

STATE OF NEW HAMPSHIRE 2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 14 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT 1. Name of Lobbyist(s) Bryan K. Gould, Esq.

1)	Name of partnership,	irm or corporation)	The second secon	w 16
25 Green Hills Ln	POB 866	Rutland	VT	05702
	(Street)	(Town/City)	(State)	(Zip Code)
888) 485-14	69	()	e-maile	vard@casella.com
(Telephone	e)	(Fax)	C-man	<u> </u>
portable expens	e transactions whi	one – file separate reports for one of the new attributable to any one on the months prior to the rep	one client).	
	_	Vaste Systems, Inc.		
	(Full Name of C	lient as it appears on the Lobbyist I	Registration Form)	
OR All reportable tra unrelated to any pa		bbyist (including the lobbyist's	family), or the lobbying	firm listed below w
	t April 30, 2 ity from date of regis October 29, 20 activity from 7/1/25 t	tration to 3/31/25 activ	July 30, 2025 ity from 4/1/25 to 6/30/25 January 28, 2026 from 10/1/25 to 12/31/25	
f this box is checke		ved and no reportable trans s form and submit it to the Secr 03301.		
/I. Check if addit	ional reports are a	ttached:		
71	**	expenditures, you must file Ade	lendum A— Fees and Ex	penses
If you have pai expense Reimburse		reimbursed expenses, you must	file Addendum B - Rep	ort of Honorarium
If you, your fir	m, or your family h	as made political contributions,	you must file Addendui	m C-Political Con
have read RSA 15	Affirmation by Lo 5, RSA 15-B, RSA 6 best of my knowle	14-C and RSA 664 and hereby s	wear or affirm that the fo	oregoing information
Bryan k.	1 _	J	7/9/2025	
Signature of lobby	4		(Date	e)
Bryan K. Go	·		, ,	-,
Print Name of lob	-			



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: Cleveland, Waters and Bass, P.A. (Name of partnership, firm or corporation)	and a second
(Name of partnership, firm or corporation) III. Name of Client Casella Waste Systems, Inc.	Date
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 greeduced by any expenses:	relations, or public relations serv
a) Total of all fees received in this reporting period	a) \$ 36,756.50
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).	a) \$ 36,756.50 b) \$ 0.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 36,756.50
d) Indicate the amount of any such fees that are due, but have not yet been paid	_{d) \$ 33,668.00}
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 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 lebeing 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.	client and if expenditures are mad may be filed for the lobbyist(s)/16 e aggregate total of all expenses expenses; (b) the aggregate total of the meals purchased during a business than \$10 that is given to the period with a value of \$25.00 or less); forting period of greater than \$25.00 are of greater than \$25, purchase or than \$25, but not greater than expense reimbursement, or poli
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.	ь) \$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) \$
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) f) Total of all expenses year to date	e) \$0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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.	
Bryan & Gowld (Signature of lobbyist)	7/9/2025
• •	(Date)
Bryan K. Gould, Esq.	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Bryan K. Gould, E	sq.	
II. Name of lobbyist's part	tnership, firm or co	rporation, if any:	
Clev	eland, Waters an	d Bass, P.A.	
· ·	nership, firm or corporation)		
III. Name of Client Casell	la Waste Systems	s, Inc.	Date
Political Contributions	ion that is reportable	pursuant to RSA Chap	oter 664 paid on behalf of the
Full name of candidate:	loward Pearl	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 15	50.00	Office Candidate is Seeki	NH State Senate
If the contribution is an in-kin	d contribution, provide ribution on the line abo he word "estimate."	a description of the goo	ds or services provided, and enter the oution. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			eking
If the contribution is an in-kin	d contribution, provide	a description of the good	ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

actual cost of the in-kind contribution on the line above for amo	
enter an estimated value and the word "estimate."	
, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
	And the state of t
(If more than three contributions were made, report additional contribu-	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and beli	
Signed by: Bryan to Gould 114784009A7D444	7/9/2025
(Signature of lobbyist)	(Date)
Bryan K. Gould, Esq.	
(Print Name of lobbyist)	