STATE OF NEW HAMPSHIRE

(Print Name of lobbyist)

PLEASE PRINT

2019 Statement of Income and Expenses

for LOBBYISTS

(RSA Chapter 15)

			JAN Z 9 ZUZU
I. Name of Lobbyist(s) C. OLIVIA ZINI	<u> </u>	NEW HAMPSHIRE
II. Name of lobbyist's	s partnership, firm or corporation, if	anv:	DEPARTMENT OF STATE
(Nan	ne of partnership, firm or corporation	TION I	
		CONCORD NH	0.3301
Business Address: (St	PARK ST #301 (Town/City)	(State)	(Zip Code)
() 603-715 (Telephone)	0-8197 ()(Fa	e-mail Olivia	
III. This statement co	overs: (Choose one – file separate rep	orts for each client, OR you may	file a separate report for
reportable expense, to	ransactions which are not attributable	e to any one client).	
☐ All reportable tran	sactions occurring in the months prior to	o the reporting date relative to the	following client:
•			
	(Full Name of Client as it appears on the I	abbuist Pagistration Form	•
<u>OR</u>	(i dii ivane of chen as it appears on the		
All reportable trans unrelated to any partic	sactions by the lobbyist (including the loular client.	obbyist's family), or the lobbying	îrm listed below which are
IV. Date of Report Reports cover: activ	April 24, 2019 ity from date of registration to 3/31/19	July 31, 2019 🗍 activity from 4/1/19 to 6/30/19	•
	October 30, 2019 activity from 7/1/19 to 9/30/19	January 29, 2020 X activity from 10/1/19 to 12/31/1	9
If this box is checked,	no fees received and no reportable complete just this form and submit it to 4. Concord, NH 03301.		
VI. Check if addition	al reports are attached:		· ·
	ed fees or made expenditures, you must	file Addendum A- Fees and Exp	enses
☐ If you have paid as Expense Reimburseme	n honorarium or reimbursed expenses, yent	rou must file Addendum B- Repo	ort of Honorariums or
If you, your firm,	or your family has made political contri	butions, you must file Addendum	C- Political Contributions
•			
			•
I have read RSA 15, R	Irmation by Lobbyist SA 15-B, RSA 14-C and RSA 664 and set of my knowledge and belief	hereby swear or affirm that the fo	egoing information is true
and complete to the be	st of my knowledge and belief.	10-10-	2020
<u> </u>	2 you	4-1-Jour-	——·
(Signature of lobbyist)		(Date)	
ערולם יו	IA ZINK		

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) C. OLIVIA ZINK	
II. Name of lobbyist's partnership, firm or corporation, if any:	•
OPEN DEMOCRACY ACT	100)
III. Name of Client OPEN DONOCHACY ACTO	N Date 29-19N-2010
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ <u>aa4.63</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 2788.—
c) Total of all fees received to date (Add lines a and b)	0\$ 3012.63
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 reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 224.63
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$O
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ O

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_224.63
(Add tilles 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)	os 3310, 59
f) Total of all expenses year to date	ns 3,535.22
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:
_Salary + Benebits	s 224.63
· ·	\$
<u>'</u>	\$
	\$
	\$
	s

Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
C. Mita Beng.	19-JAN-2010
(Signature of lobbyist)	(Date)
C. OUVIA ZINK	•
(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:	OPEN DEMOCRACY ACTION
Name of Client (leave blank if Statement is for the pa	·
particular client):	-
Date of Report (check one):	
April 24, 2019	ber 30, 2019
I have read RSA 15, RSA 15-B, RSA 664, the Stater the following Addendums submitted with that Stater submitted):	
Addendum A(s).	,
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	on on the Statement and each Addendum is true and
C Coota Zence (Signature of lobbyist)	29-JAN 2020 (Date)
C. OUVIA ZINK	
(Print Name of lobbyist)	•