

STATE OF NEW HAMPSHIRE 2015 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 27 2015

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NEW HAMPSHIRE

I. Name of Lobbyist(s) Michael B. Williams	DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation,	if any:
N/A	
(Name of partnership, firm or corporation)	
6085 Lake Forrest Drive Suite 200A Atlanta	GA 30328
Business Address: (Street) (Town/City	
(202) 706-7615	e-mail knox@americansuppressorassociation.com
• •	(Fax) eports for each client, OR you may file a separate report for
reportable expense transactions which are not attributal	ble to any one client).
All more than the second of th	
All reportable transactions occurring in the months prior	r to the reporting date relative to the following client:
American Suppressor Association	
(Full Name of Client as it appears on the	e Lobbyist Registration Form)
	e lobbyist's family), or the lobbying firm listed below which are
unrelated to any particular client.	roodylst's family), of the loodying first fisted below which are
IV. Date of Report April 29, 2015	July 29, 2015
Reports cover: activity from date of registration to 3/31/15 October 28, 2015 ✓	activity from 4/1/15 to 6/30/15
activity from 7/1/15 to 9/30/15	January 27, 2016
V. There have been no fees received and no reports If this box is checked, complete just this form and submit it Concord, NH 03301.	
VI. Check if additional reports are attached:	
✓ If you have received fees or made expenditures, you made	ust file Addendum A – Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses Expense Reimbursement	
•	ntributions, you must file Addendum C-Political Contributions
to the best of my knowledge and belief.	wear or affirm that the foregoing information is true and complete
Michael B. Williams	10/26/15
(Signature of lobbyist)	(Date)
Michael B. Williams	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Michael B. Williams	NEW HAMPSI DEPART MENT O I
II. Name of lobbyist's partnership, firm or corporation, if any:	
N/A	
(Name of partnership, firm or corporation)	
III. Name of Client American Suppressor Association	Date 10/34/15
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 services
a) Total of all fees received in this reporting period	a) \$1,140.52
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>
(Add lines a and b)	c) \$ _ 1,140.52
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 repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reportance purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and enting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _ 0
) Total aggregate of expenditures during this reporting period, not reported	b) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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) \$
f) Total of all expenses year to date	f) \$
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:
N/A	\$
	\$
	\$
	\$
	\$
	\$
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
Michael B. Williams	10/26/15
(Signature of lobbyist)	(Date)
Michael B. Williams (Print Name of lobbyist)	