A lobbyist registration form reports the existence of a relationship between a single client and either a single lobbyist or a partnership, firm, or corporation with one or more partners, members, or employees who will be acting as lobbyists for that client. A lobbyist is a person employed in a representative capacity to promote or oppose, directly or indirectly, any legislation pending or proposed before the general court, or to promote or oppose, directly or indirectly, any action by the governor, governor and council, or any state agency, where such action concerns legislation or contracts pending or proposed before the general court, any pending administrative rule, or the procurement of goods or services that are being or may be purchased by the state. RSA 15:1: See also RSA 15:1, III (for a description of persons who fall within this definition but who are not required to register).

**PLEASE PRINT:**

### I. Lobbyist Registering

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name/Initial</th>
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</table>

(_____) __________________________   (_____) __________________________   _______________________________________

(telephone)                                                             (fax)                                                                      (e-mail)

(_____) __________________________   (_____) __________________________   _______________________________________

(mailing address)                                                                                              (city)                   (state)                             (zip code)

Usual occupation or primary field of business: (circle one or fill in): Lobbyist          Attorney     Other __________________________

### II. Name of the lobbyist’s partnership, firm, or corporation

If the lobbyist(s) listed above is affiliated with a partnership, firm, or corporation please provide:

Lobbyist’s partnership, firm, or corporation name

(_____) __________________________   (_____) __________________________   _______________________________________

(telephone)                                                             (fax)                                                                      (e-mail)

(_____) __________________________   (_____) __________________________   _______________________________________

(mailing address)                                                                                              (city)                   (state)                             (zip code)

### III. Character of Employment  (circle one or fill in):

a. Full-time/part-time employee of Client
b. Independent Contractor working directly for Client
c. Contract between Client and Lobbyist/Lobbyist’s Firm
d. Other: ______________________________________

### IV. Duration of employment  *All registrations for 2020 legislative session END on December 31, 2020*

a. Ongoing full-time employee of Client
b. Representation period starts ___/___/___
V. Client

Where the client is a corporation, a registered business (doing business as), a legally established non-profit, a political committee, or other legally recognized entity provide both the name of the entity and the name of either the principal or a designated representative of that client. Where the client is an individual, list only the individual’s name.

___________________________________________________________________________________________
Business, Corporation, Organization, entity name

___________________________________________________________________________________________
Last Name    First Name   Middle Name/Initial

Usual Occupation or primary field of business: ____________________________________________________

Provide business address and contact information or if none, residence address and contact information for individual client or principal/representative:

(_____) __________________________   (_____) __________________________   _______________________________________
(telephone)                                                             (fax)                                                                      (e-mail)

_________________________________________________________________________________________________________________________
(mailing address)                                                                                              (city)                   (state)                             (zip code)

VI. Subject

Describe the subjects of legislative or executive branch action to which the lobbying relationship being reported relates:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

VII. Signature of Registering Lobbyist

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

_______________________________________________    ___/___/___
Signature        Date

Return to: Secretary of State’s Office
107 North Main Street
State House, Room 204
Concord, N.H. 03301

Fee: $50

FOR OFFICE USE ONLY:
Registration Fee Paid: ________________________      Check No. ____________        Amount _________________