STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED OCT 28 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Chris Cipolla			
II. Name of lobbyist's partnershi DraftKings, Inc.	p, firm or corporation, if a	ny:	•
(Name of partners	hip, firm or corporation)		
222 Berkeley Street, 5th Floor	Boston ,	, MA	02116
Business Address: (Street)	(Town/City)	(State)	`(Zip Code)
(202) 849-9002	()	(,) e-mail lobbyinglaw@gobergroup.com	
(Telephone)	(Fax	(1)	
III. This statement covers: (Chooreportable expense transactions	which are not attributable	to any one client).	
All reportable transactions occ DraftKings, Inc.	urring in the monins prior to	the reporting date relative to the	
•	of Client as it appears on the L	obbyist Registration Form)	
OR ☐ All reportable transactions by the unrelated to any particular client.	he lobbyist (including the lol	bbyist's family), or the lobbying	firm listed below whic
IV. Date of Report April 29,		July 29, 2020 🔲	-
Reports cover: activity from date of registration to 3/31/20		activity from 4/1/20 to 6/30/20	
	28, 2020 🔯 7/1/20 to 9/30/20	January 27, 2021 activity from 10/1/20 to 12/31/	20
V. There have been no fees re If this box is checked, complete jus State House, Room 204, Concord,	st this form and submit it to t	e transactions made since the Secretary of State's Office, I	ne last report. 🛭 🕅 07 North Main Street,
VI. Check if additional reports a	re attached:		
•		file Addendum A- Fees and Ex	penses
Expense Reimbursement		ou must file Addendum B- Rep	
☐ If you, your firm, or your fam	ily has made political contrib	butions, you must file Addendu	m C- Political Contribu
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my known	SA 14-C and RSA 664 and I	hereby swear or affirm that the f $\frac{10/23/20}{(Dat)}$	
(Signature of lobbyist)		(Dat	e) · ·
Chris Cipolla		•	
(Print Name of lobbyist)		•	