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#### STATE OF NEW HAMPSHIRE

#### 2022 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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MAY 1 3 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Loubyist(s)
II. Name of lobbyist's partnership, firm or corporation, if any;
N. H. Timberland Owners Association
(Name of partnership, firm or corporation)
Sy Torts mouth Concord NH 0336/ Business Address: (Street) (Town/City) (State) (Zin Code)
(Zip Code)
(603) 227-9699 (603) 225-5898 e-mail Stockenhton.org
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for
reportable expense transactions which are not attributable to any one client).
All reportable transportions assuming in the second
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
N. H Timberland Oliners Association
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR
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 27, 2022 July 27, 2022
Reports cover: activity from date of registration to 3/31/22 activity from 4/1/22 to 6/30/22
October 26, 2022 January 25, 2023
activity from 7/1/22 to 9/30/22 activity from 10/1/22 to 12/31/22
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.
and complete to the best of my knowledge and benef.
$\frac{5/11/22}{\text{(Date)}}$
(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)	220 7		Hock	<u>.</u>	
1. Name of Lobbyist(s)	() WSEX		<u> </u>	·	<del></del>
II. Name of lobbyist's pa				1	
N. H. Imb	erland	Owe.	cs Asso	ciation	
III. Name of Client _ N. [	t. Timber	and Owner	s Assoc.	Date	5/11/22
		•		• .	
IV. Fees Received					
Indicate the gross amount of to lobbying, including fees including research, monitor reduced by any expenses:	for services such	as public advoc	acy, government	relations, or p ss fee amoun	public relations services at reported shall not be
a) Total of all fees received	l in this reporting	period		a) \$	829.91
b) Total of all fees receive (This should equal the	d this calendar ye total of all prior r	ear, prior to this renonthly reports fo	eporting period or this calendar ye	b) \$ ar)	<u>O</u>
c) Total of all fees receive	d to date		•		S 2 0 01
(Add lines a and b)				c) \$	<del>, 849.71</del>
d) Indicate the amount of yet been paid	any such fees tha	t are due, but hav	e not	d) \$	, 829.91 V
	•				
V. Expenses:					
Lobbyist(s)/Lobbying partifees. Separate reports are the lobbyist(s)/firm that a Expenses are to be reporteduring the reporting periodindividual expenses where lunch where the cost was seeing lobbied, purchase of (c) an itemized statement of any purpose not covered by ceremonial object to be given the contributions will be reported.	to be filed for extre unrelated to a ed in one of three d for salaries, be the expenditure \$25.00 or less, pure a ceremonial object of each individual by (a) (for example of the subject legislative recept	penditures made ny one client a e categories of e nefits, support sta was of \$25.00 or rchase of a pen v ect given to a per expenditure mad ple: purchase of ct of lobbying wition). Expenses	relative to each c separate report n xpenses: (a) the aff, and office ex less (for example with a value of lest rson being lobbie e during this repo a meal with value th a value greate for honorariums,	lient and if example aggregate to penses; (b) the meals purces than \$10 the dwith a value rting period of the of greater of than \$25, be expense rein	spenditures are made by for the lobbyist(s)/firm tal of all expenses paid a ggregate total of all hased during a busines at is given to the person of \$25.00 or less); and f greater than \$25.00 for than \$25, purchase of aut not greater than \$50 or political political political series.
a) Total aggregate expense support staff, and office ex	es for this reporting penses, related di	ng period for salar rectly or indirectl	ries, benefits, y to lobbying.	a) \$/	1,794.56
b) Total aggregate of expering a), of \$25 or less.	nditures during th	nis reporting perio	od, not reported	b) \$	/

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	as 14,794.56
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) \$
f) Total of all expenses year to date	1)\$ 14,794.5-6
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	. \$ <u></u>
	<b>\$</b>
	\$
	\$
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
	5/11/22
(Signature of lobbyist)  (Print Name of lobbyist)	' (Date)
(TIME PAINS OF TODOYISE)	

