

□ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 October 31, 2018 activity from 7/1/18 to 9/30/18 July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/18

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI Check if additional reports are attached:

If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses

□ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement

If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions

Sworn Statement/Affirmation by Lobbyist

Molly J. Slingerland (Print Name of lobbyist)

I have read RSA 15, RSA 15-B, RSA 14-C 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)

October 12, 2018 (Date)

THE BOARD	STATE OF NEW HAD Lobbyists Fees and E		
	Addendum	-	RECEIVED
	(RSA Chapter 1	5:6)	OCT 1 5 2018
I. Name of Lobbyist(s) Molly J.	Slingerland		NEW HAMPSHIRE
II. Name of lobbyist's partnersh	ip, firm or corporation, if any:		
Altria Client Services LL	C and its Affiliates		
Name of partnership, f Altria Client Servi	irm or corporation) ces LLC and its Affiliates-Philip Morris (USA,	
	n Co.,US Smokeless Tobacco Co.,NuM		October 12, 2018
to lobbying, including fees for servi	received from the client identified above ces such as public advocacy, government slation, and related legal work. The gro	relations	, or public relations services
a) Total of all fees received in this re	eporting period	a) \$ _1(0,389.89
	endar year, prior to this reporting period l prior monthly reports for this calendar y		23,336.54
c) Total of all fees received to date (Add lines a and b)		c) \$3	33,726.43
d) Indicate the amount of any such yet been paid	fees that are due, but have not	d) \$	0.00

V. Expenses:

P L E A S È

P R I Ν Т

> Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$8,415.00

d) Total expenses for this reporting period	d) \$	10,389.89
(Add lines a, b and c)		· .
e) Total of expenses paid this calendar year, prior to this reporting period	e) \$ _	23,336.54
(This should be the amount on line f of addendum A for last month's report)		
f) Total of all expenses year to date	f) \$ _	33,726.43

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:	Amount:
DCI Group - August Retainer for Stakeholder Outreach & Coordination	\$ <u>2,805.00</u>
DCI Group - September Retainer for Stakeholder Outreach & Coordination	\$5,610.00
	\$
	\$
	\$
	\$

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.

Mo

(Signature of lobbyist)

October 12, 2018 (Date)

Molly J. Slingerland

(Print Name of lobbyist)

		Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)	5	RECEIVE 0CT 1 5 2018
I. Name of Lobbyist(s)	Molly J. Slingerland	l		NEW HAMPSHI
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:		
	es LLC and its Affiliat			
	partnership, firm or corporation			
II. Name of Client <u>Alt</u>	ria Client Services an	id its Affiliates	Date O	ctober 15, 2018
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportabl	e pursuant to RSA Chapter 66 following:	4 paid or	n behalf of the
Full name of candidate:	Sununu	Chris		
	(Last Name)	(First Name)	(Middle N	lame/Initial)
	1,000.00 kind contribution, provide ontribution on the line at	(First Name) Office Candidate is Seek de a description of the goods or se pove for amount of contribution.	ing <u>Go</u> ervices pro	vernor ovided, and enter the
If the contribution is an in- actual cost of the in-kind c	1,000.00 kind contribution, provide ontribution on the line at	Office Candidate is Seek de a description of the goods or se	ing <u>Go</u> ervices pro	vernor ovided, and enter the
f the contribution is an in- actual cost of the in-kind c enter an estimated value ar	1,000.00 kind contribution, provid ontribution on the line ab ad the word "estimate."	Office Candidate is Seek de a description of the goods or se pove for amount of contribution.	ing <u>Go</u> ervices pro	vernor ovided, and enter the
f the contribution is an in- actual cost of the in-kind c enter an estimated value ar	1,000.00 kind contribution, provide ontribution on the line at	Office Candidate is Seek de a description of the goods or se pove for amount of contribution.	ing <u>GO</u> ervices pro If the actu	vernor ovided, and enter the
f the contribution is an in- actual cost of the in-kind c	1,000.00 kind contribution, provid ontribution on the line ab ad the word "estimate." Boutin	Office Candidate is Seek de a description of the goods or se pove for amount of contribution.	ing <u>Go</u> ervices pre If the actu	vernor ovided, and enter the ual cost is not known,
f the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ f the contribution is an in- actual cost of the in-kind c	1,000.00 kind contribution, provid ontribution on the line at ad the word "estimate." Boutin (Last Name) 250.00 kind contribution, provid ontribution on the line at	Office Candidate is Seek de a description of the goods or se pove for amount of contribution.	(Middle N ng Stat	vernor ovided, and enter the ial cost is not known, lame/Initial) te Senate ovided, and enter the
f the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ f the contribution is an in- actual cost of the in-kind c	1,000.00 kind contribution, provid ontribution on the line at ad the word "estimate." Boutin (Last Name) 250.00 kind contribution, provid ontribution on the line at	Office Candidate is Seeki de a description of the goods or se bove for amount of contribution. David Office Candidate is Seeki de a description of the goods or se	(Middle N ng Stat	vernor ovided, and enter the ial cost is not known, lame/Initial) te Senate ovided, and enter the
f the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ f the contribution is an in-	1,000.00 kind contribution, provio ontribution on the line ab ad the word "estimate." Boutin (Last Name) 250.00 kind contribution, provio ontribution on the line ab ad the word "estimate."	Office Candidate is Seeki de a description of the goods or se bove for amount of contribution. 	(Middle N (Middle N ng Stat	vernor ovided, and enter the ial cost is not known, lame/Initial) te Senate ovided, and enter the

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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 løbbyist)

