STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED JUL 23 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

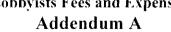
PLEASE PRINT

I. Name of Lot	bbyist(s) Debra Vand	erbeek, Robert C	legg, Periklis K	aroutas, Chris H	err DEPARTMENT C) (
II. Name of lob	obyist's partnership,	ĭrm or corporatio	on, if any:			
	Legislative Solutio	ns, L.L.C.				
	(Name of partnership,	firm or corporation)				
	P.O. Box 1072	4 Bedfo	ord	NH	03110	
Business Address	s: (Street)	(Town/	City)	(State)	(Zip Code)	
() 986-91	45	()		e-mail dbeek	@aol.com	
(Telep	hone)		(Fax)			
reportable exp	ense transactions whi	ch are not attribu	itable to any on	e client).	may file a separate report fo	r
✓ All reportab	ble transactions occurri		·	<u>-</u> .	o the following client:	
		shire Camp Direc				
OR	(1 an Name of C	nene as it appears of	a are rampyise reg	gistration i orini)		
	le transactions by the logarticular client.	obbyist (including	the lobbyist's fa	mily), or the lobb	ying firm listed below which ar	·e
IV. Date of Rep Reports cover:	port April 29, 202 activity from date of re			July 29, 2020 X from 4/1/20 to 6/36	9/20	
	October 28, 2 activity from 7/1/			January 27, 2021 Vir from 10/1/20 to 12		
If this box is cho	e been no fees receivecked, complete just thoom 204, Concord, NH	is form and submit			e the last report. e, 107 North Main Street,	
VI. Check if ad	lditional reports are a	ittached:				
	received fees or made		must file Adder	ndum A Fees and	d Expenses	
If you have Expense Reimb	•	reimbursed exper	ises. you must fil	le Addendum B–	Report of Honorariums or	
If you, your	r firm, or your family h	as made political o	contributions, yo	u must file Adder	ndum C - Political Contribution	is
I have read RSA	the best of my knowled	14-C and RSA 664		July 17, 2020	he foregoing information is trud Date)	
Debra Vander (Print Name of						

E S E R N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis K.	aroutas, Chris Herr
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 New Hampshire Camp Directors Association	Date July 17, 2020
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) S 1500.00
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) § 1500.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 3000.00
d) 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 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 expendividual 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 greate 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 being be filed for the lobbyist(s)/firm aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er 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) \$ 1500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) S <u>0</u>
a) Total of all itemized expenditures reported in detail in section VI.	e) S 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) § 1500.00
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) \$ 1500.00
f) Total of all expenses year to date	f) § 3000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying 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.	m that the foregoing information
	July 17, 2020
(Signature of lobbyist)	(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 par	tnership, firm, or corpo	oration: Legislative Solution	ons, L.L.C.
Name of Client (leave	blank if Statement is for	or the partnership, firm, o	r corporation and not related to any
particular client): New Hampshire Camp Directors Association			
Date of Report (check	one):		
April 29, 2020 □	July 29, 2020 💢	October 28, 2020 🗆	January 27, 2021 □
the following Addends submitted):	ums submitted with th		and Expenses described above, and number of Addendum forms being
Addendum A(s			
Addendum B(s	s).		
Addendum C(s	3).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)	my knowledge and be	lief.	ent and each Addendum is true and 17, 2020 (Date)
	: ·		
Robert Clegg			
(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 Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	tnership, firm, or corpo	oration: Legislative Solution	ons, L.L.C.	
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	r corporation and not related to any	
particular client):	nrticular client): New Hampshire Camp Directors Association			
Date of Report (check	one):			
April 29, 2020 □	July 29, 2020 🔀	October 28, 2020 🗆	January 27, 2021 □	
			and Expenses described above, and number of Addendum forms being	
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
	rm that the foregoing in my knowledge and be	lief.	ent and each Addendum is true and	
(Signature of lobbyist)			(Date)	
Periklis Karoutas				
(Print Name of lobbyi	st)			

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 partners	hip, firm, or corpora	ation: Legislative Solutio	ns, L.L.C.	
Name of Client (leave blank	if Statement is for	the partnership, firm, or	corporation and not related to any	
particular client):	ticular client): New Hampshire Camp Directors Association			
Date of Report (check one).	:			
April 29, 2020 □ Ju	ly 29. 2020	October 28, 2020 □	January 27, 2021 □	
			nd Expenses described above, and umber of Addendum forms being	
\triangle Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
complete to the best of my k		ef.	nt and each Addendum is true and	
(Signature of lobbyist)			(Date)	
Chris Herr (Print Name of Jobbyist)		····		