

STATE OF NEW HAMPSHIRE

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

APR 30 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

	lobbyist's partnership, firm or corporation,	if any:	
Corners	stone Government Affairs		
	(Name of partnership, firm or corporation)		20224
57	N. Main St., Suite 403 Conco		03301
Business Addi	, ,	(State)	(Zip Code)
) (20	2)448-9500 ()	e-mail	
(Te	lephone)	Fax)	
	tement covers: (Choose one - file separate re		y file a separate re
portable e	expense transactions which are not attributal	ble to any one client).	
All repor	table transactions occurring in the months prior	r to the reporting date relative to the	following client:
	il Entertainment, LLC		,
<u> </u>		- Lathada Dadawaka Pana	
OR	(Full Name of Client as it appears on th	e Lobbyist Registration Form)	
_	able transactions by the lobbyist (including the	lobbyist's family), or the lobbying	firm listed below wh
	any particular client.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
V. Date of I		July 30, 2025 activity from 4/1/25 to 6/30/25	
eports cover.	activity from date of registration to 3/31/25		
	October 29, 2025 activity from 7/1/25 to 9/30/25	January 28, 2026 activity from 10/1/25 to 12/31/25	
	ave been no fees received and no reporta checked, complete just this form and submit it i		
tate House,	Room 204, Concord, NH 03301.		
/l. Check if	additional reports are attached:		
	ive received fees or made expenditures, you mu	ist file Addendum A- Fees and Ex	penses
	ive paid an honorarium or reimbursed expenses		
Expense Rein			
If you, y	our firm, or your family has made political con	tributions, you must file Addendu	n C- Political Conti
_			
have read R	ment/Affirmation by Lobbyist SA 15, RSA 15-B, RSA 14-C and RSA 664 and to the best of my knowledge and belief.	d hereby swear or affirm that the fo	oregoing information
76-44	-DUL	4/2012000	
//\/\/^	flohbuigt)	1/20/202	/
Signature of	1 1000413()	' (Date	:)
(Signature of	on Varia	· (Date	:)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Cornerstone Government Affairs	
(Name of partnership, firm or corporation)	1.1
III. Name of Client ECL ENErtainment, U.C.	Date 4/30/2025
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 granded by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 30,000.00
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 y	b) \$ 0.00
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>30,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing 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 xpenses; (b) the aggregate total of alle: meals purchased during a business is than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of the er than \$25, but not greater than \$50, 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) \$ 0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	_{b)} \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00		
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) \$ 0.00		
f) Total of all expenses year to date	0.00		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting		
Paid to:	Amount:		
	\$		
	\$		
	s		
	\$		
	\$		
	\$		
***************************************	29		
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information		
is true and complete to the best of my knowledge and belief.			
Natter Hel	4/30/2025		
(Signature of lobbyist)	(Date)		
Kirsten Kach			
(Print Name of lobbyist)			

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 parts	nership, firm, or corpo	ration: Cornerstone G	overnment Affairs
			corporation and not related to any
particular client):			or permitted and not related to any
Date of Report (check o	ne):		
April 30, 2025 🗹	July 30, 2025 □	October 29, 2025 □	January 28, 2026 □
I have read RSA 15, RS the following Addendur submitted):	A 15-B, RSA 664, thens submitted with that	e Statement of Income at t Statement (insert the n	nd Expenses described above, and umber of Addendum forms being
Addendum A(s).	X		
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m	that the foregoing info y knowledge and belie	ormation on the Statemer ef.	nt and each Addendum is true and
(Signature of lobbyist)			<u>4/30/25</u> (Date)
Marin M	hrsh		
(Print Name of lobbyist)			

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:

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 parti	nership, firm, or corpo	oration: Cornersto	ne Govern	nment Affair	s
Name of Client (leave b	lank if Statement is fo	or the partnership, fi	rm, or corpo	ration and not	related to any
particular client):	ICL Ente	v-takment		·	
Date of Report (check o	ne):				
April 30, 2025 ☑	July 30, 2025 🗆	October 29, 2025	☐ Janu	uary 28, 2026	
I have read RSA 15, RS the following Addendur submitted):	A 15-B, RSA 664, then s submitted with the	e Statement of Inco it Statement (insert	ome and Exp the number	penses describ of Addendun	ed above, and n forms being
Addendum A(s).	X				
Addendum B(s).					
Addendum C(s).	- 12 20				
I hereby swear or affirm complete to the best of many complete to the best	that the foregoing infinity knowledge and believed.	ormation on the Sta		each Addendu	im is true and
Print Name of lobbyist)					