STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) ODZE EDWARDS		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)	15U(TEU4	
(Name of partnership, firm or corporation)		
Business Address: (Street) (Town/City)	~ NH	03820
(bct) 923-7 L 55 (Fax)	e-mail Cecl WAN d	SCONSULTENS P GMATL
III. This statement covers: (Choose one - file separate reports for reportable expense transactions which are not attributable to any		a separate report for
All reportable transactions occurring in the months prior to the re		
(Full Name of Client as it appears on the Lobbyist	OCIATION	****
(Full Name of Client as it appears on the Lobbyist OR	Registration Form)	
All reportable transactions by the lobbyist (including the lobbyist' unrelated to any particular client.	s family), or the lobbying firm	listed below which are
IV. Date of Report April 26, 2017 (April 26, 2017) Reports cover: activity from date of registration to 3/31/17 act	July 26, 2017 ivity from 4/1/17 to 6/30/17	
October 25, 2017	January 31, 2018	
·	tivity from 10/1/17 to 12/31/17	
V. There have been no fees received and no reportable tran If this box is checked, complete just this form and submit it to the Sec Concord, NH 03301.		
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you must file Ad	Idendum A– Fees and Expens	es
☐ If you have paid an honorarium or reimbursed expenses, you must 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 and complete to the best of my knowledge and belief. (Signature of lobbyist)	swear or affirm that the forego	_
	(Date)	
(Print Name of lobbyist)		RECEIVED

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PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) EDDIE EDWANS	
II. Name of lobbyist's partnership, firm or corporation, if any:	oz. 1
(Name of partnership, firm or corporation)	0 11 1
III. Name of Client NA GROUPS ASSOCIATION	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 4,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 1,500.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of leabeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person dwith a value of \$25.00 or less); and orting period of greater than \$25.00 for ne of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c)\$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 6,000.00
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) \$O
f) Total of all expenses year to date	n \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	sMA
	\$
	\$
	\$
	\$
\	
	3
•	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
111	04/27/17 (Date)
(Signature of lobbyist)	(Date)

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	EDDIE E	ranguit	
II. Name of lobbyist's par	tnership, firm or corp	ooration, if any:	
(Name of part	DDJE ED	or reven	NSURTENH Date 4/27/17
III. Name of Client	Mr		Date 4/27/17
Political Contributions	tion that is reportable p	oursuant to RSA Chap	oter 664 paid on behalf of the
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	SEE BELOW	Office Candidate	is Seeking NA
actual cost of the in-kind content of the enter an estimated value and to	tribution on the line above the word "estimate."	e for amount of contrib	ds or services provided, and enter the actual cost is not known. U (HAMPSHIRES'S URAL BALL
Full name of candidate:			(Middle Name/Initial)
			s Seeking
If the contribution is an in-kir	nd contribution, provide a tribution on the line abov	description of the good	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

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) O4/27/17 (Date)
(Print Name of lobbyist)