STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses

PLEASE PRINT

for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT **26** 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Ivaline of Loodylist(s) Ou Seri IV:
II. Name of lobbyist's partnership, firm or corporation, if any:
M.H. Timberland Owners Association
(Name of partnership, firm or corporation)
54 tortsmouth St. Carcord NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)
(603) 224-9699 (603) 225-5898 e-mail 5tockenh toa.org
(reicpnone)
III. This statement covers: (Choose one - file separate reports for each client, Ok you may file a separate report for
reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
N.H. Imberland owners Association
(Full Name of Client as it appears on the Lobbyist Registration Form)
<u>OR</u>
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 28, 2021 July 28, 2021
Reports cover: activity from date of registration to 3/31/21 activity from 4/1/21 to 6/30/21
October 27, 2021 January 26, 2022
activity from 7/1/21 to 9/30/21 activity from 10/1/21 to 12/31/21
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.
blate 110ase, 1,00m 204, Concord, 1111 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.
10/26/21
(Signature of lobbyist) (Date)
Josep A. Stock
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

.:	1. Name of Lobbyist(s) Jasen A. Stuck
	II. Name of lobbyist's partnership, firm or corporation, if any:
i . C	N.H. Timberland Owners Association (Name of partnership, firm or corporation)
•	III. Name of Client N.H. Timber and Owners Associa from Date 10/26/21
Į.	
	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) \$\frac{3}{286.87}\$
Ϊ.	a) Total of all fees received in this reporting period a) \$\frac{3,286.87}{240.01}\$ 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) c) Total of all fees received to date (Add lines a and b) c) \$\frac{3,286.87}{240.01}\$
	c) Total of all fees received to date
	(Add lines a and b) c) \$ 20,536.88
٠.	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
٠.	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

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	7,694.33
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) \$	

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.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7, 694.33
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) \$ 23, 243.11
f) Total of all expenses year to date	ns 30,937.44
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting

Paid to:					Amount:
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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)

10/26/21 (Date)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement
Addendum B
(RSA Chapter 15:6)

I. Name of Lobbyist(s) ase _ A tock	
II. Name of lobbyist's partnership, firm or corporation, if any:	
N.H. Timberland Owners Association	
(Name of partnership, firm or corporation)	
III. Name of Client Not Timber and Owners Association Date 10/26/21	_
	= ; .
State the full name of the person receiving the honorarium or expense reimbursement:	
Stock Jasen	
Last Name First Name Middle Name/Initial	
What is the value of the honorarium or expense reimbursement? \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Meet w/ other lobbyist to discuss Legislation: Concord, NH: 7-8, 7-21, 9-14, 8 Alend Lew Committee Worksessian & Exec Sessian ; Concord, NH: 9-15, 9-22, 9-29	-10,9-2
Altern Admin. Rule Hearings; Concord, NH; 8-3, 8-27, 9-28, 9-30	
Meet w/ Administrators of Regulators, Conjord, NH, 8-31	
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)	=
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) (Date)	
(Date)	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

P	I. Name of Lobbyist(s)
E A S E	II. Name of lobbyist's partnership, firm or corporation, if any: N. H. Ilin best and Owners Aksocia tion (Name of partnership, firm or corporation)
P R I N	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T	client/lobbyist and lobbying firm, indicate the following:
	Full name of candidate: Watters (Last Name) (Middle Name/Initial)
	Amount of contribution \$ /00 Office Candidate is Seeking N.H.
	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."
	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ Office Candidate is Seeking N. H. Sale 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."
	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ Office Candidate is Seeking

(turn over to continue \rightarrow)

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."							
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(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.

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: N.A. Tin be read Owners Associated
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): N.H. Timberland Ocurers Assoc
particular chemy. 17777. IMBERTANA DOURSETS 17850C
Date of Report (check one):
April 28, 2021 July 28, 2021 October 27, 2021 January 26, 2022
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.
10/26/21
(Signature of lobbyist) (Date)
Jasen A Slock
(Print Name of lobbyist)