

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)					
II. Name of lobbyist	's partnership, firm	or corporation, if	any:		
(Na	me of partnership, firm	or corporation)			
Business Address: (S	treet)	(Town/City)	(State)	(Zip Code)	
()(Telephone)	()(Fa:	e-mail		
	covers: (Choose one transactions which a			may file a separate report for	
☐ All reportable tra	nsactions occurring ir	the months prior to	the reporting date relative to	the following client:	
<u>OR</u>	(Full Name of Client	as it appears on the L	obbyist Registration Form)		
· · · · · · · · · · · · · · · · · · ·		ist (including the lo	bbyist's family), or the lobby	ring firm listed below which are	
IV. Date of Report Reports cover: acti	April 29, 2020 \Box ivity from date of registration to 3/31/20		July 29, 2020 activity from 4/1/20 to 6/30	July 29, 2020 activity from 4/1/20 to 6/30/20	
•	October 28, 2020 \square activity from 7/1/20 to 9/30/20		January 27, 2021	January 27, 2021 \Box activity from 10/1/20 to 12/31/20	
If this box is checked		rm and submit it to t	e transactions made since the Secretary of State's Office	-	
VI. Check if additio	nal reports are attac	hed:			
☐ If you have recei	ved fees or made expe	enditures, you must	file Addendum A – Fees and	Expenses	
☐ If you have paid Expense Reimbursen		nbursed expenses, y	you must file Addendum B —	Report of Honorariums or	
☐ If you, your firm	, or your family has n	nade political contri	butions, you must file Adden	dum C– Political Contribution	
I have read RSA 15,	ffirmation by Lobby RSA 15-B, RSA 14-C est of my knowledge	and RSA 664 and	hereby swear or affirm that th	ne foregoing information is true	
(Signature of lobbyis	st)		(I	Date)	
(Print Name of lobby	vist)				