

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of L	obbyist(s) Joseph D. Mul	lin		
II. Name of I	obbyist's partnership, firm or c	orporation, if any:		
Congres	sional Sportsmen's Fo	oundation		
1	(Name of partnership, firm or co	orporation)		
110	North Carolina Ave., SE	Washington	DC	20003
Business Addre	ess: (Street)	(Town/City)	(State)	(Zip Code)
, 202	-543-6850	202-543-6853	e-mail csf@congres	ssionalsportsmen.org
(Tel	ephone)	(Fax)		the second secon
All report	ement covers: (Choose one – file spense transactions which are n table transactions occurring in the	ot attributable to any o	one client).	
Congres	sional Sportsmen's Fo		Desistation Francis	
OR	(Full Name of Client as it	appears on the Lobbyist F	(egistration Form)	
All reports	able transactions by the lobbyist (iny particular client.	including the lobbyist's	family), or the lobbying	g firm listed below which ar
IV. Date of F Reports cover:	activity from date of registration October 26, 2022 activity from 7/1/22 to 9/30] 1/22 acti	July 27, 2022	
If this box is	ive been no fees received and checked, complete just this form a Room 204, Concord, NH 03301.			
VI. Check if	additional reports are attached			
	ve received fees or made expendi		lendum A– Fees and E	kpenses
If you ha Expense Reir	ve paid an honorarium or reimburnbursement	sed expenses, you must	file Addendum B-Re	port of Honorariums or
If you, yo	our firm, or your family has made	political contributions,	you must file Addendu	m C- Political Contribution
I have read R	ment/Affirmation by Lobbyist SA 15, RSA 15-B, RSA 14-C and to the best of my knowledge and	I RSA 664 and hereby s belief.	wear or affirm that the $04/25/2022$	foregoing information is tru
(Signature of	1 D. Mulli		(Dat	re)
Joseph I			(Dai	
(Print Name	of foodylst)			

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joseph D. Mullin	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Congressional Sportsmen's Foundation	

(Name of partnership, firm or corporation)

III. Name of Client Congressional Sportsmen's Foundation $_{Date}$ 04/25/2022

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

a) Total of all fees received in this reporting period

a) \$ 238.81

- b) Total of all fees received this calendar year, prior to this reporting period b) \$ 0.00 (This should equal the total of all prior monthly reports for this calendar year)
- Total of all fees received to date (Add lines a and b)

_{c)\$} 238.81

d) Indicate the amount of any such fees that are due, but have not yet been paid

_{d) \$} 0.00

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

					l for salaries,	
support	staff, and	office exper	ises, related	directly or	indirectly to	lobbying

_{a)} \$ 0.00

b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.

b) \$ 4.73

c) Total of all itemized expenditures reported in detail in section VI.

0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4.73
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date	e) \$ 0.00 f) \$ 4.73
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	nilluM Cl doesni.
Paid to:	Amount:
	\$
n's Foundation Date 04/25/2022	None Congressional Sportsma
	\$
wheathai so wheath, bandar an tait made heltifiadh m	\$
ossey, government relations, or public relations services	phyling lets for services each as public adv
AD 000	\$
erapording period b) 5 0.00	i've no devot in this reporting period fees received this calendarycan, prior to the or court to
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Oseph D. Mulo.	04/25/2022
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

II. Name of lobbyist's	partnership, firm or corporat	on, if any:	
Congressional S	Sportsmen's Foundatio	1	
	of partnership, firm or corporation) ongressional Sportsme	n's Foundation _{Date} 04/25/2022	
State the full name o	f the person receiving the hono	rarium or expense reimbursement:	
Mullin	Joseph	D.	
Last Name	First Name	Middle Name/Initial	
What is the value of the	honorarium or expense reimbursem	_{ent?} \$ 50.00	
of the event).		bursement relates. (Include the date(s) and loc	cation(s)
of the event).	eimbursement for lobby		eation(s)
of the event). 01/06/2022 - Re	eimbursement for lobby		eation(s)
of the event). 01/06/2022 - Re	eimbursement for lobby	ist registration fee.	eation(s)
of the event). 01/06/2022 - Re (If there is more than one h Sworn Statement/Aff I have read RSA 15, R	eimbursement for lobby	ist registration fee. se a separate addendum B form for each.) by swear or affirm that the foregoing info	
of the event). 01/06/2022 - Recomplete to the event of the event. (If there is more than one has been statement/Affilia is true and complete to the event of the event.)	conorarium or expense reimbursement unfirmation by Lobbyist RSA 15-B and RSA 664 and here to the best of my knowledge and	ist registration fee. se a separate addendum B form for each.) by swear or affirm that the foregoing info	
of the event). 01/06/2022 - Recommendation of the event). (If there is more than one has sworn Statement/Affilia is true and complete to the statement of the event).	conorarium or expense reimbursement unfirmation by Lobbyist RSA 15-B and RSA 664 and here to the best of my knowledge and	ist registration fee. se a separate addendum B form for each.) by swear or affirm that the foregoing information on the second of the second	

