

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

II. Name of lobbyist's partnership	, firm or corporation, i	f any:		
(Name of partnershi	p, firm or corporation)			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
()(Telephone)	()(F	e-mail		
III. This statement covers: (Choos reportable expense transactions w			nay file a separate report for	
☐ All reportable transactions occur	rring in the months prior	to the reporting date relative to t	the following client:	
*	f Client as it appears on the	Lobbyist Registration Form)		
OR ☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including the l	obbyist's family), or the lobbyin	g firm listed below which are	
IV. Date of Report April 30 Reports cover: activity from date of re		July 30, 2025 activity from 4/1/25 to 6/30/2.	5	
October 29, 2025 activity from 7/1/25 to 9/30/25		January 28, 2026 activity from 10/1/25 to 12/31/2		
V. There have been no fees rec If this box is checked, complete just State House, Room 204, Concord, N	this form and submit it to		-	
VI. Check if additional reports ar	e attached:			
•	•	st file Addendum A – Fees and l	•	
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses,	, you must file Addendum B – R	eport of Honorariums or	
☐ If you, your firm, or your family	y has made political cont	ributions, you must file Addend	um C- Political Contribution	
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know	A 14-C and RSA 664 and	d hereby swear or affirm that the	foregoing information is true	
(Signature of lobbyist)		(D:	ate)	
(Print Name of lobbyist)				