

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):

April 24, 2024 July 31, 2024 October 30, 2024 January 29, 2025

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)