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	of partnership, firm or corporation)	
III. Name of Client	ongressional Sportsmer	n's Foundation _{Date} 04/25/2022
State the full name o	f the person receiving the hono	rarium or expense reimbursement:
Mullin	Joseph	D.
Last Name	First Name	Middle Name/Initial
What is the value of the	honorarium or expense reimburseme	ent? \$ 107.06
D	: 1	.h
of the event).	nen me nonorarium or expense reim	abursement relates. (Include the date(s) and location(s)
01/12/2022 - Milea	age reimbursement for Com	nmittee hearing in Concord, NH.
	90.000000000000000000000000000000000000	
(If there is more than one h	onorarium or expense reimbursement us	se a separate addendum B form for each.)
Sworn Statement/Af	firmation by Lobbyist	
1004.15.0	00. 15 D 1 D01. 664 11	
	RSA 13-B and RSA 664 and here the best of my knowledge and b	by swear or affirm that the foregoing information belief.
	, the coor of my mic wreage and c	
Joell I	- Mull	04/25/2022
(Signature of lobbyis	t)	(Date)
Joseph D. Mulli	n	
	ist)	

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Congressional S	Sportsmen's Foundation	on
	of partnership, firm or corporation) ongressional Sportsme	en's Foundation _{Date} 04/25/2022
State the full name o	f the person receiving the hon	orarium or expense reimbursement:
Mullin	Joseph	D.
Last Name	First Name	Middle Name/Initial
What is the value of the	honorarium or expense reimburser	ment? \$ 4.00
Describe the event to whof the event).	ich the honorarium or expense rei	mbursement relates. (Include the date(s) and location
Describe the event to whof the event).	ich the honorarium or expense rei	
Describe the event to whof the event). 01/12/2022 - To	ich the honorarium or expense rei	mbursement relates. (Include the date(s) and location
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Describe the event to whof the event). 01/12/2022 - To (If there is more than one h Sworn Statement/Aff I have read RSA 15, R	onorarium or expense rei	committee hearing in Concord, NH use a separate addendum B form for each.)
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III. Name of Chent		Date
State the full name o	f the person receiving the honor:	arium or expense reimbursement:
Mullin	Joseph	D.
Last Name	First Name	Middle Name/Initial
What is the value of the	honorarium or expense reimbursemen	_{tt?} \$ 107.06
Describe the event to who of the event).	rich the honorarium or expense reimbi	ursement relates. (Include the date(s) and location
01/14/2022 - Milea	age reimbursement for Comn	nittee hearing in Concord, NH.
(If there is more than one h	nonorarium or expense reimbursement use	a separate addendum B form for each.)
Sworn Statement/Af	firmation by Lobbyist	
100115	20. 15 D 1 D	65 1 1 6
	RSA 15-B and RSA 664 and hereby the best of my knowledge and be	y swear or affirm that the foregoing informati
is true and complete to	the best of my knowledge and be	net.
0 40		04/25/2022
(Signature of lobbyis	Mull-	(Date)
(Signature of lobbyts	()	(Date)
Joseph D. Mulli		
(Print Name of lobby	ist)	

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Mullin	Joseph	D.
Last Name	First Name	Middle Name/Initial
What is the value of the	honorarium or expense reimbursen	nent? \$ 4.00
01/14/2022 - To	Il reimbursement for C	ommittee hearing in Concord, NH.
	· .	
(If there is more than one h	onorarium or expense reimbursement u	use a separate addendum B form for each.)
Sworn Statement/Af	firmation by Lobbyist	
	RSA 15-B and RSA 664 and here the best of my knowledge and	eby swear or affirm that the foregoing information belief.
(Signature of lobbyist	Masld.	04/25/2022
(Signature of lobbyist	t)	(Date)
Joseph D. Mulli	n	
(Print Name of lobby	ist)	