STATE OF NEW HAMPSHIRE

2025 Statement of Income and **Expenses for LOBBYISTS** (RSA Chapter 15)

RECEIVED

APR 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Tyler Go	ouveia		DEPARTM
II. Name of lobbyist's partnership, f			
The Professional Fire F	•	nshire	
(Name of partnership.		Politic	
6 Loudon Rd Suite 506	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 603-223-3304	()	_{e-mail} Tyler@	pffnh.org
() 603-223-3304 (Telephone)	(Fax)	C-man	
III. This statement covers: (Choose e reportable expense transactions whi			y file a separate report
All reportable transactions occurring	ng in the months prior to the repo	rting date relative to the	following client:
The Professional Fire F	ighters of New Ham	pshire	
	lient as it appears on the Lobbyist Re	egistration Form)	
All reportable transactions by the lo unrelated to any particular client.	bbyist (including the lobbyist's fa	amily), or the lobbying (firm listed below which
IV. Date of Report April 30, 2 Reports cover: activity from date of regis October 29, 20 activity from 7/1/25 to	tration to 3/31/25 activit 025 J.	July 30, 2025 y from 4/1/25 to 6/30/25 anuary 28, 2026 from 10/1/25 to 12/31/25	
V. There have been no fees receiv If this box is checked, complete just thi State House, Room 204, Concord, NH	s form and submit it to the Secret		
VI. Check if additional reports are a	ttached:		
If you have received fees or made			
If you have paid an honorarium or Expense Reimbursement	reimbursed expenses, you must	file Addendum B- Rep	ort of Honorariums or
If you, your firm, or your family h	as made political contributions, v	ou must file Addendum	n C- Political Contribu
Sworn Statement/Affirmation by Lo			
I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle	14-C and RSA 664 and hereby sv	vear or affirm that the fo	oregoing information is
Tym Ci		4/29/2025	
(Signature of lobbyist)		(Date	:)
Tyler Gouveia			
(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) Tyler Gouveia		
II. Name of lobbyist's partnership, firm or corporation, if any: The Professional Fire Fighters of New Hampshi	re	
(Name of partnership, firm or corporation) III. Name of Client	Date 4/29/2025	
 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: a) Total of all fees received in this reporting period 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) 	relations, or public relations services see amount reported shall not be a) \$\frac{13,504.76}{0}\$	
 c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid 	c) \$ 0 d) \$ 0	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to represes. 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 in 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 less being lobbied, purchase of a ceremonial object given to a person being lobbied (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.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the persor d with a value of \$25.00 or less); and rting period of greater than \$25.00 fo e of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or politica	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.c) Total of all itemized expenditures reported in detail in section VI.	b) \$ 0 c) \$ 0	

(Add lines a, b and c)	d) \$ <u>U</u>	
e) Total of expenses paid this calendar year, prior to this reporting perior (This should be the amount on line f of addendum A for last month's r		-
f) Total of all expenses year to date	f) \$ 0	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made period, including by whom paid or to whom charged.	from lobbying fees during	this repo
Paid to:	Amount:	
	\$	
	\$	
	<u> </u>	
	<u> </u>	
		
	\$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of is true and complete to the best of my knowledge and belief.		
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Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of is true and complete to the best of my knowledge and belief. Tyme (Signature of lobbyist)	r affirm that the foregoin	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of is true and complete to the best of my knowledge and belief.	r affirm that the foregoin 4/29/2025	

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 Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or co	orporation: The Professional Fire Fighters of New Hampshire
Name of Client (leave blank if Statement	is for the partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 30, 2025 🗹 July 30, 2025 🛭	☐ October 29, 2025 ☐ January 28, 2026 ☐
	64, the Statement of Income and Expenses described above, and h that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoin complete to the best of my knowledge and	ng information on the Statement and each Addendum is true and d belief.
Tym ain	4/29/2025
(Signature of lobbyist)	(Date)
Tyler Gouveia	
(Print Name of lobbyist)	