

STATE OF NEW HAMPSHIRE

2014 Statement of Income and Expenses RECEIVED

for LOBBYISTS (RSA Chapter 15)

APR 22 2014

NEW HAMPSHIRE

PLEASE PRINT

	✓	DEF	PARTMENT OF STATE
I. Name of Lobbyist(s) Robert Clegg	g, Debra Vanderbee	ek, Leann Moccia, Pe	eriklis Karoutas
II. Name of lobbyist's partnership, firm	or corporation, if any:		
Legislative Solutions, L.L.C. (Name of partnership, firm	or corporation)		
P.O. Box 10724	Bedford	NH	03110
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 860-3682 (Telephone))(Fax)	e-mail <u>senclegg@</u> a	nol.com
III. This statement covers: (Choose one reportable expense transactions which a			le a separate report for
☐ All reportable transactions occurring in	the months prior to the rep	porting date relative to the fol	llowing client:
the same	nal Employer Organizat t as it appears on the Lobbyist		
OR ☐ All reportable transactions by the lobby unrelated to any particular client.	ist (including the lobbyist's	s family), or the lobbying firm	n listed below which are
IV. Date of Report April 30, 2014 Reports cover: activity from date of registr		July 30, 2014 ivity from 4/1/14 to 6/30/14	
October 29, 2014 activity from 7/1/14 to		January 28, 2015 ctivity from 10/1/14 to 12/31/14	
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are attac	hed:		
☐ If you have received fees or made expe			
☐ If you have paid an honorarium or rein Expense Reimbursement	nbursed expenses, you mus	t file Addendum B – Report	of Honorariums or
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ade political contributions,	you must file Addendum C	– Political Contributions
Sworn Statement/Affirmation by Lobbyi I have read/RSA 15, RSA 15-B and RSA 6 to the best of my knowledge and belief.		irm that the foregoing inform	nation is true and complete
Koly 18 (len)		April 22, 2014	
(Signature of lobbyist)		(Date)	

Robert E. Clegg

(Print Name of lobbyist)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Leann M.	occia, Periklis Karoutas
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 National Association of Professional Employer Organizations	Date <u>April 22, 2014</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>6000.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$0 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>6000.00</u>
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with vaceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm he aggregate total of all expenses pai expenses; (b) the aggregate total of a ple: meals purchased during a businessess than \$10 that is given to the person ed with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _6000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>6000.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$0
f) Total of all expenses year to date	f) \$ _6000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lo period, including by whom paid or to whom charged.	bbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
Loly Taley 1	April 22, 2014
(Signature of lobbyist)	(Date)
Robert E. 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/Af	firmation by L	obbyist
Statem	ent of Income	and Expenses	for:

Name of Lobbying partnership, firm, or corporation: <u>Legislative Solutions, L.L.C.</u>
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): National Association of Professional Employer Organizations
Date of Report (check one):
April 30, 2014
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):
X 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.
April 22, 2014
(Signature of lobbyist) (Date)
Debra J. Vanderbeek
(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: <u>Legislative Solutions, L.L.C.</u>
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): National Association of Professional Employer Organizations
Date of Report (check one):
April 30, 2014 ☐ July 30, 2014 ☐ October 29, 2014 ☐ January 28, 2015 ☐
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and he following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
X Addendum A(s).
Addendum B(s).
X Addendum C(s).
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. April 22, 2014 (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 Lobbyis	t
Statem	ent of Income and Expenses for:	

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Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related	to any
particular client): National Association of Professional Employer Organizations	
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X 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 tru complete to the best of my knowledge and belief.	e and
April 22, 2014	
(Signature of lobbyist) (Date)	
Leann Moccia	
(Print Name of lobbyist)	