

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Darryl W. Perry		
II. Name of lobbyist's par	rtnership, firm or corporation, if	any:	
Liberty Lobby LLC			
	partnership, firm or corporation)		
63 Emerald St #369		NH	03431
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 835 3257	()(Fa		ryl@libertylobby.info
reportable expense trans	s: (Choose one – file separate repartions which are not attributable ons occurring in the months prior t	orts for each client, OR ye e to any one client).	
Liberty Lobby LLC (Fu	Ill Name of Client as it appears on the l	Lobbyist Registration Form)	Commission of Co
Reports cover: activity fro	pril 25, 2018 om date of registration to 3/31/18 ctober 31, 2018	July 25, 2018 activity from 4/1/18 to 6/ January 30, 2019 activity from 10/1/18 to	30/18 9
	fees received and no reportab plete just this form and submit it to		•
VI. Check if additional re	ports are attached:		
-	es or made expenditures, you must		
If you have paid an hor Expense Reimbursement	norarium or reimbursed expenses,	you must file Addendum B	- Report of Honorariums or
•	our family has made political contri	ibutions, you must file Add	endum C- Political Contributions
Sworn Statement/Affirms 1 have read RSA 15, RSA 1 and complete to the best of	5-B, RSA 14-C and RSA 664 and	hereby swear or affirm that	the foregoing information is true
		4/13/18	
(Signature of lobbyist)			(Date) RECEIVED
Ďarryl W. Perry			APR 20 2018
(Print Name of lobbyist)			NEW HAMPSHIRE
			DEPARTMENT OF STAT

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbylst(s) Darryl W. Perry				
II. Name of lobbyist's partnership, firm or corporation, if any:				
Liberty Lobby LLC				
(Name of partnership, firm or corporation)				
III. Name of Client Liberty Lobby LLC	Date <u>4/13/18</u>			
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 service			
a) Total of all fees received in this reporting period	a) \$\$1,181.57			
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).	b) \$ <u>\$0</u>			
e) Total of all fees received to date (Add lines a and b)	e) \$\$1,181.57			
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$\$0			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business funch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the persor being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50 restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$\$1,181.57			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
e) Total of all itemized expenditures reported in detail in section VI.	e) \$			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ \$1,181.57			
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) \$\$1,181.57			
f) Total of all expenses year to date	n \$ \$1,181.57			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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 that the foregoing information is true and complete to the best of my knowledge and belief.				
	4/13/18			
(Signature of lobbyist)	(Date)			
Darryl W. Perry				
(Print Name of lobbyist)				



STATE OF NEW HAMPSHIRE

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

•	P. I. Name of Lobbyist(s) Dally IVV. Pelly					
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k ;						
Č	(Name of partnership, firm or corporation)					
	III. Name of Client Liberty Lobby LLC	Duta 4/13/18				
? ?		Date4/15/16				
•	Political Contributions					
	For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the					
Г	r client/lobbyist and lobbying firm, indicate the following:					
	Full name of candidate: Libertarian Party of New Hampshire					
	(Last Name) (First Name)	(Middle Name/Initial)				
	Amount of contribution \$ 175 Office Candidate is S	ecking n/a				
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the						
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."						
	(If more than three contributions were made, report additional contributions on separate a	ddendum C forms)				
	(if there that there contributions were thank, report about that the body on separate a	Comb.,				
	Sworn Statement/Affirmation by Lobbyist					
	There and DCA IS DCA IS Down IDCA ((A on the other control of the other	.h., .h f				
	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.	that the foregoing information				
	is the and complete to the best of my knowledge and benef.					
		4/12/10				
	$\gamma \gamma \gamma$	4/13/18				
	(Signature of lobbyist)	(Date)				
	Darryl W. Perry					
	(Print Name of lobbyist)					