State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: __________________________________________
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): ______________________________________________________________________

Date of Report (check one):


I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ Addendum A(s).
_____ Addendum B(s).
_____ Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

__________________________________________                 _________________________
(Signature of lobbyist)                                        (Date)

__________________________________________
(Print Name of lobbyist)