

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JAN 2 7 2021

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

(Name of partnership	, firm or corporation)		
1220 L Street, NW, Suite 500	Washington	DC	20005
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(301)906-1089	_ ()	e-mailerine@ra	inn.org
(Telephone)	(Fax)		
II. This statement covers: (Choose eportable expense transactions when the All reportable transactions occurred to the contractions occurred to the contraction occu	ich are not attributable to an	y one client).	- -
Rape, Abuse & Incest Nation	nal Network		
	Client as it appears on the Lobbyis	t Registration Form)	
OR All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist	's family), or the lobbying	firm listed below
•			
Reports cover: activity from date of October 28,		tivity from 4/1/20 to 6/30/20 January 27, 2021 🔀	
activity from 7/1		ctivity from 10/1/20 to 12/31/	20
V. There have been no fees rece If this box is checked, complete just to State House, Room 204, Concord, No VI. Check if additional reports are If you have received fees or mad If you have paid an honorarium of Expense Reimbursement If you, your firm, or your family	his form and submit it to the Section 2301. attached: e expenditures, you must file A or reimbursed expenses, you mu	cretary of State's Office, 10 ddendum A- Fees and Ex ast file Addendum B- Rep	07 North Main Stre
Sworn Statement/Affirmation by I. I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist)	14-C and RSA 664 and hereby	swear or affirm that the form $\frac{1/25/2}{(Date)}$	