STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

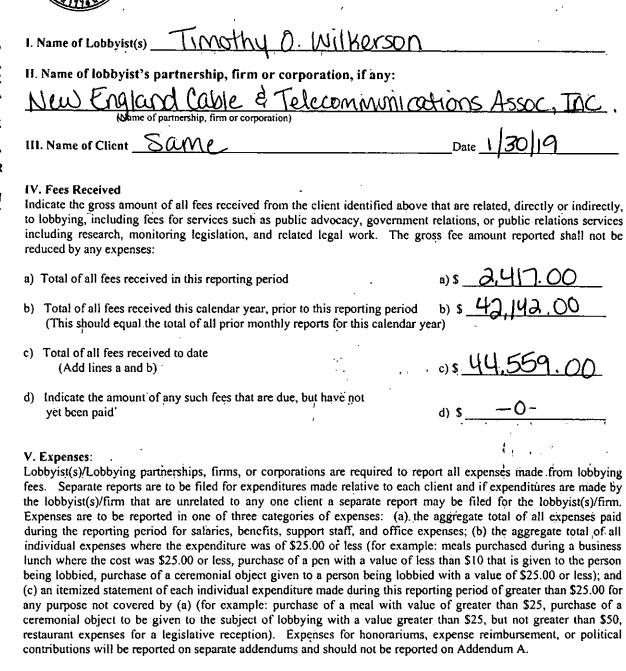
I. Name of Lobby	ist(s) Timothy O. Wilk	erson
II. Name of lobby	ist's partnership, firm or corporation, if	any:
New Eng	land Cable & Telecomy Name of partnership, firm or corporation)	numications Assoc. Inc.
10 For be Business Address:	(Street) Road, #440W B	(State) (Zip Code)
(78) <u>843. 3</u> (Telephor	418 (78) <u>849-63</u> (Fa)	267 e-mail twilkerson@necta.info
III. This statemen reportable expens	et covers: (Choose one – file separate repo se transactions which are not attributable	orts for each client, OR you may file a separate report for to any one client).
All reportable t	ransactions occurring in the months prior to	the reporting date relative to the following client:
New Er	1 1 0 1 1 1 1 1	nmunications Assoc, the
<u>OR</u>		
unrelated to any pa	ansactions by the lobbyist (including the lol rticular client.	bbyist's family), or the lobbying firm listed below which are
IV. Date of Repor		July 25, 2018
Reports cover: a	ctivity from date of registration to 3/31/18 October 31, 2018	activity from 4/1/18 to 6/30/18/ January 30, 2019 ☑
	activity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18
V. There have be If this box is checke Concord, NH 0330	ed, complete just this form and submit it to t	e transactions made since the last report. Dhe Secretary of State's Office, State House, Room 204,
VI. Check if addit	ional reports are attached:	
	eived fees or made expenditures, you must	
☐ If you have pai Expense Reimburse	d an honorarium or reimbursed expenses, you	ou must file Addendum B- Report of Honorariums or
=		outions, you must file Addendum C- Political Contributions
I have read RSA 15	Affirmation by Lobbyist , RSA 15-B, RSA 14-C and RSA 664 and h best of my knowledge and belief.	nereby swear or affirm that the foregoing information is true
TAKTI	M	1/20/16
(Signature of lobby	vist)	(Date)
Timothy (Print Name of lob	O. Wilkerson	

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	-0-	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	-0-	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	-0-	

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	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
$-\eta_a$	s <u>-0-</u>
	\$
	\$
	\$
	\$
	\$
	y Marie and
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	1/30/19 (Date)
(Print-Name of lobbyist)	, , , , , , , , , , , , , , , , , , ,

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.

Sworn Stateme	nt/Affirmation by Lobby	yist		
Statement of In	g partnership, firm, or corpo	New Eng	iland Cable &	
Name of Lobbyin	g partnership, firm, or corpo	oration: Telecomn	nunications Asonc	_Tr
Name of Client (I	eave blank if Statement is fo	or the partnership, firm, or	corporation and not related	to any
particular client):		· .	·	
Date of Report (c	heck one):	-		
April 25, 2018	July 25, 2018 🗆	October 31, 2018 🗆	January 30, 2019 🔯	,
I have read RSA the following Add submitted):	15, RSA 15-B, RSA 664, the dendums submitted with the	ne Statement of Income as at Statement (insert the n	nd Expenses described above umber of Addendum forms	ve, and being
Addendum	n A(s).			
Addendum	n B(s).			
Addendun	n C(s).			
I hereby swear or complete to the be	affirm that the foregoing in st of my knowledge and bel	formation on the Statementief.	nt and each Addendum is tr	ue and
(Signature of lobby	yist)		(Date)	
Timothy	O. Wilkerson	<u>.</u>		
(Print Name of lob	byist)			

RECEIVED

FEB 01 2019

NEW HAMPSHIRE DEPARTMENT OF STATE