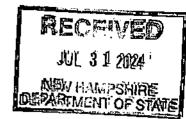


STATE OF NEW HAMPSHIRE

Expenses for LOBBYISTS

2024 Statement of Income and (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Mike VIa		DEL WINNEN	
II. Name of lobbyist's partnership,	firm or corporation, if any:	<u> </u>	
Cornerstone Governmen	- · · · · ·		
(Name of partnership.			
57 N Main St	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 6033912250	()	e-mail mvlacich@	cgagroup.com
(Telephone)	(Fax)	e-nian	
III. This statement covers: (Choose	one - file senarate renorts for a	oob oliant OD was man	61
reportable expense transactions wh	ich are not attributable to any (ne client).	y me a separate report to
7			
All reportable transactions occurri	ing in the months prior to the repo	orting date relative to the	following client:
Kirby Corporation	<u>. </u>		
(Full Name of 0	Client as it appears on the Lobbyist R	egistration Form)	
	obbriet (including the 1-11-inter	° 48	
All reportable transactions by the lurrelated to any particular client.	oboyist (including the lobbyist's	amily), or the lobbying	firm listed below which a
V. Date of Report April 24, 2 deports cover: activity from date of region October 30, 2 activity from 7/1/24	stratio n to 3/31/24 activ 024	July 31, 2024 // ity from 4/1/24 to 6/30/24 anuary 29, 2025 // from 10/1/24 to 12/31/24	
V. There have been no fees receiv f this box is checked, complete just th State House, Room 204, Concord, NH	is form and submit it to the Secret	ctions made since th ary of State's Office, 10	e last report. 2 7 North Main Street,
/I. Check if additional reports are a	ttached:		
If you have received fees or made	expenditures, you must file Adde	endum A- Fees and Exp	enses
☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have paid an honorarium or xpense Reimbursement ☐ If you have	reimbursed expenses, you must f	ile Addendum B– Repo	ort of Honorariums or
If you, your firm, or your family h	as made political contributions, y	ou must file Addendum	C-Political Contribution
worn Statement/Affirmation by Lo have read RSA 15, RSA 15-B, RSA 1 nd complete to the best of my knowle	4-C and RSA 664 and hereby sw	ear or affirm that the for	regoing information is true
nv		7/30/2024	
Signature of lobbyist)		(Date)	
/like Vlacich		(= =.•/)	
Print Name of lobbyist)			