PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 29 2019

NEW HAMPSHIRE TE !

I. Name of Lobbyist(s) Robert	OLSON			DEPARTMENT OF ST
II. Name of lobbyist's partnership, firm or corpo	oration, if any:			
R.OLSON Law O		PLLC		
770 Broad Cove R		PKINDN (State)	NH	(Zip Code)
(403) 496 2998 (-)	(Fax)			rolson la woffice co
III. This statement covers: (Choose one – file sep reportable expense transactions which are not at	arate reports fo tributable to an	r each client, OR y y one client).	you may fi	le a separate report for
All reportable transactions occurring in the mon			ve to the fo	llowing client:
(Full Name of Client as it appe				
<u>OR</u>	, :	3-4-8-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
☐ All reportable transactions by the lobbyist (include unrelated to any particular client.	ding the lobbyist	's family), or the lo	bbying firr	n listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3.	/31/18 acı	July 25, 2018 livity from 4/1/18 to		
October 31, 2018	ac	January 30, 20 tivity from 10/1/18 to		
V. There have been no fees received and no r If this box is checked, complete just this form and su Concord, NH 03301.				
VI. Check if additional reports are attached:				
If you have received fees or made expenditures,	, you must file Ac	ldendum A– Fees	and Expen	ses
☐ If you have paid an honorarium or reimbursed e Expense Reimbursement	xpenses, you mu	st file Addendum	B-Report	of Honorariums or
☐ If you, your firm, or your family has made politi	ical contributions	, you must file Ad	dendum C	- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA and complete to the best of my knowledge and belie		swear or affirm the	at the foreg	oing information is true
Melson		1-29	- 201	9_
(Signature of lobbyist)	•		(Date)	
(Print Name of lobbyist)	.			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

	•
I. Name of Lobbyist(s) Robert OLSON	
II. Name of lobbyist's partnership, firm or corporation, if any:	
R.OLSON LAW OFFICE, PLLC (Name of partnership, firm or corporation)	
III. Name of Client Springfield Power, LLC	Date 1-29-2019
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, government including research, monitoring legislation, and related legal work. The granded by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 7925.16
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 year)	b) \$ 21176.86 ear)
c) Total of all fees received to date (Add lines a and b)	0)\$ 29102.02
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 repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (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 aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a or than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$_1361,27_
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_1361,27
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)	e)\$ <u>5792.78</u>
f) Total of all expenses year to date	1)\$ 7/54.05
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:
•	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$
	.n. 2012 1940 91 201 201 201 201 201 201 201 201 201 20
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA-664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Market Ma	1-29-2019
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	