

## STATE OF NEW HAMPSHIRE

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

## RECEIVED

OCT 2 5 2019

PLEASE PRINT

I. Name of Lobbyist(s) Adam	Eichen		NEW HAM: UHIRE DEPARTMENT OF STATI
H. Name of lobbyist's partnersh	ip, firm or corporation, if ar	ıy:	
N/A			
	hip, firm or corporation)	·	
1031 15th St NW	Washington	DC	20005
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(347) <u>276-9100</u> (Telephone)	(Fax)	e-mail_adam.eq	ualcitizens.us
III. This statement covers: (Choreportable expense transactions	which are not attributable to	o any one client).	
✓ All reportable transactions occ	urring in the months prior to t	he reporting date relative to th	e following client:
Equal Citizens Foundation	of Client as it appears on the Lot		
OR ☐ All reportable transactions by the unrelated to any particular client.		-	g firm listed below which are
IV. Date of Report April 24, Reports cover: activity from date	2019 🛘 of registration to 3/31/19	July 31, 2019	
	0, 2019 <b>전</b> 7/1/19 to 9/30/19	January 29, 2020 [] activity from 10/1/19 to 12/31.	/19
V. There have been no fees re If this box is checked, complete jus State House, Room 204, Concord,	t this form and submit it to the		
VI. Check if additional reports a	re attached:		
☐ If you have received fees or m			
<ul> <li>If you have paid an honorarius Expense Reimbursement</li> </ul>	n or reimbursed expenses, you	u must file Addendum B- Re	port of Honorariums or
☐ If you, your firm, or your fami	ly has made political contribu	itions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my kgo	SA 14-C and RSA 664 and he		
(Signature of lobbyist)		10/22/	<u> </u>
Adam Eichen		(Dai	
(Print Name of lobbyist)	<del>.</del>		