



STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 26 2011

NEW HAMPSHIRE DEPARTMENT OF STATE

P L E A S E

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Abigail Sykas, KATHY SMITH, Cassidy (col) II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)

P R I N T

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: Lambert GARY (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250.00 Office Candidate is Seeking Senate

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: Odell Bob (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250.00

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: Sununu Chris (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250.00



STATE OF NEW HAMPSHIRE

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

P I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Abigail Sykas,
L Karlyn Smith, Cassidy Kozioł
E II. Name of lobbyist's partnership, firm or corporation, if any:
A Legislative Solutions, L.L.C.
S _____
E (Name of partnership, firm or corporation)

P III. Name of Client _____ Date _____
R

Political Contributions

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



Full name of candidate: Braydon Peter
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00 Office Candidate is Seeking State Senate

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: Luther Jim
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00

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: Shiles Nancy
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Robert Clogg, Debra Vandenberg, Abigail Sykas, KATHYNSMITH, Cassidy Kozicki
II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C.

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: D'Alessandro Lov (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking State Senate

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: House Republican Victory PAC (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00

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: Bradley Deb (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Abigail Sykas, Cassidy Kozioł, Karlyn Smith
II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C.

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: Rausch Jim (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00 Office Candidate is Seeking State Senate

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: Morse Chuck (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00

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: Forrester Jeanie (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Robert Cross, Debra Vanderbeek, Abigail Sykas, Cassidy Kezior, Keith J. Smith
II. Name of lobbyist's partnership, firm or corporation, if any:
Legislative Solutions, L.L.C.

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: St. Hilaire Dan
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00 Office Candidate is Seeking Executive Council

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: Herde Matthew
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00

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: Merrill Amanda
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Marisa Sykas, Cassidy Korop, Caitlyn Smith
II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C.

III. Name of Client Date

Political Contributions

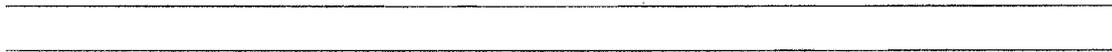
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:



Full name of candidate: Kelly Molly
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking

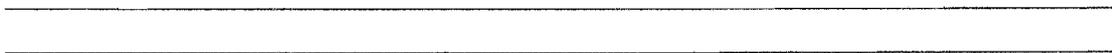
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."



Full name of candidate: Hansen Sylvia
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00

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: Committee to Elect House Democrats
(Last Name) (First Name) (Middle Name/Initial)

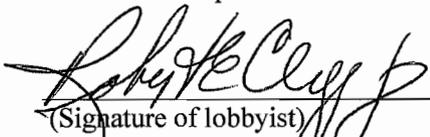
Amount of contribution \$ 250.00

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."

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

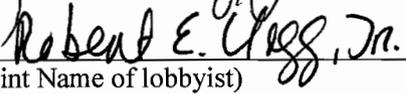
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)



(Date)



(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.

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

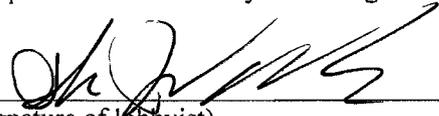
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ 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)

7/9/11
(Date)

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

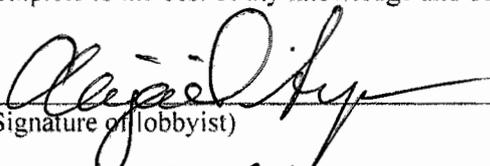
Date of Report (check one):

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)

7/29/10
(Date)

Abigail Sykas
(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.

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.

C. Kozick
(Signature of lobbyist)

07/16/11
(Date)

Cassidy Kozick
(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.

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

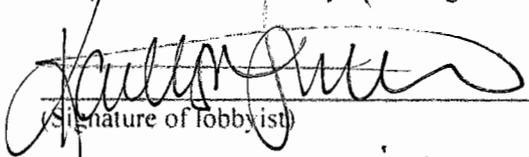
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ 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)

7/18/11

(Date)

Kathleen Smith

(Print Name of lobbyist)