# STATE OF NEW HAMPSHIRE

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	2020 Statement of Income and Expens for LOBBYISTS (RSA Chapter 15)	RECEIVED
PLEASE PRINT	(20012 0110)	OCT 2 3 2020
I. Name of Lobbyist(s) Robe	nt A. Ocson	NEW HAMPSHIKE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm	or corporation, if any:	
RIOLSON LA	or corporation)	<u> </u>
(Name of partnership, firm	or corporation)	1222 <i>a</i>
Rusiness Address: (Street)	Rd Hopkinton NH (Town/City) (State)	(7 in Code)
(43) 496 2998 (Telephone)	(Town/City) (State)	2 rolson/awoffice.com
	- file separate reports for each client, OR you ma	
☐ All reportable transactions occurring in	n the months prior to the reporting date relative to th	ne following client:
No	NE	
	t as it appears on the Lobbyist Registration Form)	
OR ☐ All reportable transactions by the lobby unrelated to any particular client.	vist (including the lobbyist's family), or the lobbying	g firm listed below which are
	_	

IV. Date of Report April 29, 2020  $\Box$ July 29, 2020  $\Box$ activity from date of registration to 3/31/20 activity from 4/1/20 to 6/30/20 Reports cover: October 28, 2020 🔀 January 27, 2021 🗌 activity from 7/1/20 to 9/30/20 activity from 10/1/20 to 12/31/20

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

## VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses

☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement

If you, your firm, or your family has made political contributions, 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 hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

10 - 22 - Zo20 (Date)

(Signature of lobbyist)

Robert A. OLSON

# 0 1115

## STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	Robert A	OLSON	
II. Name of lobbyist's p	artnership, firm or corp	oration, if any:	
R. OCSON (Name of p		*	
III. Name of Client	DNE		Date
			er 664 paid on behalf of the
Full name of candidate:	NH. Senate (Last Name)	RepublicaN (First Name)	PAC (Middle Name/Initial)
	150.00		
	ontribution on the line above		s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	Bradley (Last Name)	Jeb (First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250,00	Office Candidate is	Seeking Senute
If the contribution is an in-	kind contribution, provide a ontribution on the line above		s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:	N/A		22.11.51
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	iption of the goods or services provided, and enter the mount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contr	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	
(Signature of lobbyist)	10-22-2020 (Date)
Robert A. OLSON	
(Print Name of lobbyist)	