| · * | 78.0 | STATE OF N | EW HAMPSHIRE | | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------|---------------------|--|--|
| | | | of Income and Expenses | | | |
| 1 | | | OBBYISTS | RECEIVED | | |
| | | | Chapter 15) | ILOLIVLD | | |
| | PLEASE PRINT | (10)1 | | APR 292014 | | |
| | | | , / | NEW HAMPSHIRE | | |
| I. | Name of Lobbyist(s) <u>ANCY</u> | KJOHN | SON | DEPARTMENT OF STATE | | |
| II. | II. Name of lobbyist's partnership, firm or corporation, if any: | | | | | |
| | (Name of partnership, firm of | ar correction) | | | | |
| 0 | (Name of participation), firm of | | | | | |
| Bu | siness Address: (Street) | (Town/City) | CTON (State) | O 385 (Zip Code) | | |
| 60 | 3652-2/35-1 (|) | e-mail | | | |
| $\psi \psi$ | (Telephone) |)(Fax) | e-man | | | |
| п | III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: <u>Rochester CHAMBER of Comperce</u> (Full Name of Client as it appears on the Lobbyist Registration Form) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| X | | | | | | |
| 0 | (Full Name of Client | as it appears on the Lobb | yist Registration Form) | | | |
| | OR | | | | | |
| | □ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. | | | | | |
| | | / | | | | |
| IV | . Date of Report April 30, 2014 🛛 | | July 30, 2014 | | | |
| Re | ports cover: activity from date of registre | ation to 3/31/14 | activity from 4/1/14 to 6/30/14 | | | |
| | October 29, 2014 activity from 7/1/14 to | | January 28, 2015 <i>activity from 10/1/14 to 12/31/14</i> | | | |
| | activity from 7/1/14 to | 9/30/14 | <i>ucuvuy from 10/1/14 to 12/51/14</i> | | | |
| | V. There have been no fees received and no reportable transactions made since the last report. \Box | | | | | |
| | If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, | | | | | |
| Co | oncord, NH 03301. | | | | | |
| V | VI. Check if additional reports are attached: | | | | | |
| ty' | If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses | | | | | |
| □ E> | □ If you have paid an honorarium or reimbursed expenses, you must file Addendum B– Report of Honorariums or Expense Reimbursement | | | | | |
| | ☐ If you, your firm, or your family has made political contributions, you must file Addendum C− Political Contributions | | | | | |
| | | 1 | | | | |
| | | | | | | |
| S | vorn Statement/Affirmation by Lobbyi | st | | | | |
| Ił | 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. | | | | | |
| | $\sum I D$ | | Malal | | | |
| \bigcirc | Jancer Jolnson | J | (Data) | | | |
| (5 | Signature of lobbyist) | / | (Date) | | | |
| 1 | VANCYT. OMNISC | on | | | | |
| () | Print Name of lobbyist) | | | | | |
| | | | | | | |

PLEASE

P R I N T STATE OF NEW HAMPSHIRF

the lobbyist(s)/firm that are unrelated to any one cheft a separate report may be much be determined to any one cheft a separate report may be much 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 lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person 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)\$<u>1000,00</u>

b) \$_____

c) \$_____

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)

d)\$<u>1000,00</u>

f)\$ 1000.00

e) \$

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

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to.

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| Paid to: | Amount: |
|----------|---------|
| · | \$ |
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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.

(Signature of lobbyist) OHASOR (Print Name of lobbyist)

2.8/1~/ (Date)