

STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 26 2016

PLEASE PRINT

HEW HAMPSHIRE
DEPARTMENT OF STATE

I. Name of Lobb	yist(s) _Michael H	ansen					
II. Name of lobb	yist's partnership	, firm or co	orporation, if any	y:			
Consumers	Union of U.S., I			oorts			
	(Name of partnership	o, firm or co	poration)				
1535 Mission			San Francisco	. (CA	94103	
Business Address:	(Street)		(Town/City)	•	tate)	(Zip Code)	
() 415-431		_ ()	415-431-0906	e-mail	e-mail levyje@consumer.org		
(Telepho	one)		(Fax)				
					OR you may	file a separate report for	
reportable expen	se transactions w	nich are no	t attributable to	any one client).			
X All reportable	transactions occur	ring in the 1	nonths prior to th	e reporting date r	elative to the f	following client:	
Consumers	Union of U.S. 1	nc DBA	Consumer Re	ports			
				yist Registration F	orm)		
<u>OR</u>							
		lobbyist (in	cluding the lobb	yist's family), or t	he lobbying fi	irm listed below which are	
unrelated to any p	articular chent.						
IV. Date of Repo	ort April 27, 20	016 🗆		July 27, 20	016 🗆		
Reports cover: activity from date of registr			to 3/31/16		tivity from 4/1/16 to 6/30/16		
October 27, 2016			71.6	January 2:			
	activity from 7/	17/1/16 to 9/30/16		activity from 10/1	1		
						last report. X te House, Room 204,	
VI. Check if add	itional reports are	attached:					
	eceived fees or made		ıres, you must file	Addendum A-	Fees and Expe	enses	
	aid an honorarium					rt of Honorariums or	
•		has made p	political contribut	ions, you must fil	e Addendum	C- Political Contributions	
Sworn Statement	t/Affirmation by I	∠obbyist					
	15, RSA 15-B and 1		d hereby swear o	r affirm that the f	oregoing infor	mation is true and complete	
(Signature of lob)	byist)	aus	u	October	25, 2016 (Date)		
_Michael Hansen							
(Print Name of lo	bbyist)						