

**PLEASE PRINT** 

## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

JAN 29 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's part	nership, firm o	r corporation, if a	ny:		
Congressional Sport	smen's Founda	tion			
(Name of p	artnership, firm o	r corporation)			
25 Deer Run		Arlington		VT	05250
Business Address: (Street)		(Town/City)		State)	(Zip Code)
(802) 430-7171 (Telephone)	(	)(Fa		bmiller@congre	ssionalsportsmen.org
III. This statement covers: reportable expense transact				OR you may file	a separate report for
All reportable transactio	ns occurring in	the months prior to	the reporting date re	elative to the follo	wing client:
Congressional Spo					
	Name of Client	as it appears on the L	obbyist Registration F	orm)	
All reportable transaction unrelated to any particular co		st (including the lol	bbyist's family), or t	he lobbying firm	listed below which are
Reports cover: activity fro	ril 24, 2019 🗹 m date of registra	ition to 3/31/19	activity from 4/1/		
	ober 30, 2019 <i>a</i> By <i>from 7/1/19 to</i>			9,2020 🕰 /1/19 to 12/31/19	
V. There have been no Africa of this box is checked, Street, State House, Room 2	complete just th	nis form and subm			
VI. Check if additional rep	orts are attach	ed:			
If you have received fee			file Addendum A–	Fees and Expense	es
If you have paid an hon- Expense Reimbursement					
If you, your firm, or you	ır family has ma	ide political contrib	outions, you must file	e Addendum C-	Political Contributions
Sworn Statement/Affirmat I have read RSA 15, RSA 15 and complete to the best of t	5-B, RSA 14 <b>-</b> C	and RSA 664 and I	hereby swear or affin	m that the forego	ing information is true
12/10					
_			<b>*</b>	nuary 29, 2020	