STATE OF NEW HAMPSHIRE



2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT	_ ,	UCT 3 1 2018
I. Name of Lobbyist(s)	Lak	NEW HAMPSHIRE DEPARTMENT OF STA
I. Name of Lobbyist(s)		/
II. Name of lobbyist's partnership, firm or corporation, if any:	λ	
New Hampsh/ce /imber/od Ougame of partnership, firm or corporation)	uners + 1550cia	rtion
Business Address: (Street) (Town/City)	NG (State)	<u>0330/</u> (Zip Code)
(603) 224-9699 (608) 225-589 8 (Telephone) (Fax)	e-mail Stock @	nhtoa.ora
(Telephone) (Fax)		
III. This statement covers: (Choose one – file separate reports for reportable expense transactions which are not attributable to an	or each client, OR you may file ny one client).	e a separate report for
All reportable transactions occurring in the months prior to the	reporting date relative to the following	lowing client:
New Hampshice Timberland Owners A (Full Name of Client as it appears on the Lobby)	SSOCIA Joan	
<u>OR</u>	,	
☐ All reportable transactions by the lobbyist (including the lobbyis unrelated to any particular client.	t's family), or the lobbying firm	n listed below which are
n: n	July 25, 2018 🛚	
IV. Date of Report April 25, 2018 \square Reports cover: activity from date of registration to 3/31/18 a.	ctivity from 4/1/18 to 6/30/18	
October 31, 2018	January 30, 2019 □	
	activity from 10/1/18 to 12/31/18	
V. There have been no fees received and no reportable tra If this box is checked, complete just this form and submit it to the Se Concord, NH 03301.	nsactions made since the la ecretary of State's Office, State	ast report. House, Room 204,
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you must file A	Addendum A- Fees and Expens	ses
If you have paid an honorarium or reimbursed expenses, you m Expense Reimbursement		
If you, your firm, or your family has made political contribution	ns, you must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereb and complete to the best of my knowledge and belief. (Signature of lobbyist)	by swear or affirm that the foreg $\frac{10/29/8}{\text{(Date)}}$	oing information is true
(Print Name of lobbyist)		

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)
II. Name of lobbyist's partnership, firm or corporation, if any:
New Hand Shire Timbertan Owners Association
III. Name of Client NH Timber land Owners Assoc Date 10/29/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:
a) Total of all fees received in this reporting period a) \$ 19, 255.89
b) Total of all fees received this calendar year, prior to this reporting period b) \$ 25, 864.47 (This should equal the total of all prior monthly reports for this calendar year)
c) Total of all fees received to date (Add lines a and b) c) \$ 45, 120-36
d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. a) \$ 23,440.39

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

 d) Total expenses for this reporting period (Add lines a, b and c) 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) 	d)s 23,440,39 e)s 32,146.00
f) Total of all expenses year to date	1)\$ 55,586.39
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	s
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
	100/10

(Print Name of lobbyist)

(Signature of lobbyist)

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums of Expense Reimbursement

Addendum B (RSA Chapter 15:6)

OCT 3 1 2018

1. Name of Lobbyist(s)	Jasen F	<u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	2 tock		
II. Name of lobbyist's pa	artnership, firm or corp	oration, if any:	. /	. \	
New Hampsh	artnership, firm or corporation)	<u>न्य Ouror</u>	ers Assoc	iation	<u> </u>
٠, ، ا		1		1,9115	2
III. Name of Client NH	limber and UW	iners Asso	Date	(0/21/)	2
State the full name of the	he person receiving the	honorarium or	expense reimbu	rsement:	
			\triangle		
Last Name	First Name		Middle Name/Initial	-	
			516 W		
What is the value of the ho	norarium or expense reimb	ursement? \$	516.19		
	h the honorarium or expens	e reimbursement	relates. (Include the	e date(s) and location	n(s)
of the event).				1	
SB 365 Advocates M	ding Concord - 7/6,	ארי. מון די בול ד	6,7/31,8/5,8/20,8	69 10 919 Lag	is later
man in a Bolanat 72	LOB /31, LOB 8/21001	86 Borllell B	K Boscowene	1/22, 14 Naboro 8/24	Epping 8/07,
10 1 1 8 0 0 1 1 1	ohen die Bridgewooder	da Nadua da	Springlight 730.	Jeminsh 7/21/8	
Concord \$518/2 Non	whom and submit out?	tion 9/10, veto	York 4/13. Rally	y planhing 7/12 8	scidgewater or
1/23 Landonderry P	ress meeting 8/29	Laconiai	Public Works	Comm. workse	500 FOB 9/20
(If there is more than one hon	orarium or expense reimburse	ment use a separate	addendum B form fo	or each.)	
Sworn Statement/Affir	mation by Lobbyist				
Thoughood DSA 15 DS	A 15-B and RSA 664 and	d hereby swear (or affirm that the	foregoing informa	tion
is true and complete to t	he best of my knowledge	and belief.		2 0	
				,	
1 > 0			101	29/18	
(Signature of lobbyist)				(Date)	
(\ <	1-1				
Print Name of lobbyis	Tack 1	_ 			
Williams of 1000 yis	9				

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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I. Name of Lobbyist(s)	Josen A.	Stock		NEW HAN DEPARTMEN
II. Name of lobbyist's p	artnership, firm or corp	oration, if any:	\	
New Hangti	re Timborlan	d Owners	Association	<u>ت</u> ^
III. Name of Client NH		ners Assa.	Date	1/18
	bution that is reportable p ving firm, indicate the foll	oursuant to RSA Chapte	•	
Full name of candidate:	Bout:	(First Name)	(Middle Name/In	itial)
Amount of contribution \$	50	Office Candidate is	Seeking Jak	<u></u>
If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	kind contribution, provide a ontribution on the line above ad the word "estimate."	a description of the goods e for amount of contribut	or services provided ion. If the actual cos	, and enter the it is not known,
Full name of candidate:		Gere	(Middle Name/In	iai. N
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is	` , \ (<u>~₽.</u>
If the contribution is an in-	kind contribution, provide a contribution on the line abov	a description of the goods	or services provided	I, and enter the st is not known,
Full name of candidate:	Mc Conkey (Last Name)	Mark (First Name)	(Middle Name/I	nitial)
Amount of contribution \$	50	Office Candidate is	Seeking Sale	Kep.

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) RECEIVED

OCT 3 1 2018

I. Name of Lobbyist(s)	Tace - S	Stak	
1. Name of Lobbyist(s)	<u> </u>		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	1
New Ham pshire (Name of part) III. Name of Client NH	nership, firm or corporation	d Owners He	sociation
III. Name of Client NH	inherland C	Durers Assoc.	Date
Political Contributions	tion that is reportab	le pursuant to RSA Chapte	er 664 paid on behalf of the
Full name of candidate:	Word	Roth	(Middle Name/Initial)
			· · · · · · · · · · · · · · · · · · ·
Amount of contribution \$	50	Office Candidate is	Seeking State Senas
Full name of candidate:	Seral	e Republice	PAC
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	_100	Office Candidate is	Secking
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	tribution on the line a	ide a description of the good: above for amount of contribu	s or services provided, and enter th tion. If the actual cost is not know
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.) Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

(Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Wh (imberlad Owners Hesa.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): NH Timberland Owners Association
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
20/20/10
(Signature of lobbyist) (Date)
Jaser H. Stock
(Print Name of lobbyist)