

### STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

OCT 23 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

I. Name of Lobbyi	ist(s)Robert Cleg	gg, Debra Vanderb	eek, Periklis Karoutas	DEPARTMENT
II. Name of lobby	ist's partnership, firm (	or corporation, if a	ny:	
Le	gislative Solutions, L.L	C.		
()	Name of partnership, firm of	or corporation)		
	P.O. Box 10724	Bedford	NH	03110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
( ) 860-3682	(	)	e-mail senclegge	@aol.com
(Telephon	(e)	(Fax)		<del></del>
reportable expens	e transactions which a	re not attributable (		ay file a separate report for he following client:
		e Towing Associat		<u></u>
	(Full Name of Client	as it appears on the Lo	bbyist Registration Form)	
OR  All reportable to unrelated to any pa		st (including the lob	byist's family), or the lobbyin	ig firm listed below which are
IV. Date of Repor	n April 24, 2019	ation to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30/1	9
	October 30, 2019 activity from 7/1/19 to		January 29, 2020 🗍 activity from 10/1/19 to 12/3	1/19
V. There have be If this box is check Concord, NH 0330	ed, complete just this for	and no reportable m and submit it to th	transactions made since he Secretary of State's Office.	the last report.   State House, Room 204,
VI Chack if addit	ional reports are attac	hed:		
4			ile Addendum A- Fees and I	Expenses
1 4	id an honorarium or rein	· •	nu must file Addendum B-R	
☐ If you, your fir	m, or your family has m	ade political contrib	utions, you must file Addend	um C- Political Contributions
I have read RSA 1:	Affirmation by Lobbyi 5, RSA 15-B, RSA 14-C 6 best of my knowledge	and RSA 664 and h	ereby swear or affirm that the	foregoing information is true
XM47C	Ull/		October 22, 2019	<del></del>
(Signature of lobb	yis() /		(Da	ate)
Robert Clegg	- <i>U</i>			
(Print Name of lot	bbyist)			

# LEASE PRINT

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist'.	s partnership, firm or corporation, if any:	
	Legislative Solutions, L.L.C.	
(Name	of partnership, firm or corporation)	
III. Name of Client	New Hampshire Towing Association	Date_ October 22, 2019
to lobbying, including	ant of all fees received from the client identified above fees for services such as public advocacy, government onitoring legislation, and related legal work. The gross:	relations, or public relations servic
a) Total of all fees rece	eived in this reporting period	a) § 3,000.00
	eived this calendar year, prior to this reporting period the total of all prior monthly reports for this calendar ye	b) \$ 3,000.00
c) Total of all fees rec (Add lines a and		c) S 6,000.00
d) Indicate the amount yet been paid	t of any such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports the lobbyist(s)/firm that Expenses are to be reputing the reporting poindividual expenses who lunch where the cost wheing lobbied, purchase (c) an itemized statemeany purpose not cover ceremonial object to be restaurant expenses for	partnerships, firms, or corporations are required to repare to be filed for expenditures made relative to each of at are unrelated to any one client a separate report reported in one of three categories of expenses: (a) the eriod for salaries, benefits, support staff, and office experted the expenditure was of \$25.00 or less (for example as \$25.00 or less, purchase of a pen with a value of less of a ceremonial object given to a person being lobbie and of each individual expenditure made during this reported by (a) (for example: purchase of a meal with value given to the subject of lobbying with a value greater a legislative reception). Expenses for honorariums, ported 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 particles; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person with a value of \$25.00 or less); are triing period of greater than \$25.00 for than \$25, but not greater than \$5, expense reimbursement, or politic
support staff, and office	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) \$ 3,000.00
b) Total aggregate of e in a), of \$25 or less.	expenditures during this reporting period, not reported	b) \$ <u>0</u>
s en la elementa de la compansión de la co	Levenditures reported in detail in section VI	0 2 (2

d) Total expenses for this reporting period	d) \$ 3,000.00
(Add lines a, b and c)	
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) \$ <u>3,000.00</u>
f) Total of all expenses year to date	0 \$ 6,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	<b>s</b>
	s
	s
	\$
	\$
	\$
***************************************	
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.	m that the foregoing information
Loby T Clerk	October 22, 2019
(signature of lobbyist)	(Date)
Robert Clegg	
(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 partn	ership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave b	ank if Statement is fo	or the partnership, firm, or	corporation and not related to	any
particular client):	New Hampshire T	owing Association		_
Date of Report (check o	ne):			
April 24, 2019 🗆	July 31, 2019 🗀	October 30, 2019 💢	January 29, 2020 □	
			nd Expenses described above, umber of Addendum forms be	
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
complete to the best of m		ief.	nt and each Addendum is true ber 22, 2019	and
(Signature of Jobbyist)	•		(Date)	
Debra Vanderbeek (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:

•	· · · · · · · · · · · · · · · · · · ·	oration: Legislative Solution	corporation and not related to	— anı
	New Hampshire	· · · · · · · · · · · · · · · · · · ·	eorperation and not related to	апу —
Date of Report (check	one):			
April 24, 2019 🗆	July 31, 2019 🗆	October 30, 2019	January 29, 2020 □	
			nd Expenses described above, a umber of Addendum forms be	
Addendum A	s).			
/ Addendum B(				
Addendum C(	s).			
_	rm that the foregoing in f my knowledge and be	lief.	nt and each Addendum is true : ber 22, 2019	and
(Signature of lobbyist	)		(Date)	
Periklis Karoutas				
(Print Name of lobbyi	SI)			