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STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vandenbeek, Abigail Sykas

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 _____ Date _____

Political Contributions
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: O'Brien (Last Name) Bill (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 250.00 Office Candidate is Seeking State Rep.

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: Sanborn (Last Name) Laurie (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 200.00

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: Chandler (Last Name) Gene (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 200.00

(turn over to continue →)

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PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Abigail Sykas

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 _____ Date _____

Political Contributions
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: NH Legislative Golf Comm.
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 Office Candidate is 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: DeBlois Tom
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 125.00

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: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ _____

(turn over to continue →)

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 three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

10/18/11
(Date)

Robert E. Clegg, Jr.
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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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

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): _____

Date of Report (check one):

April 28, 2010 ☐ July 28, 2010 ☐ October 27, 2010 ☒ January 26, 2011 ☐

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

____ Addendum A(s).

____ Addendum B(s).

X Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

(Signature of lobbyist) 10/18/11 (Date)

Debra J. Vandenbeek
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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DEPARTMENT OF STATE

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, LLC.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): _____

Date of Report (check one):

April 28, 2010 ☐ July 28, 2010 ☐ October 27, 2010 ☒ January 26, 2011 ☐

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

____ Addendum A(s).

____ Addendum B(s).

X Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

Abigail Sykas
(Signature of lobbyist)

10/18/11
(Date)

Abigail Sykas
(Print Name of lobbyist)