



STATE OF NEW HAMPSHIRE

**Lobbyists Report of Honorariums or
Expense Reimbursement**

**Addendum B
(RSA Chapter 15:6)**

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I. Name of Lobbyist(s) _____

II. Name of lobbyist's partnership, firm or corporation, if any:

(Name of partnership, firm or corporation)

III. Name of Client _____ **Date** _____

State the full name of the person receiving the honorarium or expense reimbursement:

Last Name

First Name

Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ _____

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

(Date)

(Print Name of lobbyist)