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#### STATE OF NEW HAMPSHIRE

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

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MAY **1 3** 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Jasen A. Steck
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 N. H. Timberland Owners Assoc. Date 5/11/23
State the full name of the person receiving the honorarium or expense reimbursement:
Last Name First Name Middle Name/Initial
Last Name First Name Middle Name/Initial
What is the value of the honorarium or expense reimbursement? \$ 132.56
Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s)
of the event).
legislative Comm. Work, Concord to (mileage) Jan. 11, 12, 13, 14, 18, 19, 26, 28; Eb. 1,
288 and 22 and 29° May 17 40 at 15 and 20°
2,8,9,10,15, 22,24,28; March 1,7,8,9,10, 15,22,29  Meet w/ NHDOE Jan. 27; Meet w/ land Surveyors et farm Bureau Concerd feb.
Meet w/ NHDOE Jan. 27, Meet w/ land Surveyors at term Sured Concord teb.
(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.
an die de die de
(Street, we of labbyright)  [Date]
(Signature of lobbyist) (Date)
( Jack A. Stock
(Print Name of lobbyist)

#### STATE OF NEW HAMPSHIRE



Amount of contribution \$ \_

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

### RECEIVED

MAY **1 3** 2022

SHIRE OF STATE

Р.	I. Name of Lobbyist(s) Sen Department
	II. Name of lobbyist's partnership, firm or corporation, if any:  (Name of partnership, firm or corporation)
3	III. Name of Client N. H. Timbeded Ochers Assoc. Date 5/11/22
[	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:
٠,	Full name of candidate: Waters (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 50 Office Candidate is Seeking State 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: Rosenwald Cindy
	(Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 50 Office Candidate is Seeking State
٠.	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) (Girst Name) (Middle Name/Initial)
.:. .:.	Amount of contribution \$ 50 Office Candidate is Seeking State Seeking

•								
		.:	:					
·			·					
(If more	than three contr	ibutions we	re made, 1	report additi	onal contributions	on separate adde	ndum C forms.)	
	ı Statement/A							

is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

(Print Name of lobbyist)

#### STATE OF NEW HAMPSHIRE

**Lobbyists Report of Political Contributions** 

Addendum C -(RSA Chapter 15:6)

(turn over to continue  $\rightarrow$ )

P	I. Name of Lobbyist(s) Sosen A. Stock	RECEIVED
L	II. Name of lobbyist's partnership, firm or corporation, if any:	MAY <b>1 3</b> 2022
A S E		NEW HAMPSHIRE DEPARTMENT OF STATE
P	III. Name of Client N. H. Timberland Ocurers Assoc. Date 5/11/2	2
R I N T	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf or client/lobbyist and lobbying firm, indicate the following:	f the
	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	<u></u> 4 <sup>1</sup> (
	Amount of contribution \$ 50 Office Candidate is Seeking state	He.
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is enter an estimated value and the word "estimate."	d enter the not known,
		<u> </u>
	Full name of candidate:	
	(Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking	<del>)</del>
•	If the contribution is an in-kind contribution, provide a description of the goods or services provided, an actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is enter an estimated value and the word "estimate."	d enter the not known,
	Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial	<del>)</del>
	Amount of contribution \$ Office Candidate is Seeking	

. <u> </u>						
				.i	er er ingestiere <u>er er er</u> gebeure	+ []+ . -=(
<del></del>						 
(If more than t	three contributions were	made, report addition	nal contributions	on separate add	lendum C forms.)	
Sworn Stat	tement/Affirmatio	ı by Lobbyist				
					hat the foregoi	. %

(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.

Sworn	Statemen	ıt/Affirma	ation by	Lobbyist
Statem	ent of Inc	come and	Expens	ses for:

Statement of income and Expenses for:
Name of Lobbying partnership, firm, or corporation: N# Timber and Owners Assoc
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): NH-Timberla & Owners Assoc.
Particular of 1
Date of Report (check one):
April 27, 2022 July 27, 2022 October 26, 2022 January 25, 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.
(Signatura f labbyrigt)  (Date)
(Signature of lobbyist) (Date)
Sase A Stock
(Print Name of lobbyist)