

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 28 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lob	byist(s) Tone Orleans		DEPARTMENT OF ST	
II. Name of lob	byist's partnership, firm	or corporation, if any:		
	(Name of partnership, firm	or corporation)		
114	North Main St.	Concord	NH	03301
Business Address	: (Street)	(Town/City)	(State)	(Zip Code)
603,264-622	29)	e-mail corleansaiki	ns14@gmail.com
(Telepl	hone)	(Fax)	O-Mun	
		– file separate reports for are not attributable to an		y file a separate report for
All reportab	le transactions occurring i	n the months prior to the re	porting date relative to the	e following client:
Campaign fo	or a Family Friendly	Economy, a project	of the Forward Action	on Fund
	(Full Name of Clien	it as it appears on the Lobbyis	t Registration Form)	
unrelated to any IV. Date of Rep	particular client.	tion to 3/31/24 ac	July 31, 2024 July 31, 2024 January 29, 2025	firm listed below which are
If this box is che		and no reportable training and submit it to the Sec 301.		
VL Check if ad	lditional reports are atta	ched:		
	-	oenditures, you must file A		-
If you have Expense Reimb		mbursed expenses, you mu	st file Addendum B - Rep	port of Honorariums or
		made political contribution	s, you must file Addendu	m C-Political Contributions
I have read RSA	ent/Affirmation by Lobby A 15, RSA 15-B, RSA 14-0 the best of my knowledge	C and RSA 664 and hereby	swear or affirm that the f	oregoing information is true
Carandi	-		10/29/2024	
(Signature of lo	obbyist)		(Dat	e)
Tone Orlear	ns-Aikins			
(Print Name of	lobbyist)			