## STATE OF NEW HAMPSHIRE

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

## RECEIVED

JAN 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Kirst	en Kocn, Maur	a vveston		
I. Name of lobbyist's partr	ership, firm or co	orporation, if any:		
Cornerstone Governme	ent Affairs			
(Name of partne	rship, firm or corporation	)		
III. Name of Client N/A		Date 01/29/2025		
Political Contributions For each political contributions client/lobbyist and lobbying	_	-	er 664 paid on behalf of the	
Full name of candidate: Co	ommittee to E	lect House Repub	licans (Middle Name/Initial)	
Amount of contribution \$ 1,0	` ′	,		
	ibution on the line al		s or services provided, and enter the tion. If the actual cost is not known	
run name of candidate.	HGOP (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 50	0.00	Office Candidate is Seek	ing NH/State	
If the contribution is an in-kind	l contribution, provide		s or services provided, and enter the tion. If the actual cost is not known	
Full name of candidate:	New Hamp	shire Senate Repu	ublicans PAC	
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 1,0	00.00	Office Condidate is Seek	,,, NH State Senate	

(If more than three contributions were made, report additional contributions)	hutiana an annanta aldandam C Cama
· · · · · · · · · · · · · · · · · · ·	butions on separate addendum C forms.)
Swam Ctatamant/Affirmation by Talbuist	•
worn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereb	y swear or affirm that the foregoing information
true and complete to the best of my knowledge and be	
and and complete to the best of my knowledge and be	51101.
NET NO.	
httersuh	01/29/2025
(Signature of lobbyist)	(Date)
Kirsten Koch	
(Print Name of lobbyist)	
(1 Thit I value of 1000 yist)	
	•
•	

## 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	Staten	nent/Aff	ĭrma	tion	by L	obby	ist
Statem	ent of	Income	and	Expe	enses	for:	

Name of Lobbying partnership, firm,	or corporation:	orners tone	Government	Attair
Name of Client (leave blank if Statem particular client):	nent is for the partne	• • • • • • • • • • • • • • • • • • • •	•	ed to any
Date of Report (check one):				
April 24, 2024 □ July 31, 202	24 □ October:	30, 2024 □ Ja	anuary 29, 2025 🗹	
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted submitted):				
Addendum A(s).				
Addendum B(s).				
Addendum C(s).			,	
I hereby swear or affirm that the fore complete to the best of my knowledge (Signature of lobbyist)			nd each Addendum is g- 2 で (Date)	true and
			` '	
Thura M Weston				
(Print Name of lobbyist)				