STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 1 8 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

1. Name of Lobbyist(s) Robert OLSON
II. Name of lobbyist's partnership, firm or corporation, if any:
R. OLSON LAW OFFICE, PLLC (Name of partnership, firm or corporation)
770 Broad Cove Rd Hupkinton WH 03229 Business Address: (Street) (Town/City) (State) (Zip Code)
(603 496 2998 (-) - e-mail volsave volsanlawoffice, com
111. 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:
NONE
(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 25, 2018 Substituting July 25, 2018 Substituting Reports cover: activity from date of registration to 3/31/18 April 25, 2018 Substituting July 25, 2018 activity from 4/1/18 to 6/30/18
October 31, 2018
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, 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.
(Signature of lobbyist) 7 - 18-18 (Date)
Robert OLSON (Print Name of Johnwist)

STATE OF NEW HAMPSHIRE

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

		SON	
II. Name of lobbyist's pa	artnership, firm or corp	poration, if any:	
R, OL SON (Name of pa	LAW OFFIC	CE. PLLC	
•	1, ,	 	
III. Name of Client	NONE		Date 7 - 18 - 18
Political Contributions For each political contrib client/lobbyist and lobby			iter 664 paid on behalf of the
Full name of candidate:	Innis	Dan	
			(Middle Name/Initial)
Amount of contribution \$ _	150,00	Office Candidate i	s Seeking NH Senate
Full name of candidate:	hard	Ruth	
Full name of candidate:	Ward (Last Name)	Ruth (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(,	(=======,	(Middle Name/Initial) Seeking NH Senate
Amount of contribution \$ _ If the contribution is an in-k	ind contribution, provide a	Office Candidate is a description of the good	
Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co	ind contribution, provide a	Office Candidate is a description of the good	Seeking NH Sonate Is or services provided, and enter the

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swistrue and complete to the best of my knowledge and belief	2 0
(Signature of lobbyist)	7-18-18 (Date)
Robert Ocson (Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

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

	I. Name of Lobbyist(s) Robert OLSON
L E	II. Name of lobbyist's partnership, firm or corporation, if any:
A S	R. OLSON LAW OFFICE, PLLC (Name of partnership, firm or corporation)
2	
•	III. Name of Client NONE Date 7-18-18
₹	Political Contributions
N Γ	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:
	one in a coop, not and coop, mg. Thin, me could not contouring.
	Full name of candidate: Clust Name) Robert (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 200.60 Office Candidate is Seeking NH Senate
	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: Bradley Joh
	Full name of candidate: Bradley Jeb
	Amount of contribution \$ 250.00 Office Candidate is Seeking NH Senate
	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: Senate Majority PAC 2018 (Last Name) (First Name) (Middle Name/Initial)
	(Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 100.00 Office Candidate is Seeking NH Senate

f the contribution is an in-kind contribution, provide a descript				
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."				
-				
				
·				
If more than three contributions were made, report additional contribu	utions on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist				
have read RSA 15, RSA 15-B and RSA 664 and hereby s true and complete to the best of my knowledge and beli				
De Mosson	7-18-18			
(Signature of lobbyist)	(Date)			
Robert OLSON				