

Debra J. Vanderbeek (Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 31 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

| | | | | | DELYCHAEM! OF | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|----------------------------|--------------------------------|--|
| I. Nom | e of Lobbyist(s) <u>De</u> | bra J. Vander | oeek | | | |
| II. Nar | ne of lobbyist's part | nership, firm or co | rporation, if any: | | | |
| McLa | ne Middleton G | overnment & Pu | blic Strategie | s. LLC | | |
| | | artnership, firm or cor | | | | |
| 900 1 | Elm Street, P. | 0. Box 326 | Manchester | NH | 03105-0326 | |
| | s Address: (Street) | | (Town/City) | (State) | (Zip Code) | |
| (603) | 628-1174 | (603) | 625-5650 | e-mail debra.v | vanderbeek@mclanegps.com | |
| . , | (Telephone) | | (Fax) | | account to | |
| III. Th | is statement covers | (Choose one – file | senarate renorts for | each client. OR you m | nay file a separate report for | |
| | | | t attributable to any | | my rate a separate report for | |
| 20_20 | | | | 2 8 | 2 8 2 | |
| M All | reportable transaction | ns occurring in the i | nonths prior to the re | porting date relative to t | he following client: | |
| Office | e of Public Guardian | | | | | |
| | (Ful | l Name of Client as it: | ppears on the Lobbyist | Registration Form) | <u></u> | |
| <u>OR</u> | | | | | _ | |
| | | | cluding the lobbyist's | s family), or the lobbyin | g firm listed below which are | |
| шен | ted to any particular | cnenc | | | | |
| IV. Da | te of Report | April 30, 2025 🔲 | | July 30, 2025 🔲 | | |
| | cover: activity from a | | 3/31/25 acti | vity from 4/1/25 to 6/30/2 | 5 | |
| | | tober 29, 2025 🗓 | - | January 28, 2026 🔲 | | |
| | ectivity f | rom 1/1/25 to 9/30/25 | activi | ty from 10/1/25 to 12/31/2 | 5 | |
| V. Th | ere have been no f | ees received and | no reportable trac | sactions made since | the last report. 🛭 | |
| If this i | box is checked, comp | lete just this form an | | retary of State's Office. | | |
| State h | iouse, Room 204, Co | ncord, NH 03301. | | | | |
| VI. Ch | eck if additional re | ports are attached: | | | | |
| If | you have received fe | es or made expendit | ures, you must file A | idendum A– Fees and I | Expenses | |
| | | | | | | |
| - | Expense Reimbursement I If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions | | | | | |
| Z 11 | you, your min, or yo | ur raininy nas maue | Solidizat conditions | , you must life Addend | am C- Political Collaborations | |
| | | | | | | |
| Sworn | Statement/Affirms | tion by Lobbyist | | | | |
| I have | read RSA 15, RSA 1 | 5-B, RSA 14-C and | | swear or affirm that the | foregoing information is true | |
| and co | mplete to the best of | my knowledge and l | oelief. | | | |
| /s/ Det | ora J. Vanderbeek | | | October 27, 2025 | | |
| (Signa | ture of lobbyist) | | | (D: | ate) | |
| | | | | | | |