

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

OCT 3 1 2019

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PLEASE PRINT

NEW HAMPSHIRE

			DEPARTMENT OF STATE
I. Name of Lobbyist(s)_	James Burnett		
II. Name of lobbyist's pa	urtnership, firm or corporation, i	fany:	•
Sight Line Public A	ftairs		
(Name o	[partnership, firm or corporation]	<u>.</u>	
PO Box 97	Concord	NH	03302
Business Address: (Street	(Town/City)	(State)	(Zip Code)
() 603-686-3909	()		@sight-line.us
(Telephone)	(i	^z ax)	
reportable expense trans	rs: (Choose one – file separate re sactions which are not attributab tions occurring in the months prior	de to any one client).	
امراً American Property Ca	asualty Insurance Association		
	full Name of Client as it appears on the	Lobbyist Registration Form)	
<u>OR</u>			
All reportable transact unrelated to any particula	ions by the lobbyist (including the relient.	lobbyist's family), or the lobby	ying firm listed below which are
	April 24, 2019 [] From date of registration to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30	
	October 30, 2019 [] ivity from 7/1/19 to 9/30/19	January 29, 2020 activity from 10/1/19 to 12	
V. There have been no If this box is checked, con State House, Room 204, (o fees received and no reporta nplete just this form and submit it to Concord, NH 03301.	ble transactions made sine o the Secretary of State's Offic	ce the last report. Green 107 North Main Street.
VI. Check if additional	reports are attached:		
[] If you have received	fees or made expenditures, you mu	st file Addendum A- Fees an	d Expenses
Expense Reimbursement	onorurium or reimbursed expenses		
☐ If you, your firm, or ;	your family has made political conf	tributions, you must file Adde	ndum C- Political Contributions
	nation by Lobbyist A 15-B, RSA 14-C and RSA 664 and before knowledge and belief.	id hereby swear or affirm that t	the foregoing information is true
_xana 80	Duil VIII	10/30/19	-
(Sign of lobbyist)		•	(Datc)
James Burnett			
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

OCT 3 1 2019

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(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	James Burnett	
II. Name of lobbyist's pa	rtnership, firm or corporation, if any:	
Sight Line Public Affa	uirs.	
(Name of pa	artnership, firm or corporation)	
III. Name of Client	American Property Casualty Insurance Association	Date 10/30/19
to lobbying, including fees	of all fees received from the client identified above for services such as public advocacy, government ring legislation, and related legal work. The gro	relations, or public relations services
a) Total of all fees received	in this reporting period	a) \$7,500
	d this calendar year, prior to this reporting period total of all prior monthly reports for this calendar ye	b) \$
c) Total of all fees received (Add lines a and b)	d to date	c) \$
d) Indicate the amount of a yet been paid	any such fees that are due, but have not	d) \$ _15,000
fees. Separate reports are the lobbyist(s)/firm that an Expenses are to be reporteduring the reporting period individual expenses where lunch where the cost was \$ being lobbied, purchase of (c) an itemized statement of any purpose not covered be ceremonial object to be given restaurant expenses for a left to be considered.	derships, firms, or corporations are required to repute to be filed for expenditures made relative to each of the eunrelated to any one client a separate report of d in one of three categories of expenses: (a) the for salaries, benefits, support staff, and office exthe expenditure was of \$25.00 or less (for example 25.00 or less, purchase of a pen with a value of less a ceremonial object given to a person being lobbie of each individual expenditure made during this report (a) (for example; purchase of a meal with value of the subject of lobbying with a value greate egislative reception). Expenses for honorariums, and on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid apenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and riting period of greater than \$25,00 for the of greater than \$25, purchase of a ir than \$25, but not greater than \$50, expense reimbursement, or political
	s for this reporting period for salaries, benefits, benses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of experin a), of \$25 or less.	nditures during this reporting period, not reported	ь) \$
c) Total of all itemized exp	enditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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	c) \$
f) Total of all expenses year to date	f) \$7,500
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.	lobbying fees during this report
Paid to:	Amount:
	\$
	s
	s
	\$
	s
	s
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi is true and complete to the best of my knowledge and belief.	rm that the foregoing inform
Jana & Smith MI	10/30/19
(Sign of lobbyist)	(Date)