

2020 Lobbyist Registration Form

RSA Chapter 15



A lobbyist registration form reports the existence of a relationship between a single client and either a single lobbyist or a partnership, firm, or corporation with one or more partners, members, or employees who will be acting as lobbyists for that client. A lobbyist is a person employed in a representative capacity to promote or oppose, directly or indirectly, any legislation pending or proposed before the general court, or to promote or oppose, directly or indirectly, any action by the governor, governor and council, or any state agency, where such action concerns legislation or contracts pending or proposed before the general court, any pending administrative rule, or the procurement of goods or services that are being or may be purchased by the state. RSA 15:1: See also RSA 15:1, III (for a description of persons who fall within this definition but who are not required to register).

PLEASE PRINT:

I. Lobbyist(s) Registering

1. _____		
Last Name	First Name	Middle Name/Initial
(____) _____	(____) _____	_____
(telephone)	(fax)	(e-mail)

(mailing address)	(city)	(state) (zip code)
Usual occupation or primary field of business: (circle one or fill in): Lobbyist Attorney Other _____		

2. _____		
Last Name	First Name	Middle Name/Initial
(____) _____	(____) _____	_____
(telephone)	(fax)	(e-mail)

(mailing address)	(city)	(state) (zip code)
Usual occupation or primary field of business: (circle one or fill in): Lobbyist Attorney Other _____		

3. _____		
Last Name	First Name	Middle Name/Initial
(____) _____	(____) _____	_____
(telephone)	(fax)	(e-mail)

(mailing address)	(city)	(state) (zip code)
Usual occupation or primary field of business: (circle one or fill in): Lobbyist Attorney Other _____		

4. _____		
Last Name	First Name	Middle Name/Initial
(____) _____	(____) _____	_____
(telephone)	(fax)	(e-mail)

(mailing address)	(city)	(state) (zip code)
Usual occupation or primary field of business: (circle one or fill in): Lobbyist Attorney Other _____		

(If more than four associated lobbyists are employed by this client, please use a second registration form to register the other lobbyists from the registering partnership, firm, or corporation who will be lobbying for this client. The additional forms should be attached to this page and submitted with this form to the Secretary of State.

II. Name of the lobbyist's partnership, firm, or corporation

If the lobbyist(s) listed above are affiliated with a partnership, firm, or corporation please provide:

 Lobbyist's partnership, firm, or corporation name

(____) _____ (____) _____ _____
 (telephone) (fax) (e-mail)

 (mailing address) (city) (state) (zip code)

III. Character of Employment (circle one or fill in):

If more than one lobbyist is being registered for this single client and the character or duration of the employment is different for the different lobbyists listed above, please attach a separate sheet providing this information for each lobbyist being registered, otherwise the information below will be applied to all lobbyists listed on this registration form.

Lobbyist registrant 1:

- a. Full-time/part-time employee of Client
- b. Independent Contractor working directly for Client
- c. Contract between Client and Lobbyist/Lobbyist's Firm
- d. Other: _____

Lobbyist registrant 2:

- a. Full-time/part-time employee of Client
- b. Independent Contractor working directly for Client
- c. Contract between Client and Lobbyist/Lobbyist's Firm
- d. Other: _____

Lobbyist registrant 3:

- a. Full-time/part-time employee of Client
- b. Independent Contractor working directly for Client
- c. Contract between Client and Lobbyist/Lobbyist's Firm
- d. Other: _____

Lobbyist registrant 4:

- a. Full-time/part-time employee of Client
- b. Independent Contractor working directly for Client
- c. Contract between Client and Lobbyist/Lobbyist's Firm
- d. Other: _____

IV. Duration of employment *All registrations for the 2020 legislative session END on December 31, 2020*

Lobbyist registrant 1:

- a. Ongoing full-time employee of Client
- b. Representation period starts ____/____/____

Lobbyist registrant 2:

- a. Ongoing full-time employee of Client
- b. Representation period starts ____/____/____

Lobbyist registrant 3:

- a. Ongoing full-time employee of Client
- b. Representation period starts ___/___/___

Lobbyist registrant 4:

- a. Ongoing full-time employee of Client
- b. Representation period starts ___/___/___

V. Client

Where the client is a corporation, a registered business (doing business as), a legally established non-profit, a political committee, or other legally recognized entity provide both the name of the entity and the name of either the principal or a designated representative of that client. Where the client is an individual, list only the individual's name.

Business, Corporation, Organization, entity name

Last Name	First Name	Middle Name/Initial
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Usual Occupation or primary field of business: _____

Provide business address and contact information or if none, residence address and contact information for individual client or principal/representative:

(_____) _____	(_____) _____	_____				
(telephone)	(fax)	(e-mail)				
<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 40%;">(mailing address)</td> <td style="width: 20%;">(city)</td> <td style="width: 20%;">(state)</td> <td style="width: 20%;">(zip code)</td> </tr> </table>			(mailing address)	(city)	(state)	(zip code)
(mailing address)	(city)	(state)	(zip code)			

VI. Subject

Describe the subjects of legislative or executive branch action to which the lobbying relationship being reported relates:

VII. Registered lobbyists employed by the partnership, firm, or corporation who are not representing this client.

List the name of any person registered as a lobbyist on the date of this registration who is affiliated with or employed by the lobbying partnership, firm, or corporation which is being registered on this form **who will not be** representing or working on behalf of the client being registered on this form. RSA 15:3, I (f).

1	Last Name	First Name	Middle Name/Initial
2	Last Name	First Name	Middle Name/Initial
3	Last Name	First Name	Middle Name/Initial
4	Last Name	First Name	Middle Name/Initial

(If there are more than four, please attach a separate sheet listing any additional registered lobbyists who are affiliated with or employed by the registering lobbying entity but who will not be lobbying on behalf of the client being registered on this form.)

VIII. Signatures of Registering Lobbyists

I have read RSA Chapter 15 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

1 _____ / /
Signature Date

I have read RSA Chapter 15 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

2 _____ / /
Signature Date

I have read RSA Chapter 15 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

3 _____ / /
Signature Date

I have read RSA Chapter 15 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

4 _____ / /
Signature Date

**Return to: Secretary of State's Office
107 North Main Street
State House, Room 204
Concord, N.H. 03301**

Fee: \$50 for each lobbyist registering on this form.

FOR OFFICE USE ONLY:

Registration Fee Paid: _____ Check No. _____ Amount _____