STATE OF NEW HAMPSHIRE

2015 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15) RECEIVED

PLEASE PRINT

JAN 27 2016

	0.4				grii -
I. Name of Lobbyist(s	Christop	her 1	Sucolapa.	slos	NEW HAMPSHIRE
II Nama aflahkudatta			:6		DEPARTMENT OF STATE
II. Name of lobbyist's					
WH As	e of partnership, firm o	swance	Ayenl's		
(Nam	e of partnership, firm o	r corporation)			
125	Arent	Rd	Concard	NH	63301
Business Address: (Stre	ect)	(Town/City	()	(State)	(Zip Code)
(Telephone)	()	Far	e-mail	
(Telephone)		,	(I an)		
					may file a separate report for
eportable expense tra	ansactions which ar	e not attributa	ble to any one	client).	
All reportable trans	actions occurring in	the months prior	r to the reportin	g date relative to	the following client:
NH A	and the second	. 1		A - 1-	
M	(Full Name of Client	as it appears on th	e Lobbyist Regis	tration Form)	
OR	(1			,	
	actions by the lobbyi	st (including the	lobbyist's fam	ily), or the lobby	ing firm listed below which are
inrelated to any particu		. (1000 150 0 14111	,,, 01 410 1000	
V. Date of Report	April 29, 2015		Ju	ly 29, 2015 \square	
-	ty from date of registro			om 4/1/15 to 6/30.	/15
	October 28, 2015		Jan	nuary 27, 2016	<u>*</u>
4	activity from 7/1/15 to	9/30/15	activity f	rom 10/1/15 to 12	/31/15
					e the last report. Control of the
j tnis box is cneckea, c Concord, NH 03301.	complete just this jort	m ana suomii ii	to the Secretary	of state's Office	e, State House, Room 204,
Joneora, 1411 03301.					
7. Check if additions	al reports are attack	ned:			
If you have receive					
If you have paid ar	honorarium or reim	bursed expenses	s, you must file	Addendum B-	Report of Honorariums or
Expense Reimburseme					
If you, your firm, o	or your family has m	ade political con	ntributions, you	must file Adden	dum C- Political Contributions
Sworn Statement/Affi	rmation by Lobbyi	st			
have read RSA 15, RS	SA 15-B and RSA 6	64 and hereby sv	wear or affirm t	hat the foregoing	information is true and comple
o the best of my know	ledge and belief.			4	1
(1)	7			1/15	-/16
(Signature of lobbyist)			-		Date)
				(1	,
Chris N	rolopollos				
Grist Name of Johnvis	et)				

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of lobbyist's partnership, firm or corporation, if any: Vt Assecution	ngants
(Name of partnership, firm or corporation)	pronts
(Name of partnership, firm or corporation)	
	9
II. Name of Client 1/H Assoc of Inscronce	My of Date
V. Fees Received	
ndicate the gross amount of all fees received from the client identified ab	ove that are related, directly or indi
lobbying, including fees for services such as public advocacy, government	
ncluding research, monitoring legislation, and related legal work. The	
educed by any expenses:	
) Total of all fees received in this reporting period	a)\$ 2500 od b)\$ 7500
	750()
Total of all fees received this calendar year, prior to this reporting perior.	od b) \$
(This should equal the total of all prior monthly reports for this calend	ar year)
Total of all fees received to date	
(Add lines a and b)	0)\$ 10,000-
) Indicate the amount of any such fees that are due, but have not	
yet been paid	d) \$
, cool paid	
 7. Expenses: .obbyist(s)/Lobbying partnerships, firms, or corporations are required to 	report all expenses made from lol
ees. Separate reports are to be filed for expenditures made relative to ea	
he lobbyist(s)/firm that are unrelated to any one client a separate repo	ort may be filed for the lobbyist(s
expenses are to be reported in one of three categories of expenses: (a)	
during the reporting period for salaries, benefits, support staff, and office	
ndividual expenses where the expenditure was of \$25.00 or less (for example of the expension of the expensio	
unch where the cost was \$25.00 or less, purchase of a pen with a value of eing lobbied, purchase of a ceremonial object given to a person being lo	
c) an itemized statement of each individual expenditure made during this	reporting period of greater than \$25
ny purpose not covered by (a) (for example: purchase of a meal with	

a) I otal 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) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

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 period, including by whom paid or to whom charged.	lobbying 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 affinistrue and complete to the best of my knowledge and belief.	rm that the foregoing information
Ca Clan	1/15/16
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	