		E OF NEW I Lobbyists R Political Cont Addendu (RSA Chapt	eport of ributions 1m C	RECEIVE UCT 2 7 2020 NEW HAMPSHIR DEPARTMENT OF S
I. Name of Lobbyist(s)	James Burnett			
II. Name of lobbyist's pa	· ·			
Sight Line Public Af	fairs			
(Name of pa	rtnership, firm or corporation)	)	· · · · · · · · · · · · · · · · · · ·	
III. Name of Client			Date	10/25/2020
Political Contributions For each political contrib client/lobbyist and lobbyi	•	•	Chapter 664 paid	on behalf of the
Full name of candidate:	NH Senate Republica			
	(Last Name)	(First Name)	(Midd)	e Name/Initial)
Amount of contribution \$ _	250	Office Candid	ate is Seeking	
If the contribution is an in-k actual cost of the in-kind co	ind contribution, provid ntribution on the line ab	e a description of the	goods or services	provided, and enter the
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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."

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(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.

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(Signature of lobbyist)

10/25/2020 (Date)

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James Burnett

(Print Name of lobbyist)

	STATI	E OF NEW HAD Lobbyists Repor Political Contribu Addendum (RSA Chapter 1	rt of utions C
I. Name of Lobbyist(s)	James Burnett		、 
II. Name of lobbyist's par	rtnership, firm or co	rporation, if any:	
Sight Line Public Aff	airs		
	inership, firm or corporation),		
III. Name of Client			Date 10/25/2020
Political Contributions For each political contribuction client/lobbyist and lobbyin			ter 664 paid on behalf of the
	MacDanald		D.
Full name of candidate: _	MacDonald (Last Name)	(First Name)	(Middle Name/Initial)
	(,		
If the contribution is an in-ki	ind contribution, provide ntribution on the line abo	e a description of the good	s Seeking <u>State Representative</u> Is or services provided, and enter th ution. If the actual cost is not know
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(Spouse)

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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.

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(Signature of lobbyist)

10/25/2020

(Date)

James Burnett

(Print Name of lobbyist)

		STATE	STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)				
Sight Line Public Affairs       (Name of patnership, firm or corporation)         111. Name of Client	I. Name of Lobbyist(s)	James Burnett					
(Name of partnership, firm or corporation)         III. Name of Client	II. Name of lobbyist's par	rtnership, firm or corp	poration, if any:				
(Name of partnership. firm or corporation)         111. Name of Client	Sight Line Public Aff	airs					
Political Contributions         For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:         Full name of candidate:       Aford Teaster       Jenn         (Last Name)       (First Name)       (Middle Name/Initial)         Amount of contribution \$50       Office Candidate is SeekingState Senale         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."         (Spouse)       /         Full name of candidate:	-		·····	·			
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:         Full name of candidate:       Alford Teaster       Jenn         (Last Name)       (First Name)       (Middle Name/Initial)         Amount of contribution \$	III. Name of Client			Date _	10/25/2020		
(Last Name)       (First Name)       (Middle Name/Initial)         Amount of contribution \$50       Office Candidate is SeekingState Senate	For each political contribution			oter 664 pai	d on behalf of the		
(Last Name)       (First Name)       (Middle Name/Initial)         Amount of contribution \$50       Office Candidate is SeekingState Senate	Full name of condidator	Alford Teaster	Jenn				
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."  (Spouse)  /  /  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of 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, provide a description of the goods or services provided, and enter the actual cost of the 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."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)	r un name of candidate.	(Last Name)		(Mid	dle Name/Initial)		
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Full name of candidate:       (Last Name)       (First Name)       (Middle Name/Initial)         Amount of contribution \$       Office Candidate is Seeking	If the contribution is an in-k actual cost of the in-kind cor	ind contribution, provide a ntribution on the line abov	a description of the goo	ds or service	es provided, and enter the		
(Last Name)       (First Name)       (Middle Name/Initial)         Amount of contribution \$      Office Candidate is Seeking         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 the contribution is an in-k actual cost of the in-kind cor enter an estimated value and	ind contribution, provide a ntribution on the line abov the word "estimate."	a description of the goo ve for amount of contrib	ds or service ution. If the	es provided, and enter the e actual cost is not known,		
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MAI

(Signature of lobbyist)

10/25/2020 (Date)

James Burnett

(Print Name of lobbyist)