STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

RECEIVED

II. Name of Lobbyist(s) NEW		OCT 2 7 2010	2 7 2016		
		7: 1	NEW HAMPSHIRE DEPARTMENT OF STATE		
Ameresco, Inc.					
(Name of partnership, fin	rm or corporation)				
101 Constitution Ave NW, Suite 525	Washington	DC	2000	1	
Business Address: (Street)	(Town/City)	(State	e) (Zij	p Code)	
(202) 650-6217	()	e-mail ap	atterson@ameresco.con	m	
(Telephone)	(Fax)	c <u></u>			
III. This statement covers: (Choose on reportable expense transactions which			R you may file a sepa	rate report for	
☐ All reportable transactions occurring	g in the months prior to the	e reporting date rela	tive to the following o	client:	
(Full Name of Clie	ent as it appears on the Lobb	oyist Registration Form	n)		
All reportable transactions by the lob unrelated to any particular client.	byist (including the lobby	vist's family), or the	lobbying firm listed b	below which are	
IV. Date of Report April 27, 2016 Reports cover: activity from date of regions.		July 27, 2016 activity from 4/1/16 t			
October 27, 2016 🗸		January 25, 2	January 25, 2017 ☐ ty from 10/1/16 to 12/31/16		
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.					
VI. Check if additional reports are att	ached:				
☐ If you have received fees or made ex	xpenditures, you must file	Addendum A-Fe	es and Expenses		
☐ If you have paid an honorarium or re Expense Reimbursement	eimbursed expenses, you	must file Addendur	m B-Report of Hono	rariums or	
If you, your firm, or your family has	s made political contributi	ions, you must file A	Addendum C– Politic	cal Contributions	
Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B and RSA to the best of my knowledge and belief. (Signature of lobovist)		i	egoing information is (10) (Date)	true and complete	
(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 partnership, firm, or corporation: Ameresco, Inc. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Ameresco, Inc.
Date of Report (check one):
April 27, 2016 □ July 27, 2016 □ October 27, 2016 ▼ January 25, 2017 □
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of low by ist) (Date)
Edmund J. Lepore
Print Name of lobbyist)