



STATE OF NEW HAMPSHIRE
2019 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

RECEIVED

OCT 24 2019

NEW HAMPSHIRE
 DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jason Bedrick

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

(Name of partnership, firm or corporation)

111 Monument Circle, Suite 2650 Indianapolis IN 46204
 Business Address: (Street) (Town/City) (State) (Zip Code)
 (603) 759-2035 () e-mail Jason@edchoice.org
(Telephone) (Fax)

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:

EdChoice
(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 24, 2019 July 31, 2019
Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19
 October 30, 2019 January 29, 2020
activity from 7/1/19 to 9/30/19 activity from 10/1/19 to 12/31/19

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, 107 North Main Street, 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.

Jason Bedrick
 (Signature of lobbyist)

10/23/19
 (Date)

Jason Bedrick
 (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement

Addendum B (RSA Chapter 15:6)

PLEASE PRINT

I. Name of Lobbyist(s) Jason Bedrick

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

III. Name of Client EdChoice Date 10/23/2019

State the full name of the person receiving the honorarium or expense reimbursement:

Davis Caitlin Last Name First Name Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 822.51

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

Travel expense reimbursement for attendance in official capacity at EdChoice's "A New Era for K-12 Education Funding" event in Bonita Springs, FL from September 25-27, 2019.

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

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 (Handwritten signature)

Date 10/23/19

Jason Bedrick (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement

Addendum B (RSA Chapter 15:6)

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I. Name of Lobbyist(s) Jason Bedrick

II. Name of lobbyist's partnership, firm or corporation, if any:
N/A
(Name of partnership, firm or corporation)

III. Name of Client EdChoice Date 10/23/2019

State the full name of the person receiving the honorarium or expense reimbursement:

Edelblut Frank
Last Name First Name Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 463.76

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

Travel expense reimbursement for attendance in official capacity at EdChoice's "A New Era for K-12 Education Funding" event in Bonita Springs, FL from September 25-27, 2019.

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

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)

10/23/19
(Date)

Jason Bedrick
(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 Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Jason Bedrick

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): EdChoice

Date of Report (check one):

April 24, 2019 July 31, 2019 October 30, 2019 January 29, 2020

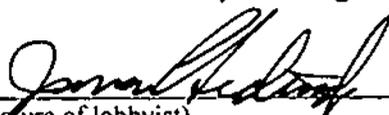
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

0 Addendum A(s).

2 Addendum B(s).

0 Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.


(Signature of lobbyist)

10/23/19
(Date)

Jason Bedrick
(Print Name of lobbyist)