# 21102

PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

## 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### RECEIVED

AUG 02 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

	own		
II. Name of lobbyist's partnership, Advantage Government	• • •		
	, firm or corporation)		
PO BOX 1256	Concord	NH 03302	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603-502-3553		marc@advanta	
(Telephone)	_ ( )(Fax)	e-mail Marcwadvanta	
II. This statement covers: (Choose reportable expense transactions where All reportable transactions occurred	nich are not attributable to any	one client).	-
			wing chem.
National Association of			
OR (Full Name of	Client as it appears on the Lobbyist	Registration Form)	
All reportable transactions by the	lobbyist (including the lobbyist's	s family), or the lobbying firm	listed below v
unrelated to any particular client.	, , , , ,	,,,	
October 27, activity from 7/1	registration to 3/31/21 acti 2021	July 28, 2021  July 28, 2021 January 26, 2022 July 10/1/21 to 12/31/21	
V. There have been no fees rece If this box is checked, complete just to State House, Room 204, Concord, NI	his form and submit it to the Secr		
VI. Check if additional reports are	attached:		
If you have received fees or mad	e expenditures, you must file Ad	-	
VI. Check if additional reports are  If you have received fees or mad  If you have paid an honorarium of Expense Reimbursement	e expenditures, you must file Ad	-	

#### STATE OF NEW HAMPSHIRE

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

П. Name of lobbyist's p	artnership, firm or co	orporation, if any:	
	• '	, p o	
Advantage Governm	partnership, firm or corporation)		
(Name of p	partnership, firm or corporation,	)	7/40/2024
III. Name of Client			<sub>Date</sub> 7/19/2021
B.11.1.0			
Political Contributions			nton 664 maid on hahalf of the
client/lobbyist and lobby	-	-	pter 664 paid on behalf of the
onena 1000 y 1st and 1000	ying mini, maicute the i	onowing.	
High real field in the series are the participation of the production of the series of	and the contract of the contra		and the control of th
	Bradley	Jeb	
Full name of candidate:	Diauley		CALLY N. A. W. N.
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is Seeki	ing Senate
actual cost of the in-kind c	ontribution on the line ab	ove for amount of contrib	oution. If the actual cost is not know
actual cost of the in-kind c enter an estimated value ar	ontribution on the line ab	ove for amount of contrib	ds or services provided, and enter the oution. If the actual cost is not known
actual cost of the in-kind c enter an estimated value ar	ontribution on the line ab nd the word "estimate."	ove for amount of contrib	oution. If the actual cost is not known
actual cost of the in-kind c	ontribution on the line ab nd the word "estimate."  Morse	ove for amount of contrib	oution. If the actual cost is not known
actual cost of the in-kind center an estimated value are stimated value.	ontribution on the line ab nd the word "estimate."  Morse  (Last Name)	Chuck (First Name)	(Middle Name/Initial)
actual cost of the in-kind c enter an estimated value ar	ontribution on the line ab nd the word "estimate."  Morse  (Last Name)	ove for amount of contrib	(Middle Name/Initial)
actual cost of the in-kind center an estimated value are Full name of candidate:  Amount of contribution \$  If the contribution is an in-	Morse  (Last Name)  200  -kind contribution, providentribution on the line ab	Chuck (First Name)  Office Candidate is See the a description of the goo	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind contribution \$	Morse  (Last Name)  200  -kind contribution, providentribution on the line ab	Chuck (First Name)  Office Candidate is See the a description of the goo	(Middle Name/Initial)  Senate  ods or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind contribution \$	Morse  (Last Name)  200  -kind contribution, providentribution on the line ab	Chuck (First Name)  Office Candidate is See the a description of the goo	(Middle Name/Initial)  Senate  ods or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an inactual cost of the in-kind contribution \$	Morse  (Last Name)  200  -kind contribution, providentribution on the line ab	Chuck (First Name)  Office Candidate is See the a description of the goo	(Middle Name/Initial)  Senate  ods or services provided, and enter the

on of the goods or services provided, and enter the unt of contribution. If the actual cost is not known,
·
tions on separate addendum C forms.)
swear or affirm that the foregoing information ef.
7/19/2021
(Date)
· ,