

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	James Burnett		
II. Name of lobbyist's partne	rship, firm or corporation, if any:		`
Sight Line Pub	lic Affairs		
(Name of parti	nership, firm or corporation)		
PO Box 97	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603-686-3909	()	e-mail jamie@s	ight-line.us
(Telephone)	(Fax)		
	Choose one – file separate reports ons which are not attributable to a		y file a separate report fo
All reportable transactions Wine Institute	occurring in the months prior to the	reporting date relative to the	e following client:
(Full Na	ame of Client as it appears on the Lobb	yist Registration Form)	
<u>OR</u>			
All reportable transactions burnelated to any particular clier	by the lobbyist (including the lobby nt.	ist's family), or the lobbying	firm listed below which are
	28, 2021 🖟	July 28, 2021	
		activity from 4/1/21 to 6/30/21	
October 27, 2021		January 26, 2022 [] activity from 10/1/21 to 12/31/21	
	s received and no reportable to just this form and submit it to the Sord, NH 03301.		
VI. Check if additional repor	ts are attached:		
•	r made expenditures, you must file		
☐ If you have paid an honora Expense Reimbursement	rium or reimbursed expenses, you i	must file Addendum B – Rep	oort of Honorariums or
If you, your firm, or your f	amily has made political contribution	ons, you must file Addendur	n C– Political Contribution
and complete to the best of my	3, RSA 14-C and RSA 664 and here	by swear or affirm that the fo	·
(Sign of lobbyist)		(Date	-1
James Burnett			RECEIVED
(Print Name of lobbyist)			
		!	APR 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)			
II. Name of lobbyist's part	tnership, firm or cor	poration, if any:	
Sight Line Pub	olic Affairs		
	nership, firm or corporation)		
III. Name of Client			Date4/28/21
Political Contributions For each political contribut client/lobbyist and lobbyin			ter 664 paid on behalf of the
Full name of candidate:	Stevens	Janet	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	s Seeking Executive Council
actual cost of the in-kind cont	tribution on the line abo		ution. If the actual cost is not know
actual cost of the in-kind cont	tribution on the line abo		
actual cost of the in-kind cont enter an estimated value and t	tribution on the line abo the word "estimate." Rosenwald	ve for amount of contribu	ution. If the actual cost is not know
actual cost of the in-kind cont enter an estimated value and t	tribution on the line abo the word "estimate."	ve for amount of contribu	
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t Full name of candidate: Amount of contribution \$	tribution on the line abo the word "estimate." Rosenwald	Cindy (First Name)	ution. If the actual cost is not know
actual cost of the in-kind contenter an estimated value and to the transfer of the in-kind content of contribution \$	Rosenwald (Last Name) 100 and contribution, provide tribution on the line abo	Cindy (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
actual cost of the in-kind contenter an estimated value and to the standard to	Rosenwald (Last Name) 100 and contribution, provide tribution on the line abo	Cindy (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking State Senate ds or services provided, and enter t
actual cost of the in-kind contenter an estimated value and to the tenter and estimated value and to the tenter and to the tenter and to the tenter and to the tenter and estimated value and to the tenter and the tenter a	Rosenwald (Last Name) 100 and contribution, provide tribution on the line abothe word "estimate."	Cindy (First Name) Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial) Seeking State Senate ds or services provided, and enter to ution. If the actual cost is not known.
actual cost of the in-kind contenter an estimated value and to the standard	Rosenwald (Last Name) 100 and contribution, provide tribution on the line abo	Cindy (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking State Senate ds or services provided, and enter t

If the contribution is an in-kind contribution, provide a description	
actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	of contribution. If the actual cost is not known,
enter an estimated varide and the word estimate.	
(If more than three contributions were made, report additional contribution	ns on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw	ear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	· · · · · · · · · · · · · · · · · · ·
00	
Sunt 1	4/28/21
(Signature of lobbyist)	(Date)
James Burnett	
(Print Name of Johnwitt)	
(Print Name of lobbyist)	

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