

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

AUG 2 1 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Roberta Wilson
II. Name of lobbyist's partnership, firm or corporation, if any:
NH School Boards Association
Business Address: (Street) Fack Concord NH 03301 (Zip Code)
(G) 238-206/ (Telephone) (Fax) e-mail bwilsn@nhsba.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 transactions occurring in the months prior to the reporting date relative to the following client:
(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 24, 2024 Reports cover: activity from date of registration to 3/31/24 July 31, 2024 activity from 4/1/24 to 6/30/24
October 30, 2024 January 29, 2025 January 29, 2025 activity from 7/1/24 to 9/30/24 activity from 10/1/24 to 12/31/24
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.
feller 7/3/2024
(Signature of lobbyist) (Date)
(Print Name of Johnvist)

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	· ·
N.H. School Bourds assoc	ut a
,,	
III. Name of Client NH School Boach Assoc.	Date
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:	relations, or public relations serv
a) Total of all fees received in this reporting period	a)\$ 2695.00
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) \$ <u>// 0 5 6 . 00</u>
c) Total of all fees received to date (Add lines a and b)	c)\$ 13,751.0
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 in 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 examp lunch 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 lobbie (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 may be filed for the lobbyist(s)/se aggregate total of all expenses expenses; (b) the aggregate total of le: meals purchased during a busses than \$10 that is given to the pead with a value of \$25.00 or less) porting period of greater than \$25.0 are of greater than \$25, purchase er than \$25, but not greater than expense reimbursement, or pol-
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a)\$ 500.00 b)\$ 0.00 c)\$ 500.00
b) Total aggregate of expenditures during this reporting period, not reported	
in a), of \$25 or less.	b)\$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$
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)\$_/000.00
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:
	\$
	s
	s
P	\$
	\$
	\$
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.	
	7/31/2024
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	
(Trun Hanne of Igonylet)	

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.

	ffirmation by Lobby e and Expenses for:			
	-			-
			of Bouls Assa	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any	ý
particular client):	· -			
Date of Report (check	one):	/		
April 24, 2024 □	July 31, 2024	October 30, 2024 🗆	January 29, 2025 □	
I have read RSA 15, I the following Addend submitted): Addendum A(Addendum B(ums submitted with the	he Statement of Income a at Statement (insert the n	nd Expenses described above, an number of Addendum forms being	d g
Addendum C(s)			
I hereby swear or affii complete to the best of	m that the foregoing in my knowledge and be	formation on the Stateme lief.	nt and each Addendum is true and	ļ
(Signature of lobby sst)	file		7/31/2024 (Date)	
Labecu K	- Wilsa			
Print Name of lobbyis	it)			