STATE OF NEW HAMPSHIRE

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

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P	LEASE PRINT	\supset 1	NEW HAMPSHIRE DEPARTMENT OF STATE
I. Name of Lobbyist(s	Jasen A.	Stock	DEPARTMENT OF OUR
II. Name of lobbyist's	partnership, firm or corporation,	, if any:	
N. H. Tin	berland Owner	-s Association	
-d O I	e of partnership, firm or corporation)		
Business Address: (Stre	cet) (Town/Cit	y) (State)	(Zip Code)
(63) <u>224-76</u> (Telephone)	9 (63 225 -	5898 e-mail Stock	enhtoa.org
III. This statement co	vers: (Choose one – file separate r	eports for each client, OR you may file	e a separate report for
reportable expense tra	ansactions which are not attributa	ible to any one client).	
All reportable trans	actions occurring in the months price	or to the reporting date relative to the foll	owing client:
NH. T	mberland Owr (Full Name of Client as it appears on the	ners Associal'an	
<u>OR</u>	(1 an 1 and of Chem as it appears on the	ne Ecopysis (Cegistration Form)	
☐ All reportable transa unrelated to any particu		e lobbyist's family), or the lobbying firm	listed below which are
IV. Date of Report	April 26, 2017 🗆	July 26, 2017 🔲	
Reports cover: activit	ty from date of registration to 3/31/17 October 25, 2017	activity from 4/1/17 to 6/30/17 January 31, 2018	
а	activity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17	
		able transactions made since the la to the Secretary of State's Office, State I	
	l reports are attached:		
		ust file Addendum A- Fees and Expens	
If you have paid an Expense Reimbursemen	-	s, you must file Addendum B – Report o	of Honorariums or
If you, your firm, o	r your family has made political cor	ntributions, you must file Addendum C-	- Political Contributions
		nd hereby swear or affirm that the forego	oing information is true
0		16/30/17 (Date)	
(Signature of lobbyist)	O(1)	(Date)	
(Print Name of lobbyis	t Stock		

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Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Jase, A. Stock	
II. Name of lobbyist's partnership, firm or corporation, if any:	١
N. H. Timberland Owners As	socialian
N. H. Timberland Owners As (Name of partnership, firm or corporation) III. Name of Client NH Timberland Owners As.	SG(. Date 10/30/17
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, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 3,176.67
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 y	a) \$ <u>3,116.61</u> b) \$ <u>24,280-49</u> ear)
c) Total of all fees received to date (Add lines a and b)	0)\$ 27,457.16
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses:	,

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

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

a) \$ _	5. 420.54
b) \$ _	Ø .

c) \$ _____

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 5,420.54 e)\$ 32,446.50
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)\$ 32, 446. 50
f) Total of all expenses year to date	ns 37, 867.04
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	\$
	\$
	\$
	\$
	\$

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)

(Print Name of lobbyist)

(Date)

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or **Expense Reimbursement** Addendum B (RSA Chapter 15:6)

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DEPARTMENT OF STATE I. Name of Lobbyist(s) L II. Name of lobbyist's partnership, firm or corporation, if any: E S E III. Name of Client N. I R 1 N T State the full name of the person receiving the honorarium or expense reimbursement: 102.60 What is the value of the honorarium or expense reimbursement? Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event). 7/5 meet w/Gorernor re. SB 129; 8/1 meet w/ Legislator re: Forestry issues-Bartlett; 8/17, 9/13, 20, 27 attend worksessions and Building (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) (Print Name of lobbyist)

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

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I. Name of Lobbyist(s)	Jasen	71. \ \to	<u>. L</u>
II. Name of lobbyist's part			k /
Name of partn	ership, firm or corporation)	Ouver	Association
III. Name of Client N. H.	Timberla	ad Owners Ass	\propto . Date $10/30/17$
Political Contributions For each political contributi client/lobbyist and lobbying	ion that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the
Full name of candidate:	Chandler (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	50	Office Candidate is	s Seeking State Representa
Full name of candidate:	(Leat News)	(First Name)	(Middle Nieme/India))
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ If the contribution is an in-kind contributal cost of the in-kind contribution is a second contribution.	d contribution, provide	Office Candidate is	(Middle Name/Initial) Seeking Is or services provided, and enter the actual cost is not known,
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	d contribution, provide ibution on the line above word "estimate."	Office Candidate is a description of the good we for amount of contribu	Seeking
actual cost of the in-kind contrenter an estimated value and the stimated value and the sti	d contribution, provide ribution on the line above ne word "estimate."	Office Candidate is a description of the good we for amount of contribution (First Name)	Seekingls or services provided, and enter the

If the contribution is an in-kind contribution, provide a describing actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	ription of the goods or services provided, and enter the amount of contribution. If the actual cost is not known,
	Water and the second se
(If more than three contributions were made, report additional cont	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and be	
S and	18/30/17
(Signature of lobbyist) Sasan A. Shack	(Date)
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □
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):
Addendum A(s).
Addendum B(s).
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) (Date)
Jose A. Stock
(Print Name of lobbyist)