STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	aura M. Westo	n	
II. Name of lobbyist's partnershi	p, firm or corporation, if any:		
MM Weston +)	Associates PLL	C	
(Name of partners)	nip, firm or corporation)		
PO BOX 990	Concord (Town/City)	NH_	03302
Business Address: (Street)	` */	` '	(Zip Code)
(laB) 224 · 4077 (Telephone)	(603) 224-409 (Fax)	e-mail Maiura	<u>e MMWeston</u> , on mi
III. This statement covers: (Choo reportable expense transactions			ay file a separate report for
✓ All reportable transactions occ	urring in the months prior to the	reporting date relative to the	ne following client:
Derry Medical (Full Name	and Londonder of Client as it appears on the Lobb	my Family Pr	active
<u>OR</u>		9	
All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lobby	st's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 26, Reports cover: activity from date		July 26, 2017 🗹 activity from 4/1/17 to 6/30/17	,
October 25, 2017 activity from 7/1/17 to 9/30/17		January 31, 2018 activity from 10/1/17 to 12/31/17	
V. There have been no fees re If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports a	re attached:		
If you have received fees or m	ade expenditures, you must file	Addendum A- Fees and E	xpenses
If you have paid an honorarium Expense Reimbursement	n or reimbursed expenses, you r	nust file Addendum B - Re	port of Honorariums or
If you, your firm, or your fami	ly has made political contribution	ons, you must file Addendu	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my kno	SA 14-C and RSA 664 and here	7-30-17	
(Signature of lobbyist)		(Da	te)
Maura M. Westun (Print Name of lobbyist)			