

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

OLSON I. Name of Lobbyist(s)

II. Name of lobbyist's partnership, firm or corporation, if any:

RIDLSON LA	-W OFFILE,	PLLC	
(Name of partne	ership, firm or corporation)		
770 Broad	Cove Rd Hepk	inten NH	03229
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(03) <u>496 2998</u> (Telephone)	(e-mail rolson	Polson law office.com

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:

NO	NE	
	(T. 11 M.	- COl!

(Full Name of Client as it appears on the Lobbyist Registration Form)

<u>OR</u>

□ 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 Rep	ort April 25, 2018 🔀
Reports cover:	
	October 31, 2018 🗌
	activity from 7/1/18 to 9/30/18

July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019

activity from 10/1/18 to 12/31/18

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

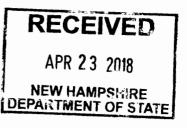
X If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

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) ignature of lobbyist) Rebeat OLSON

<u>4-23-18</u> (Date)



(Print Name of lobbyist)

	STATE OF NEW HA Lobbyists Rep Political Contri Addendun (RSA Chapter	port of butions n C	
P I. Name of Lobbyist(s) Rob	ent Olson		
II. Name of lobbyist's partnership R, $OL > ON L R W(Name of partnership, fire$			
III. Name of Client None		Date 4-23-18	
Political Contributions N For each political contribution that Client/lobbyist and lobbying firm, in	is reportable pursuant to RSA Chandicate the following:	apter 664 paid on behalf of the	
Full name of candidate: <u>SuN</u>		(Middle Name/Initial)	
Amount of contribution \$ 500.0 If the contribution is an in-kind contribution of actual cost of the in-kind contribution of enter an estimated value and the word of	oution, provide a description of the goo on the line above for amount of contri		
Full name of candidate:(La	ust Name) (First Name)	(Middle Name/Initial)	
Amount of contribution \$	Office Candidate	Office Candidate is Seeking	
If the contribution is an in-kind contrib actual cost of the in-kind contribution of enter an estimated value and the word '	on the line above for amount of contril "estimate."	bution. If the actual cost is not known,	
Full name of candidate:(La	st Name) (First Name)	(Middle Name/Initial)	
Amount of contribution \$		is 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."

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

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.

(Signature of lobbyist) Robert OCSN (Print Name of lobbyist) ____

<u>4-23-18</u> (Date)