(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Robert E. Cl	egg, Debra Vanderb	eek, Periklis Karoutas, Le	eann Moccia	
II. Name of lobbyist's partnership, fi	rm or corporation, if a	ny:		
Legislative Solutions, L.L.	C.			
(Name of partnership, fi				
P.O. Box 10724	Bedford	NH	03110	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
() 603-860-3682 (Telephone)) 603-860-3682 ()e-mail senclegg@aol.com (Fax)			
III. This statement covers: (Choose o reportable expense transactions which			may file a separate report for	
☐ All reportable transactions occurring	g in the months prior to	the reporting date relative to	the following client:	
Sunrun, Inc.				
(Full Name of Cl	ient as it appears on the Lo	obbyist Registration Form)		
☐ All reportable transactions by the lol unrelated to any particular client.	obyist (including the lob	obyist's family), or the lobby	ing firm listed below which are	
IV. Date of Report April 27, 2016 Reports cover: activity from date of reg		July 27, 2016 activity from 4/1/16 to 6/30/	_	
October 27, 20 activity from 7/1/1		January 25, 2017/∑ activity from 10/1/16 to 12/.		
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.				
VI. Check if additional reports are at		file Addendum A — Fees and	Fynenses	
☐ If you have paid an honorarium or in Expense Reimbursement	reimbursed expenses, yo	ou must file Addendum B-	Report of Honorariums or	
☐ If you, your firm, or your family ha	s made political contrib	utions, you must file Adden	lum C- Political Contributions	
Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B and RS to the best of myknowledge and belief.		r or affirm that the foregoing	information is true and complete	
(Signature of lobbyist)	1	January 16, 2017	nate) RECEIV ED	
Robert E. Clegg		(2	JAN 25 2017	

NEW HAMPSHIRE DEPARTMENT OF STATE

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert E. Clegg, Debra Vanderbeek, Peri	klis Karoutas, 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 Sunrun, Inc.	Date January 16, 2017
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, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 9,000.00
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 year)	b) \$ <u>27,000.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$36,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater 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 by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all e: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the trans \$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) \$ 9,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$9,000.00
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) \$ <u>27,000.00</u>
f) Total of all expenses year to date	f) \$ <u>36,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
<u> </u>	
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.	n that the foregoing information January, 16, 2017
(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	Stater	nent/Aff	irma	ition	by	Lobby	/ist
Statem	ent of	Income	and	Expe	ense	es 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				
Date of Report (check one) :			
April 27, 2016 □ Ji	ıly 27, 2016 🗆	October 27, 2016 □	January 25, 2017 💢	
			d Expenses described above, and imber of Addendum forms being	
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm the complete to the best of my (Signature of lobbyist)		lief.	ary 16, 2017 (Date)	
(Signature of loodyist)			(Date)	
Debra 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: Legislative Solutions, L.L.C.				
Name of Client (leave particular client):			corporation and not related to any	
Date of Report (check	one):			
April 27, 2016 □	July 27, 2016 □	October 27, 2016 □	January 25, 2017 5	
			d Expenses described above, and imber of Addendum forms being	
Addendum A(s	·).			
Addendum B(s).			
Addendum C(s).			
complete to the best of		lief.	ary 16, 2017	
(Signature of tobby ist)			(Date)	
Periklis Karoutas	(
(Print Name of lobbyis	t)	_		

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
Statement of Income and Expenses for:	

	*		
Name of Lobbying partr	ership, firm, or corpo	ration: Legislative S	olutions, L.L.C.
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 27, 2016 □	July 27, 2016 □	October 27, 2016 □	January 25, 2017 🕱
			d Expenses described above, and imber of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of respectively. (Signature of lobbyist)		ief.	ory 16, 2017 (Date)
1			
Leann Moccia			
(Print Name of lobbyist)			