STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 27 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobb	DEPARTMENT OF			
		or corporation, if any:		
Open Dem	ocracy Action			
	(Name of partnership, firm	n or corporation)	4: 76.6	
4 Park St	Suite 301	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
603-7	15-8197)	e-mail olivia@ope	endemocracy.me
(Telepho	one)	(Fax)		
7		are not attributable to any in the months prior to the rep		e following client:
O.D.	(Full Name of Clie	nt as it appears on the Lobbyist	Registration Form)	
OR		and Goral all and the Late of	o family) on the labbering	firm listed halow which as
All reportable unrelated to any		yist (including the lobbyist's	s family), or the lobbying	firm fisted below which at
and and any p				
IV. Date of Repo			July 27, 2022	
Reports cover:	activity from date of regis		ivity from 4/1/22 to 6/30/22	
	October 26, 202 activity from 7/1/22		January 25, 2023	722
If this box is chec	been no fees received cked, complete just this f om 204, Concord, NH 03	l and no reportable tran form and submit it to the Sect 301.	sactions made since the retary of State's Office, I	ne last report. 07 North Main Street,
VI. Check if add	litional reports are atta	ached:		
		penditures, you must file Ad	Idendum A- Fees and Ex	rpenses
If you have p Expense Reimbu		imbursed expenses, you mus	st file Addendum B – Rep	port of Honorariums or
If you, your	firm, or your family has	made political contributions	, you must file Addendu	m C- Political Contributio
Sworn Statemer	nt/Affirmation by Lobb	oyist -C and RSA 664 and hereby	swear or affirm that the	foregoing information is true
and complete to	the best of my knowledg	ge and belief.	Smout of annin mat the f	are Bound missing in the
(Signature of lot	va Znk		April 27	<u>20</u> 22
C. Olivia Z	*			
	obbyist)			

P L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

Λ Α	
I. Name of Lobbyist(s) C. OLIVIA ZINK	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Open Democracy Action (Name of partnership, firm or corporation)	
III. Name of Client Open Democracy AC	+10an 4-27-20
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 greduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 960
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) \$
c) Total of all fees received to date (Add lines a and b)	c)s_960
 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 refees. 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 e individual expenses where the expenditure was of \$25.00 or less (for examplunch 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 lobbied (c) an itemized statement of each individual expenditure made during this repeating 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 great 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 be may be filed for the lobbyist(s)/firm the aggregate total of all expenses pair expenses; (b) the aggregate total of a pole: meals purchased during a businesses than \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for the period of greater than \$25.00 for the period of greater than \$25, purchase of the period of greate
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a) of \$25 and \$25. 	a)\$ 960
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) \$	9100
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) \$	#200 m
f) Total of all expenses year to date	f) \$	960
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 fee	s during this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	S	
	S	
	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 1	foregoing information
(Signature of Tobbyist)	4-6	21-22 (Date)
C. OHVIA 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 Actic
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 27, 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.
(Signature of lobbyist) 427-22 (Date)
C. OUVM 71NK (Print Name of lobbyist)