PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 19 2017

I. Name of Lobbyist(s)	<u> </u>	rald M	. Zelin	NEW HAMPSHIRE <b>DEPARTM</b> ENT OF STATE
II. Name of lobbyist's	partnership, fir	m or corporation,	if any:	- TOP STATE
(Name	mmond of partnership, fir	Woodsu m or corporation)	<u>m</u>	
				10UTW, NH 03801 (Zip Code)
(603) 433-3. (Telephone)	317	603) <u>433 -</u>	<b>5</b> 384 e-mail Fax)	gzeline dwin/aw.com
III. This statement cov reportable expense tra				OR you may file a separate report for
All reportable transa	actions occurring	in the months prior	r to the reporting date re	elative to the following client:
	(Full Name of Clie	ectuations of ent as it appears on the	E Lobbyist Registration F	om)
OR  ☐ All reportable transacunrelated to any particul		byist (including the	lobbyist's family), or t	he lobbying firm listed below which are
IV. Date of Report Reports cover: activity	April 26, 2017 y from date of regi	stration to 3/31/17	July 26, 20 activity from 4/1/1	
ас	October 25, 201 ctivity from 7/1/17		January 31 activity from 10/1	
				de since the last report. 2's Office, State House, Room 204,
VI. Check if additional	l reports are att	ached:		
•		•	ıst file Addendum A-	-
☐ If you have paid an Expense Reimbursemen		eimbursed expenses	s, you must file Adden	lum B— Report of Honorariums or
•		made political con	tributions, you must fil	e Addendum C- Political Contributions
and complete to the best	A 15-B, RSA 14 t of my knowled	-C and RSA 664 ar ge and belief.	<b>7</b> .	that the foregoing information is true  by 18, 2017  (Date)
(Signature of lobbyist)				(Date)
(Print Name of lobbyist	1)			RECEIVED

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