



STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 28 2014

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Leann Moccia

II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C.

III. Name of Client Date January 28, 2014

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

Amount of contribution \$ 1000.00 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.

Full name of candidate: Soucy Donna (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.

Full name of candidate: Bradley Jeb (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1000.00



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I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Leann Moccia
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 January 28, 2014

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: Senate Majority PAC
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100.00 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: Soucy Donna
(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: Woodburn Jeff
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \$250.00



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P I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Leann Moccia

L II. Name of lobbyist's partnership, firm or corporation, if any:
A Legislative Solutions, L.L.C.
S (Name of partnership, firm or corporation)

P III. Name of Client Date January 28, 2014

R I Political Contributions

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



Full name of candidate: Prescott Russell
(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."

Blank lines for in-kind contribution description



Full name of candidate: Cataldo Sam
(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."

Blank lines for in-kind contribution description



Full name of candidate: Reagan John
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00



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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 January 28, 2014

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 Senate Democratic Caucus (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: Committee to Elect House Republicans (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: (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$

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."

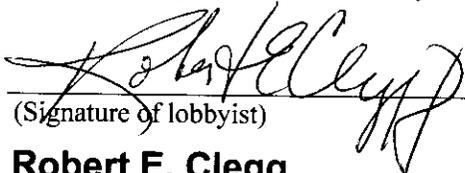
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**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)

**January 28, 2010**  
\_\_\_\_\_  
(Date)

**Robert E. Clegg**  
\_\_\_\_\_  
(Print Name of lobbyist)

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JAN 28 2014  
NEW HAMPSHIRE  
DEPARTMENT OF STATE

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

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JAN 28 2014

NEW HAMPSHIRE  
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, 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 25, 2012       July 25, 2012       October 31, 2012       January 30, 2013

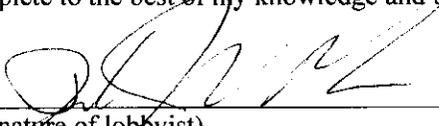
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

\_\_\_\_\_ Addendum A(s).

\_\_\_\_\_ Addendum B(s).

\_\_\_\_\_ 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)

1/28/14  
\_\_\_\_\_  
(Date)

**Debra Vanderbeek**  
\_\_\_\_\_  
(Print Name of lobbyist)

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

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NEW HAMPSHIRE  
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, 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 25, 2012       July 25, 2012       October 31, 2012       January 30, 2013

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).

\_\_\_\_\_ 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.

Leann Moccia  
(Signature of lobbyist)

\_\_\_\_\_  
(Date)

Leann Moccia  
(Print Name of lobbyist)