STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

AUG 0 1 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

| I. Name of Lobbyist(s) MARC | BROWN | | DEPARTMENT OF STA |
|--|---------------------------------|---|-------------------------------|
| II. Name of lobbyist's partnership, | | ny: | |
| Advantage Governm (Name of partnership. | ent Affairs, | uс | |
| (Name of partnership. | firm or corporation) | 4117 | 9022x1 |
| PO Sox 1256 Business Address: (Street) | (Town/City) | (State) | 03382. (Zip Code) |
| , , | (Tombony) | | advantagenh. com |
| (68) <u>502-3553</u> (Telephone) | _ ()(Fax | e-mail <u>Mai C C</u> | - COLUMNIA SENINI. COL |
| III. This statement covers: (Choose reportable expense transactions wh | | | ay file a separate report for |
| All reportable transactions occurr | - | the reporting date relative to the | he following client: |
| · CoreCivic of | | | |
| (Full Name of OR | Client as it appears on the Lo | obbyist Registration Form) | |
| All reportable transactions by the lunrelated to any particular client. | obbyist (including the lob | obyist's family), or the lobbyin | g firm listed below which are |
| IV. Date of Report April 24, 20' Reports cover: activity from date of i | 19 🗌 registration to 3/31/19 | July 31, 2019 🖔 activity from 4/1/19 to 6/30/19 | , |
| October 30, activity from 7/1 | | January 29, 2020 activity from 10/1/19 to 12/3 | 1/19 |
| V. There have been no fees receif this box is checked, complete just the State House, Room 204, Concord, NF | is form and submit it to t | | |
| VI. Check if additional reports are | attached: | | |
| XI If you have received fees or made | e expenditures, you must | file Addendum A- Fees and E | Expenses |
| If you have paid an honorarium of Expense Reimbursement | r reimbursed expenses, ye | ou must file Addendum B-Ro | eport of Honorariums or |
| 新 If you, your firm, or your family | has made political contrib | outions, you must file Addend | um C- Political Contributions |
| Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowledge. | 14-C and RSA 664 and h | nereby swear or affirm that the | foregoing information is true |
| Vi Kan | - | 7/29/19 | |
| (Signature of lobbyist) | | - (Da | nte) |
| Marc Brown | | | |
| (Print Name of lobbyist) | | | |

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Marc Brown | |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: Advantage Government Affairs, LLC (Name of partnership, firm or corporation) | <u>. </u> |
| 111. Name of Client OFE Civic of Tenucssee | Date 7/29/19 |
| 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 services |
| a) Total of all fees received in this reporting period | a) \$ _7,500.00 |
| 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) \$ 7,500.00 |
| c) Total of all fees received to date (Add lines a and b) | c) \$ 15,000.00 |
| 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 represes 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 lesseing 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 aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business st than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a tre than \$25, but not greater than \$50, 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) \$7,500.00 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | a) \$ |

c) Total of all itemized expenditures reported in detail in section VI.

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ 1 5 00,00 |
|--|------------------------------------|
| 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) \$ 7,500.00 |
| f) Total of all expenses year to date | ns 15,000.00 |
| V1. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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 affin | m that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| Hi Bu | 7/29/19 |
| (Signature of lobbyist) | (Date) |
| Marc Brown | |
| (Print Name of lobbyist) | |

STATE OF NEW HAMPSHIRE

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

| | las Zam | 4 | |
|---|--------------------------------|----------------------------|--|
| I. Name of Lobbyist(s) _[V | are promo | <u> </u> | |
| II. Name of lobbyist's par | tnership, firm or co | rporation, if any: | |
| Advantas G | ore numerit | Affairs, UC | |
| (a ame of part | inership, firm or corporation) | 4.1.25.11 | |
| III. Name of Client | | _ | Date |
| | | | |
| Political Contributions For each political contribu | tion that is reportable | nursuant to RSA Chan | oter 664 paid on behalf of the |
| client/lobbyist and lobbyin | • | - | т |
| | | | |
| | \mathcal{A} | a) . | |
| Full name of candidate: | Mase | Chival | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 200.00 | Office Candidate i | s Seeking State Squet |
| 16.h | and an exist at a constant | 4 | de an armidad and append |
| | | | ds or services provided, and enter th ution. If the actual cost is not know |
| enter an estimated value and | | | |
| | | | |
| | | | |
| - | | | |
| | | _ | |
| | D-11 | √ 1 | |
| Full name of candidate: | gravius | <u> </u> | 73 4° 4 10 - No (1- No. 1) |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 130100 | Office Candidate is | Seeking <u>Stock Stu</u> |
| If the contribution is an in kin | ad contribution, provide | a description of the good | ds or services provided, and enter th |
| THE COMMITMENT IN AN INSERT | | | |
| actual cost of the in-kind cont | | ive for amount of contribu | ution. If the actual cost is not know |
| | | ove for amount of contribu | |
| actual cost of the in-kind cont | | ve for amount of contribu | |
| actual cost of the in-kind cont | | eve for amount of contribu | |
| actual cost of the in-kind cont | | eve for amount of contribu | |
| actual cost of the in-kind cont | | ove for amount of contribu | |
| actual cost of the in-kind contenter an estimated value and t | | Suncon | |
| actual cost of the in-kind cont | | Sucol (First Name) | |

STATE OF NEW HAMPSHIRE



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

| 1. Name of Lobbyist(s) | yaz Drin | | |
|---|------------------------------|-----------------------------------|--|
| II. Name of lobbyist's part | nership, firm or co | rporation, if any: 🕢 | 1 |
| Advanta | re Govern | ment Ala | livs |
| (Name of parts | Arship, (irm or corporation) | | 1 / - |
| III. Name of Client | , | | Date <u>1/25/19</u> |
| Political Contributions | | | |
| | | | ter 664 paid on behalf of the |
| client/lobbyist and lobbying | g firm, indicate the fo | onowing: | |
| | | | |
| Full name of candidate: | Present | Rissell | |
| | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | 150.00 | Office Candidate is | s Seeking Excerte Cris |
| Full name of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ | , | | Seeking |
| If the contribution is an in-kin- actual cost of the in-kind contr enter an estimated value and the | | | s or services provided, and enter the |
| | | ve for amount of contribu | ntion. If the actual cost is not known |
| Full name of candidate: | he word "estimate." | | |
| Full name of candidate: Amount of contribution \$ | he word "estimate." | (First Name) Office Candidate is | (Middle Name/Initial) |