PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JAN 17 2020

SHIRE OF STATE

I. Name of Lobbyist(s)	Sarah Faye P	ierce		NEW HAMPSH DEPARTMENT OF
II. Name of lobbyist's partn Association of Home	_		y:	
(Name of pa	rtnership, firm or o	•		
1111 19th Street N	N, Suite 402	Washington	DC	20036
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
( ) 202-872-5955 (Telephone)	(	(Fax)	e-mail spierce	e@aham.org
III. This statement covers: reportable expense transact				ay file a separate report for
All reportable transaction	s occurring in th	e months prior to th	ne reporting date relative to the	ne following client:
The Association of	Home Appliand	ce Manufacturers	3	
-	Name of Client as	it appears on the Lob	byist Registration Form)	
OR  ☐ All reportable transactions unrelated to any particular cli		(including the lobb	yist's family), or the lobbying	g firm listed below which are
	il 24, 2019 🗌 a date of registration	on to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30/19	•
	ober 30, 2019 [] from 7/1/19 to 9/3		January 29, 2020 A activity from 10/1/19 to 12/31	7/ <b>19</b>
V. There have been no fe If this box is checked, comple State House, Room 204, Con	te just this form	and submit it to the		
VI. Check if additional repo	orts are attache	d:		
-			e Addendum A-Fees and E	xpenses
☐ If you have paid an hono Expense Reimbursement	rarium or reimbi	arsed expenses, you	must file Addendum B-Re	eport of Honorariums or
☐ If you, your firm, or you	r family has mad	e political contribu	tions, you must file Addendu	um C-Political Contributions
and complete to the best of m	-B, RSA 14-C ar	nd RSA 664 and he	reby swear or affirm that the $\frac{1}{17}$	foregoing information is true
Oarah F Pies (Print Name of lobbyist)				