

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) James Burnett	· · · · · · · · · · · · · · · · · · ·		
II. Name of lobbyist's partnership, firm or c	orporation, if any:		
Sight Line Public Affairs			
(Name of partnership, firm or co	orporation)		
PO Box 97	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-686-3909 ())	e-mail jamie@sigl	nt-line.us
(Telephone)	(Fax)		
III. This statement covers: (Choose one – fil reportable expense transactions which are n			ile a separate report fo
All reportable transactions occurring in the	months prior to the re	porting date relative to the fo	ollowing client:
Wine Institute			
(Full Name of Client as i	t appears on the Lobbyist	Registration Form)	
<u>OR</u>			
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration to October 30, 2024 activity from 7/1/24 to 9/30/2	4 activi	July 31, 2024	
V. There have been no fees received and If this box is checked, complete just this form a State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached	!: .:		
If you have received fees or made expendi		Idendum A - Fees and Expe	nses
If you have paid an honorarium or reimburenesse Reimbursement			•
If you, your firm, or your family has made	political contributions	, you must file Addendum	C- Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C an and complete to the best of my knowledge and		swear or affirm that the fore	going information is tr
(Signature of lobbyist)		(Date)	
James Burnett	· · · · · · · · · · · · · · · · · · ·	(Date)	• • • • • • • • • • • • • • • • • • • •
(Print Name of Johnwist)			