STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

JUN 01 2017

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s	, GAIL T. B	Rown
II. Name of lobbyist's	partnership, firm or corporati	ion, if any:
NH Orac	Wealth Con	Lithon (NHPHA)
(Nam	e of partnership, firm or corporation	
#4 Par k Business Address: (Stre	St Svite 4i	53 Concord NH 03301 (State) (Zip Code)
(693 415- (Telephone)	5550 ()	e-mail gbrown @nhor
	vers: (Choose one – file separa ansactions which are not attrib	te reports for each client, OR you may file a separate report for outable to any one client).
All reportable trans	actions occurring in the months	prior to the reporting date relative to the following client:
NH Ora	, Hearth Co	nlition
	(Full Name of Client as it appears of	on the Lobbyist Registration Form)
<u>OR</u>		
unrelated to any particu		g the lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report Reports cover: activities	April 26, 2017 X ty from date of registration to 3/31/	July 26, 2017 1 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
		ortable transactions made since the last report. it it to the Secretary of State's Office, State House, Room 204,
VI. Check if additiona	al reports are attached:	
X If you have receive	d fees or made expenditures, you	u must file Addendum A – Fees and Expenses
Expense Reimbursement		enses, you must file Addendum B Report of Honorariums or
☐ If you, your firm, o	or your family has made political	contributions, you must file Addendum C- Political Contributions
and complete to the bes	rmation by Lobbyist SA 15-B, RSA 14-C and RSA 66 st of my knowledge and belief. T. Brown T. Brown	4 and hereby swear or affirm that the foregoing information is true Luce 12017 (Date)

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) GAIL T. BROWN	
II. Name of lobbyist's partnership, firm or corporation, if any: Name of lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation)	(NHPHA)
(Name of partnership, firm or corporation)	(101111101)
III. Name of Client NHOYOL Health COK	HUDation
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
a) Total of all fees received in this reporting period	a)\$ 21, 168.00
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)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 21,168.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
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 the 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 \$25,000 or less for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being 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 may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all de: meals purchased during a business so than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political
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) \$
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 leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
NA	S
	\$
	\$
·	\$
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.	n that the foregoing information
(Signature of lobbyist) (SAIL T. BROWN.	June 1 2017
GAIL T. BROWN.	
(Print Name of lobbyist)	