

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)Se	an Holihan		·	
II. Name of lobbyist's partne			y:	
Rape, Abuse & Incest Na	ntional Network		•	
(Name of part	nership, firm or co	orporation)		
1220 L Street, NW, Suite 50	0:	Washington	· DC	20005
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
(202) 587-5357	()		e-mail seanh@rain	n.org
(202) (Telephone)	(,	(Fax)	oman	
reportable expense transacti	ons which are n	ot attributable to		
All reportable transactions	occurring in the	months prior to th	e reporting date relative to the	following client:
Rape, Abuse & Incest N	lational Networ	rk		
(Full N	ame of Client as it	appears on the Lob	byist Registration Form)	
unrelated to any particular clie IV. Date of Report April Reports cover: activity from a			yist's family), or the lobbying f July 29, 2020 activity from 4/1/20 to 6/30/20 January 27, 2021 A	
V. There have been no fee	e just this form a	no reportable t	activity from 10/1/20 to 12/31/20 ransactions made since the Secretary of State's Office, 107	e last report. 🛚 🛎
VI. Check if additional repor	ts are attached:	•		
-			e Addendum A- Fees and Exp	enses
☐ If you have paid an honora Expense Reimbursement	arium or reimbur	sed expenses, you	must file Addendum B- Repo	ort of Honorariums or
☐ If you, your firm, or your	family has made	political contribut	ions, you must file Addendum	C- Political Contributio
Sworn Statement/Affirmation I have read RSA 15, RSA 15-I and complete to the best of my	3, RSA 14-C and		reby swear or affirm that the for	regoing information is tru
(Signature of lobbyist)			(Date)	
Sean Holihan				