STATE OF NEW HAMPSHIRE
2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) _____

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

_____
(Name of partnership, firm or corporation)

_____
Business Address: (Street) (Town/City) (State) (Zip Code)

( ) _____ ( ) _____ e-mail _____
(Telephone) (Fax)

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

_____
(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report

	April 29, 2020 ☐	July 29, 2020 ☐
Reports cover:	***activity from date of registration to 3/31/20***	***activity from 4/1/20 to 6/30/20***
	October 28, 2020 ☐	January 27, 2021 ☐
	activity from 7/1/20 to 9/30/20	***activity from 10/1/20 to 12/31/20***

V. There have been no fees received and no reportable transactions made since the last report. ☐
If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**– Report of Honorariums or Expense Reimbursement

☐ If you, your firm, or your family has made political contributions, you must file **Addendum C**– Political Contributions

Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B, RSA 14-C 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)