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STATE OF NEW HAMPSHIRE

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

OCT 2 1 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

P	I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Chris Herr					
L E	II. Name of lobbyist's partner	II. Name of lobbyist's partnership, firm or corporation, if any:				
A S	Legislative Solutions, L.L.C.					
E	(Name of partnership, firm or corporation)					
	III No us of City 4			OCTOBULY, Date 1983, 2020		
P R	III. Name of Client			Date		
K I	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the					
N						
T	client/lobbyist and lobbying firm, indicate the following:					
				•		
	F. II	Committee	o Elect House Republ	icans		
	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
		,	(i list ivalle)	(Middle Name/initial)		
	Amount of contribution \$ 250.00)	Office Candidate	is Seeking		
	Full name of candidate:	Friends of Dick		(Middle Name/Initial)		
		(Last Name)	(First Name)			
	Amount of contribution \$ 250.00)	Office Candidate is	s Seeking		
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
	Full name of candidate:	NH Senate Repub				
		(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 250.00	l	Office Candidate i	s Seeking		

(If more than three contributions were made, report additional contrib	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby	y swear or affirm that the foregoing inf
is true and complete to the best of my knowledge and be	
$(\mathcal{W} / / / \mathcal{M})$	October 8, 2020
	OCIODEI 8, 2020

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II. Name of lobbyist's parti	nership, firm or corr	oration, if any:	
11. Name of lobbyist 5 parti	nership, min or corp	oration, ir any.	
Legislative Soluti			
(Name of partne	ership, firm or corporation)		caclahaa 8.
III. Name of Client			Date Date 2020
m. Name of Cheff			Date
Political Contributions			
	on that is reportable p	oursuant to RSA Chap	ter 664 paid on behalf of the
client/lobbyist and lobbying			•
Full name of candidate:	Ricciardi	Denise	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	.00	Office Candidate i	s Seeking State Senate
Amount of contribution \$ ====		Office Californiale I	s seeking
		e for amount of contrior	ution. If the actual cost is not know
enter an estimated value and th	ne word "estimate."		ution. If the actual cost is not know
enter an estimated value and th	ne word "estimate." Bradley	Jeb	
enter an estimated value and the	Bradley (Last Name)	Jeb (First Name)	(Middle Name/Initial)
Full name of candidate:	Bradley (Last Name)	Jeb (First Name) Office Candidate is	(Middle Name/Initial) Seeking State Senate
Full name of candidate: Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contr	Bradley (Last Name) d contribution, provide a button on the line above	Jeb (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking State Senate ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	Bradley (Last Name) .00 d contribution, provide a ribution on the line above me word "estimate."	Jeb (First Name) Office Candidate is a description of the good re for amount of contributions.	(Middle Name/Initial) Seeking State Senate ds or services provided, and enter the services is not known. If the actual cost is not known.
Full name of candidate: Amount of contribution \$ 250 If the contribution is an in-king	Bradley (Last Name) 1.00 d contribution, provide a ribution on the line above word "estimate."	Jeb (First Name) Office Candidate is a description of the good te for amount of contributions.	,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,				
enter an estimated value and the word "estimate."				
(If more than these contributions were made report additional contributions	inno an concepto addandum C farma			
(If more than three contributions were made, report additional contributions)	ons on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby s	wear or affirm that the foregoing information			
is true and complete to the best of my knowledge and belie	f.			
	October 8, 2020			
(Signature of lobbyist)	(Date)			
(Signature of Roody 1917)	(Duite)			
Debra Vanderbeek				
(Print Name of lobbyist)				



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Legislative Soluti			
(Name or partne	ership, firm or corporation)		octoben8,
III. Name of Client			Date2020
Political Contributions For each political contributions client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	NH Senate	Republicans PAC	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution $\$ \frac{250}{1}$.00	Office Candidate i	is Seeking
		Chuck (First Name)	(Middle Name/Initial)
Full name of candidate:	Morse (Last Name)	Chuck (First Name)	
Full name of candidate: Amount of contribution \$ 500. If the contribution is an in-kind	Morse (Last Name) .00 I contribution, provide ibution on the line abo	Chuck (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 500. If the contribution is an in-kind actual cost of the in-kind contri	Morse (Last Name) .00 I contribution, provide ibution on the line abo	Chuck (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking State Senate ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a	
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contr	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel	ov swear or affirm that the foregoing inf
is true and complete to the best of my knowledge and b	
M. M.	October 8, 2020
	(Date)
(Signature of Tobbyist)	(Date)
(Signature of Tobbyist) Debra Vanderbeek	(Dato)

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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 partner	rship, firm, or corpoi	ration: Legislative Solutio	ns, L.L.C.
Name of Client (leave bla	nk if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check on	e):		
April 29, 2020 □	July 29, 2020 □	October 28, 2020	January 27, 2021 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm to complete to the best of my		ief.	nt and each Addendum is true and
(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 partnership, firm, or corporation	Legislative Solutions, L.L.C.
	partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 29, 2020 □ July 29, 2020 □ Oct	ober 28, 2020 ☐ January 27, 2021 □
	tement of Income and Expenses described above, and tement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	tion on the Statement and each Addendum is true and
////	October 8, 2020
(Signature of lobbyist)	(Date)
Periklis Karoutas	_
(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 partner	ship, firm, or corpora	ation: Legislative Solutio	ns, L.L.C.
Name of Client (leave blan	nk if Statement is for	the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check one	?):		
April 29, 2020 □ J	uly 29, 2020 □	October 28, 2020	January 27, 2021 □
the following Addendums submitted):	-		nd Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm the complete to the best of may (Signature of lobbyist)		ef.	nt and each Addendum is true and ber 8, 2020 (Date)
Chuis Hann			
Chris Herr			
(Print Name of lobbyist)			