

STATE OF NEW HAMPSHIRE

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

RECEIVED

FEB 2,0 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Marc				
II. Name of lobbyist's partr	nership, firm or co	rporation, if any:		
Advantage Governmen	nt Affairs, LLC			
	rship, firm or corporation)			
III. Name of Client		Date		
Political Contributions For each political contributions client/lobbyist and lobbying			pter 664 paid on behalf of the	
Full name of candidate: Pe	earl	Howard		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 250	0	Office Candidate is Seek	_{ing} State Senate	
Full name of candidate:				
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Full name of candidate:	(Last Name)	(First Name) Office Candidate is Se	(Middle Name/Initial)	
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contri	contribution, provide	Office Candidate is Se a description of the goo	(Middle Name/Initial) eking ds or services provided, and enter the oution. If the actual cost is not known	
Amount of contribution \$ If the contribution is an in-kind	contribution, provide	Office Candidate is Se a description of the goo	eking ds or services provided, and enter the	

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am enter an estimated value and the word "estimate."	ntion of the goods or services provided, and enter the count of contribution. If the actual cost is not known,				
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)				
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and bel	swear or affirm that the foregoing information lief.				
4182	1/17/2024				
(Signature of lobbyist)	(Date)				
Marc Brown					
(Print Name of lobbyist)					

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STATE OF NEW HAMPSHIRE



2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Marc Bro	own		
II. Name of lobbyist's partnership, HBW Resources, LLC	firm or corporation, if any:		
(Name of partnership,	firm or corporation)	<u> </u>	
PO Box 118	Exeter	NH	03833
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-777-7176	()	e-mail mbrown@hbwresources.com	
(Telephone)	(Fax)	<u> </u>	
III. This statement covers: (Choose reportable expense transactions wh	ich are not attributable to an	y one client).	
All reportable transactions occurr		eporting date relative to the	following client:
Consumer Energy Allian			
(Full Name of OR	Client as it appears on the Lobbyis	st Registration Form)	
All reportable transactions by the lunrelated to any particular client. IV. Date of Report April 26, 202 Reports cover: activity from date of recognitions.	3	July 26, 2023 Juctivity from 4/1/23 to 6/30/23	firm listed below which are
October 25, 2 activity from 7/1/23	023	January 31, 2024 Vity from 10/1/23 to 12/31/23	
V. There have been no fees recei If this box is checked, complete just th State House, Room 204, Concord, NH	is form and submit it to the Sec	nsactions made since the cretary of State's Office, 10	e last report. 7 North Main Street,
VI. Check if additional reports are			
If you have received fees or made If you have paid an honorarium of Expense Reimbursement			
If you, your firm, or your family l	nas made political contribution	s, you must file Addendum	C-Political Contributions
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle	14-C and RSA 664 and hereby	swear or affirm that the for	regoing information is true
MISM		1/17/2024	
(Signature of lobbyist)		(Date))
Marc I Brown			
(Print Name of lobbyist)	<u></u>		