

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	Corold M. Zol	lin			
I. Name of Lobby	Gerald M. Zel	lif i			
II. Name of lobby	vist's partnership, firm or c	orporation, if any:			
Drummond	Woodsum & Mad	cMahon			
	(Name of partnership, firm or co				
670	N. Commercial St, Suite 207	Manchester	NH	03101	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)	
() 603-79	92-7408	603-716-288	9 e-mail gzelin@dv	wmlaw.com	
(Telepho	ne)	(Fax)			
	nt covers: (Choose one – file se transactions which are n			îlle a separate rep	ort for
✓ All reportable	transactions occurring in the	months prior to the re	porting date relative to the fo	ollowing client:	
New Hami	pshire Association	n of Special E	ducation Admini	strators	
	(Full Name of Client as it	•			
OR					10
All reportable unrelated to any p	transactions by the lobbyist (i particular client.	including the lobbyist	's family), or the lobbying fi	rm listed below wh	nich are
IV. Date of Repo		10100	July 27, 2022		
Reports cover:	October 26, 2022	n to 3/31/22 ac	January 25, 2023		
	activity from 7/1/22 to 9/36] 9/22 ac	ctivity from 10/1/22 to 12/31/22		
W/ TDb b I		an annual blatan	and a street the	last warmant	7
If this box is checi	been no fees received and ked, complete just this form a m 204, Concord, NH 03301.				t,
VI. Check if add	itional reports are attached	:			
	eceived fees or made expendi		ddendum A- Fees and Expe	enses	
If you have po	aid an honorarium or reimbur	rsed expenses, you mu	st file Addendum B- Repor	rt of Honorariums	or
	irm, or your family has made	political contribution	s. vou must file Addendum	C- Political Contr	ibutions
	, ,		,,,		
	t/Affirmation by Lobbyist	I DCA 664 and banks	that the form	againg information	io tena
	15, RSA 15-B, RSA 14-C and he best of my knowledge and		swear or amm mat the for	egoing information	i is true
Geral	Mille.		04/21/2022		
(Signature of lob	. /		(Date)		
Gerald M.	Zelin			Re	CEIVED
(Print Name of lo	obbyist)				
				AP	R 25 2022

NEW HAMPSHIRE DEPARTMENT OF STATE