

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	CHRISTOPHER	FIFE	· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's partners	ship, firm or corporation, if a	nny:	
(Name of partne	rship, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()(Telephone)	(Fax	e-mail	
III. This statement covers: (Chreportable expense transaction		•	ny file a separate report for
M All reportable transactions o	ccurring in the months prior to	the reporting date relative to th	e following client:
WEYERHAE (Full Nar	USER ne of Client as it appears on the L	obbyist Registration Form)	
OR ☐ All reportable transactions by unrelated to any particular client	the lobbyist (including the lol		
	9, 2020 🗆	July 29, 2020 🗍	
Octobe	te of registration to 3/31/20 r 28, 2020	activity from 4/1/20 to 6/30/20 January 27, 2021 activity from 10/1/20 to 12/31/	
V. There have been no fees If this box is checked, complete y State House, Room 204, Concor	ust this form and submit it to t	e transactions made since the Secretary of State's Office, I	he last report. O7 North Main Street,
VI. Check if additional reports	are attached:		
☐ If you have received fees or	made expenditures, you must	file Addendum A- Fees and Ex	xpenses
☐ If you have paid an honorare Expense Reimbursement	um or reimbursed expenses, y	ou must file Addendum B Re	port of Honorariums or
☐ If you, your firm, or your fa	mily has made political contrib	outions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 664 and I	hereby swear or affirm that the f $\frac{\frac{10}{28/202}}{\frac{10}{28}}$	
(Signature of lobbyist)		(Dat	e)
Christopher f. fe (Print Name of lobbyist)	· 		