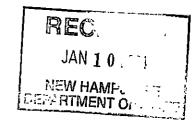


# STATE OF NEW HAMPSHIRE 2023 Statement of Income and

**Expenses for LOBBYISTS** (RSA Chapter 15)



NEW HARESHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobb	yist(s) C. Oliv	ia Zink		
II. Name of lobb	yist's partnershi	p, firm or corporation, if a	ay:	
Open Dem	ocracy Action	on		
	(Name of partnersh	ip, firm or corporation)		
4 Park St	#301	Concord	NH	03301
Business Address:	• /	(Town/City)	(State)	(Zip Code)
· /	15-8197	( )	e-mail olivia@opend	emocracy.me
(Teleph	one)	(Fax)		<del></del> _
reportable expe	nse transactions v	vhich are not attributable t	ts for each client, OR you may find any one client).  The reporting date relative to the fo	-
OR All reportable	transactions by th	of Client as it appears on the Loi	bbyist Registration Form) byist's family), or the lobbying fire	m listed below which are
IV. Date of Repo		f registration to 3/31/23 , 2023	July 26, 2023  activity from 4/1/23 to 6/30/23  January 31, 2024  activity from 10/1/23 to 12/31/23	
If this box is chec	been no fees rec ked, complete just m 204, Concord, l	this form and submit it to the	transactions made since the l e Secretary of State's Office, 107 l	ast report. North Main Street,
If you have p Expense Reimbur	aid an honorarium sement	de expenditures, you must fi or reimbursed expenses, you	ile Addendum A— Fees and Exper u must file Addendum B— Report utions, you must file Addendum C	of Honorariums or
I have read RSA	the best of my know	Lobbyist A 14-C and RSA 664 and he wledge and belief.	ereby swear or affirm that the foreg	2083
(Print Name of lo	bbyist)			RECEIVED
				JAN 1 0 2024

# 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 Action	
(Name of partnership, firm or corporation)  III. Name of Client Open Democracy Action	25 Oct 2023
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 greated by any expenses:	t relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 636.25 b) \$ 1267.75
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) \$ 1267.75 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 1904
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	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 the lobbyist(s)/firm that are unrelated to any one client a separate report of the 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 examplunch where the cost was \$25.00 or less, purchase of a pen with a value of le 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 greater 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 expenses; (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 politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 636.25
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	<sub>d) \$</sub> 636.25	
<ul> <li>(Add lines a, b and c)</li> <li>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)</li> <li>f) Total of all expenses year to date</li> <li>VI. Other Expenses:</li> <li>Provide the following detail for all expenditures of more than \$25 made from left.</li> </ul>	e) \$ 1227.75 f) \$ 1904 bbbying fees during this reporting	
period, including by whom paid or to whom charged.  Paid to:	Amount:	
	\$	
)	\$	
	\$	
	\$	
	\$	
	\$	
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	
is the and complete to the best of my knowledge and belief.		
C. Olora du	25 Oct 2023	
(Signature of lobbyist)	(Date)	
C. Olivia Zink (Print Name of lobbyist)		
(1 This isame of loopyist)		

## STATE OF NEW HAMPSHIRE

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

I.	. Name of Lobbyist(s) C. Olivia Zink
	I. Name of lobbyist's partnership, firm or corporation, if any:  Open Democracy Action
_	(Name of partnership, firm or corporation)
IJ	II. Name of Client Open Democracy Action Date Aug 5 200
=	
S	tate the full name of the person receiving the honorarium or expense reimbursement:  Howard, Heat!
	Last Name Wheeler Johanna Middle Name/Initial
V	/hat is the value of the honorarium or expense reimbursement? \$_\CS\hat{0}
D of	rescribe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event). Republished Wheeler Spoke of Aug  Rep Heathtword read a Granny D Quote at
	our democracy festival and the leunch
_	_ CONCICIO II CITECIAN
(I	f there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)
S	worn Statement/Affirmation by Lobbyist
I I is	have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information true and complete to the best of my knowledge and belief.
<u>(</u>	Signature of lobbyist)  Aug 5 202  (Date)
<u>_</u>	C. OIVIC TINK 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 Act
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):OPEN_DEMOCRACY ACTION
Date of Report (check one):
April 26, 2023
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)  Oct 252023  (Date)
C. Olivia Zink.
(Print Name of lobbyist)