

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2024 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Michael R	lollo	<u> </u>	**************************************
II. Name of lobbyist's partnership, for American Cancer Society		ırk	
(Name of partnership, fi			
655 15th St NW STE 503	Washington	DC	20005
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
		e-mail mike.rollo	· -
() 603-518-6469 (Telephone)	(Fax)	e-mail	
III. This statement covers: (Choose or reportable expense transactions which	h are not attributable to any on	e client).	•
All reportable transactions occurring	g in the months prior to the report	ing date relative to the	e following client:
Same			
-	ient as it appears on the Lobbyist Reg	ristration Form)	
All reportable transactions by the lot unrelated to any particular client.	bbyist (including the lobbyist's fa	mily), or the lobbying	firm listed below which are
IV. Date of Report April 24, 20 Reports cover: activity from date of regist October 30, 20 activity from 7/1/24 to V. There have been no fees received	tration to 3/31/24 activity 24 Jan 29/30/24 activity fr ed and no reportable transac		he last report.
If this box is checked, complete just this State House, Room 204, Concord, NH (•	ry of State's Office, 16	07 North Main Street,
VI. Check if additional reports are at			
If you have received fees or made of If you have paid an honorarium or Expense Reimbursement	· · ·		-
If you, your firm, or your family ha	s made political contributions, yo	u must file Addendu	m C-Political Contributions
•			
Sworn Statement/Affirmation by Lol I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled	4-C and RSA 664 and hereby swe	ear or affirm that the f	oregoing information is true
WX	•	7/25/24	
(Signature of toobyist)		(Date	e)
Michael Rollo			
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

JUL 26 2024 **NEW HAMPSHIRE**

DEPARTMENT OF STATE

RECEIVED

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Michael Rollo	·
II. Name of lobbyist's partnership, firm or corporation, if any: American Cancer Society Cancer Action Network	k
(Name of partnership, firm or corporation)	7/05/04
III. Name of Client Same	Date 7/25/24
IV. Fees Received Indicate the gross amount of all fees received from the client identified ab to lobbying, including fees for services such as public advocacy, governmincluding research, monitoring legislation, and related legal work. The reduced by any expenses:	nent relations, or public relations services
a) Total of all fees received in this reporting period	_{a) \$} 15,741.50
b) Total of all fees received this calendar year, prior to this reporting perior (This should equal the total of all prior monthly reports for this calendary).	_{od b) \$} 12,253.16
c) Total of all fees received to date (Add lines a and b)	c) \$ 27,994.66
d) Indicate the amount of any such fees that are due, but have not yet been paid	_{d) \$} 0

V. Expenses:

yet been paid

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 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) \$ 0	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь) \$	
c) Total of all itemized expenditures reported in detail in section VI.	_{c)} \$ 0	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0
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 leperiod, including by whom paid or to whom charged.	e) \$ 0 f) \$ 0 obbying fees during this reporting
Paid to:	Amount:
N/A	\$ <u>0</u>
	\$
	\$
	\$
	\$
	\$
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.	
	7/25/24
(Signature of lobbyist)	(Date)
Michael Rollo	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

JUL 26 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

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

The defense of a new Medical American Section 1.

American Cancer S	ociety Cancer Acti	on Network + or + 2 - real	1 21 x 24 1 2 2 1 2 1 2 1 2 1
		m) for Between the State	Lara Maria
III. Name of Client N/A			Date 7/25/24
Political Contributions For each political contri			
Political Contributions For each political contri	S bution that is reportab	le pursuant to RSA Chapter 6	ica maid of Kahale activa (
client/lobbyist and lobb		following:	904 paid on behan of the
	·		
Full name of candidate:	Brennan	Angela	
			(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking	State Senate
	nd the word "estimate."		
		D	, -1 · · · · · · · · · · · · · · · · · ·
	Soucy	Donna	
Full name of candidate:	Soucy (Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	Soucy (Last Name)		,
Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	Soucy (Last Name) 100 kind contribution, provi	(First Name)	State Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ f the contribution is an incitual cost of the in-kind c	Soucy (Last Name) 100 kind contribution, provi	(First Name) Office Candidate is Seeking de a description of the goods or	State Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ f the contribution is an inctual cost of the in-kind conter an estimated value ar	Soucy (Last Name) 100 kind contribution, provisontribution on the line and the word "estimate."	(First Name) Office Candidate is Seeking de a description of the goods or	State Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind center an estimated value ar	Soucy (Last Name) 100 kind contribution, provi	(First Name) Office Candidate is Seeking de a description of the goods or	State Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value ar	Soucy (Last Name) 100 kind contribution, provisontribution on the line and the word "estimate."	(First Name) Office Candidate is Seeking de a description of the goods or	State Senate services provided, and enter the

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 addendum C forms.)

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)

Michael Rollo

(Print Name of lobbyist)

7/25/24

(Date)