

I. Name of Lobbyist(s) \_\_\_\_\_

## STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

(Name of partnership	, firm or corporation)		
PO Box 97	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code
603-686-3909	( )	e-mail_jamie@sight-line.us	
(Telephone)	(Fax)		
II. This statement covers: (Choose eportable expense transactions where the contractions occurs and the contractions occurs to the contraction occurs to the contracti	nich are not attributable to any	one client).	_
Wine Institute		porting and rotality to inc	
(Full Name of	Client as it appears on the Lobbyist	Registration Form)	
All reportable transactions by the unrelated to any particular client.			rm listed below v
IV. Date of Report April 30, Reports cover: activity from date of reg		July 30, 2025	
October 29,		January 28, 2026	
activity from 7/1/2:		ty from 10/1/25 to 12/31/25	
V. There have been no fees rece If this box is checked, complete just t State House, Room 204, Concord, N VI. Check if additional reports are	his form and submit it to the Sec FI 03301. attached:	retary of State's Office, 10	7 North Main Stre
If you have received fees or mad	- · · · ·	=	
If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, you mu	st file <b>Addendum B</b> – Repo	ort of Honorariun
If you, your firm, or your family	has made political contributions	s, you must file <b>Addendum</b>	C-Political Co
	-	-	
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	14-C and RSA 664 and hereby	swear or affirm that the for	regoing informati
De RESURTIFIE		7/22/2025	
(Signature of lobbyist)		(Date)	)
James Burnett			
(Print Name of lobbyist)			