

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 23 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

				DEPARTMENT OF ST
I. Name of Lobbyist(s	s) <u>Dr. Carl M. La</u>	dd		
II. Name of lobbyist's	s partnership, firm o	r corporation, if a	ıy:	
New Hampshire So	chool Administrator	s Association (N	HSAA)	
(Nan	ne of partnership, firm or	corporation)		
46 Donovan Street		Concord	NH	03301
Business Address: (Str	reet)	(Town/City)	(State)	(Zip Code)
(603) 225-3230	(60	3) <u>225-3225</u>	e-mail carl@r	nhsaa.org
(Telephone)		(Fax)		
				may file a separate report for
reportable expense tr	ansactions which are	not attributable t	o any one client).	
✓ All reportable trans	sactions occurring in t	he months prior to	the reporting date relative to	the following client:
Till reportation was	sacrons seven ing in t	menne prior te	and reperiming water re-	someg •
	(Full Name of Client o	it appears on the Lo	bbyist Registration Form)	
OR	(Full Name of Cheft a	s it appears on the Lo	bbyist Registration Form)	
	actions by the lobbyis	t (including the lob	byist's family), or the lobby	ing firm listed below which are
unrelated to any partic	ular client.			
IV. Date of Report Reports cover: active	April 25, 2018 🗸 ity from date of registrat	ion to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/30/	/18
neports covers across	October 31, 2018	_	January 30, 2019	_
	activity from 7/1/18 to 9.		activity from 10/1/18 to 12/	
If this box is checked,			transactions made since e Secretary of State's Office	
Concord, NH 03301.				
VI. Check if addition	al reports are attach	ed:		
•	-	· -	le Addendum A- Fees and	
Expense Reimburseme	ent	•	u must file Addendum B—	
☐ If you, your firm,	or your family has ma	de political contribi	utions, you must file Adden	dum C- Political Contributions
Swam State Sout / A 55	iumation by Labbris			
Sworn Statement/Aff I have read RSA 15, R and complete to the	SA 15-B, PSA 14-C a	nd RSA 664 and he	ereby swear or affirm that th	ne foregoing information is true
ולו לזמ /	Twel !		04-20-2018	
(Signature of lobbyist				Date)
Carl M. Ladd				
(Print Name of lobbyi	st)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Carl M. Ladd	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client NH School Administrators Association (NHSAA)	Date <u>04-20-2018</u>
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:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$4,743.00
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) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$4,743.00
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 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 lesse being 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 greater 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 aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political
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) \$
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:
	\$
	\$
	\$
	\$
	\$
	\$
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
Coll. Kodel	04-20-2018
(Signature of lobby st)	(Date)
Carl M. Ladd (Print Name of lobbyist)	
(11111111111111111111111111111111111111	

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/Af Statement of Income	• •	rist		
Name of Lobbying part	nership, firm, or corpo	ration:		
Name of Client (leave b	olank if Statement is fo	r the partnership, firm, or	corporation and not related to a	ıny
particular client): New	Hampshire School A	dministrators Association	n (NHSAA)	_
Date of Report (check	one):			
April 25, 2018 ☑	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
			nd Expenses described above, a umber of Addendum forms be	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
complete to the best of		ief.	0-2018	ınd
(Signature of loobyist)	,		(Date)	
Carl M. Ladd				
(Print Name of lobbyist)			