

I. Name of Lobbyist(s)

STATE OF NEW HAMPSHIRE

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

RECEIVED

AN 29 2025

NEW HAMPSHIRE
DEPARTMENT CASTATE

PLEASE PRINT

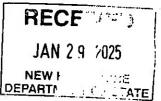
Alison Cooper

II. Name of lobbyist's partnership, firm or corporation, if any: American Property Casualty Insurance Association (Name of partnership, firm or corporation) 95 Columbia St. Albany 12210-2707 (Town/City) (State) Business Address: (Street) (Zip Code) 847-297-5064 518-462-1695 Alison.cooper@apci.org 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: American Property Casualty Insurance Association (Full Name of Client as it appears on the Lobbyist 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. July 31, 2024 IV. Date of Report April 24, 2024 activity from 4/1/24 to 6/30/24 Reports cover: activity from date of registration to 3/31/24 October 30, 2024 January 29, 2025 activity from 7/1/24 to 9/30/24 activity from 10/1/24 to 12/31/24 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses 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 Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 01/28/2025 (Signature of lobbyist) (Date) Alison Cooper (Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Alison Cooper		
II. Name of lobbyist's partnership, firm or corporation, if any:		
American Property Casualty Insurance Association		
(Name of partnership, firm or corporation)		
III. Name of Client American Property Casualty Insurance Association Date		
An induction cited in	The state of the s	
IV. Fees Received Indicate the gross amount of all fees received from the client identified a to lobbying, including fees for services such as public advocacy, govern including research, monitoring legislation, and related legal work. The reduced by any expenses:	ment relations, or public relations services	
a) Total of all fees received in this reporting period	a) \$ No fees received	
b) Total of all fees received this calendar year, pr ior to this reporting period b) \$ (This should equal the total of all prior monthly reports for this calendar year)		
c) Total of all fees received to date		
(Add lines a and b)	c) \$	
d) Indicate the amount of any such fees that are due, but have not	£	
yet been paid	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees." Separate reports are to be filed for expenditures made relative to each lobbyist(s)/firm that are unrelated to any one client a separate repexpenses are to be reported in one of three categories of expenses: (a during the reporting period for salaries, benefits, support staff, and offin individual expenses where the expenditure was of \$25.00 or less (for explunch where the cost was \$25.00 or less, purchase of a pen with a value being lobbied, purchase of a ceremonial object given to a person being legical itemized statement of each individual expenditure made during this any purpose not covered by (a) (for example: purchase of a meal with ceremonial object to be given to the subject of lobbying with a value grestaurant expenses for a legislative reception). Expenses for honorar contributions will be reported on separate addendums and should not be reconstructions.	each client and if expenditures are made by port may be filed for the lobbyist(s)/firm. a) the aggregate total of all expenses paid ice expenses; (b) the aggregate total of all tample: meals purchased during a business of less than \$10 that is given to the person obbied with a value of \$25.00 or less); and a reporting period of greater than \$25.00 for a value of greater than \$25, purchase of a greater than \$25, but not greater than \$50, iums, expense reimbursement, or political	

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4859.38	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	_{b)} \$	
	_{c)} \$ 0	

d) Total expenses for this reporting period	4859.38
(Add lines a, b and c)	
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) \$ 14,578.76
f) Total of all expenses year to date	n s 19,438.14
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:
	\$
	\$
	\$
	\$
	\$
	\$
X	
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.	m that the foregoing information
alian Cape	01/28/2025
(Signature of lobbyist)	(Date)
Alison Cooper	

(Print Name of lobbyist)

JAN 2 9 2025

NEW HAMPSHIRE
DEPARTMENT CT