

Molly Voigt

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 2 7 2020

NEW HABIPSHIRE DEPARTMENT OF STATE

PL	EASE PRINT				
I. Name of Lobbyist(s)	Molly Voigt				
11. Name of lobbyist's p	artnership, firm or co	orporation, if an	y:		
(Name o	of partnership, firm or co	rporation)	<u> </u>		
700 13th Street NW, Su	ite 600	Washington_	DC		20005
Business Address: (Street		(Town/City)	(Stat	e)	(Zip Code)
(401) 741-2037	(		e-mail _m	voigt@giffords.o	org
(Telephone) (Fax)					
III. This statement covereportable expense tran	nsactions which are no	ot attributable to	any one client).		
	Giffords		t to the state of		
OR	Full Name of Client as it	appears on the Lob	byist Registration For	n)	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.					
IV. Date of Report Reports cover: activity	April 29, 2020  from date of registration	n to 3/31/20	July 29, 202 activity from 4/1/20		
ac	October 28, 2020 🛭 Tivity from 7/1/20 to 9/30	0/20	January 27, activity from 10/1/2		
V. There have been to If this box is checked, co State House, Room 204,	omplete just this form a	no reportable and submit it to the	transactions mad e Secretary of State ':	e since the last office, 107 Nort	report. 🛭 th Main Street,
VI. Check if additional	l 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/Affir I have read RSA 15, RS	rmation by Lobbyist				
and complete to the best	t of my knowledge and	l belief.	-		
(Signature of loboyist)	<del>biqt</del>	<del> </del>	0/2	.6/2020 (Date)	_