NEW HAMPSHIRE

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

P	I. Name of Lobbyist(s)	Bryan K. Gould				
L E	II. Name of lobbyist's partne	rship, firm or cor	poration, if any:			
A S	Cleveland, Waters and Bass, P.A.					
E	Cleveland, Waters and Bass, P.A. (Name of partnership, firm or corporation)					
P	III. Name of Client Casella	Waste Systems, Inc.		Date		
R I N T	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:	Birdsell (Last Name)	Regina (First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 150.0					
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t 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."						
	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$		Office Candidate is Seeking	g		
	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."					
	Full name of candidate:					
	Tall manie of editoroater	(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$		Office Candidate is Seekin	g		

(turn over to continue  $\rightarrow$ )

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am	
enter an estimated value and the word "estimate."	
	-
(If more than three contributions were made, report additional contrib	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and bel	
DocuSigned by:	10/10/2023
Bryan k. Gould (Signature of lobbyist)	(Date)
Bryan K. Gould (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 Lobbyis
Statement of Income and Expenses for:

Name of Lobbying partner	ship, firm, or corpor	ration: Cooley A. Ar	royo	
Name of Client (leave blan	nk if Statement is for	r the partnership, firm, or	corporation and not	related to any
particular client):Cas	ella Waste Managen	nent, Inc.		
Date of Report (check one	?):			
April 26, 2023 ⊠	July 26, 2023 □	October 25, 2023 🗆	January 31, 2024	
I have read RSA 15, RSA the following Addendums submitted):				
Addendum A(s).	1			
Addendum B(s).				
Addendum C(s).	1			
I hereby swear or affirm to complete to the best of my Docusigned by:		ief.	nt and each Addendi 10/10/2023	um is true and
(Signature of lobbyist)			(Date)	<del></del>
Cooley A. Arroyo (Print Name of lobbyist)				