October 15, 2018 (Date)

Molly J. Slingerland (Print Name of lobbyist)

	STATE	Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)	OCT 1 5 2018
I. Name of Lobbyist(s)	Molly J. Slingerland		NEW HAMPSHIRE
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	DEFAILINE OF STA
	es LLC and its Affiliates	8	
	partnership, firm or corporation)		
III. Name of Client Altr	a Client Services LLC	and its AffiliatesDate	October 15, 2018
Political Contributions For each political contril client/lobbyist and lobby	bution that is reportable	pursuant to RSA Chapter 664 paid llowing:	on behalf of the
Full name of candidate:	House Republican P (Last Name)		e Name/Initial)
	kind contribution, provide ontribution on the line abo	Office Candidate is Seeking a description of the goods or services ve for amount of contribution. If the a	
If the contribution is an in- actual cost of the in-kind c	kind contribution, provide ontribution on the line abo	a description of the goods or services	provided, and enter the
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, provide ontribution on the line abo	a description of the goods or services	provided, and enter the
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, provide ontribution on the line abo d the word "estimate."	a description of the goods or services ve for amount of contribution. If the a Kevin	provided, and enter the
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide ontribution on the line abo id the word "estimate." <u>Avard</u> (Last Name)	a description of the goods or services ve for amount of contribution. If the a Kevin	provided, and enter the actual cost is not known,
If the contribution is an in- actual cost of the in-kind co enter an estimated value an Full name of candidate: Amount of contribution \$ If the contribution is an in-	kind contribution, provide ontribution on the line abo id the word "estimate." Avard (Last Name) 500.00 kind contribution, provide ontribution on the line abo	a description of the goods or services ve for amount of contribution. If the a <u>Kevin</u> (First Name) (Middl	provided, and enter the actual cost is not known, e Name/Initial) tate Senate provided, and enter the
If the contribution is an in- actual cost of the in-kind co enter an estimated value an Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind co	kind contribution, provide ontribution on the line abo id the word "estimate." Avard (Last Name) 500.00 kind contribution, provide ontribution on the line abo	a description of the goods or services ve for amount of contribution. If the a <u>Kevin</u> (First Name) (Middl Office Candidate is Seeking <u>S</u> a description of the goods or services	provided, and enter the actual cost is not known, e Name/Initial) tate Senate provided, and enter the
If the contribution is an in- actual cost of the in-kind content of the in-kind content of the in-kind content of the in-kind contribution for the in-kind contribution is an in- actual cost of the in-kind content of the contribution is an in-	kind contribution, provide ontribution on the line abo id the word "estimate." Avard (Last Name) 500.00 kind contribution, provide ontribution on the line abo id the word "estimate."	a description of the goods or services ve for amount of contribution. If the a <u>Kevin</u> (First Name) (Middl Office Candidate is Seeking <u>S</u> a description of the goods or services ve for amount of contribution. If the a Bob	provided, and enter the actual cost is not known, e Name/Initial) tate Senate provided, and enter the

(turn over to continue \rightarrow)

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

Sworn Statement/Affirmation by Lobbyist

Molly J. Slingerland (Print Name of 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) Хh

October 15, 2018 (Date)

	STA	Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)	OCT 1 5 2018
I. Name of Lobbyist(s)	Molly J. Slingerland	I	NEW HAMPSHIF
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
Altria Client Services	LLC and its Affiliate	es	
	partnership, firm or corporati		
III. Name of Client Altri	a Client Services LL	LC and its Affiliates Date	e October 15, 2018
Political Contributions For each political contril client/lobbyist and lobby	bution that is reporta	ble pursuant to RSA Chapter 664 p e following:	baid on behalf of the
Full name of candidate:	Boutin	David	
run name of candidate.		Daviu	
	(Last Name)	(First Name) (M	iddle Name/Initial)
Amount of contribution \$	(Last Name) 250.00 kind contribution, prov ontribution on the line	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate
Amount of contribution \$	(Last Name) 250.00 kind contribution, prov ontribution on the line	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate
Amount of contribution \$	(Last Name) 250.00 kind contribution, provontribution on the line ad the word "estimate." Morse	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate
Amount of contribution \$	(Last Name) 250.00 kind contribution, provontribution on the line ad the word "estimate." Morse (Last Name)	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t Chuck (First Name) (M	State Senate ices provided, and enter the he actual cost is not known,
Amount of contribution \$	(Last Name) 250.00 kind contribution, provontribution on the line ad the word "estimate." Morse (Last Name)	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate ices provided, and enter the he actual cost is not known,
Amount of contribution \$	(Last Name) 250.00 kind contribution, prov ontribution on the line id the word "estimate." Morse (Last Name) 1,000.00 kind contribution, prov ontribution on the line	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t Chuck (First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate ices provided, and enter the he actual cost is not known, iddle Name/Initial) State Senate ices provided, and enter the
Amount of contribution \$	(Last Name) 250.00 kind contribution, prov ontribution on the line id the word "estimate." Morse (Last Name) 1,000.00 kind contribution, prov ontribution on the line	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t Chuck (First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate ices provided, and enter the he actual cost is not known, iddle Name/Initial) State Senate ices provided, and enter the
Amount of contribution \$	(Last Name) 250.00 kind contribution, provontribution on the line ad the word "estimate." Morse (Last Name) 1,000.00 kind contribution, provontribution on the line ad the word "estimate."	(First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t Chuck (First Name) (M Office Candidate is Seeking vide a description of the goods or serv above for amount of contribution. If t	State Senate ices provided, and enter the he actual cost is not known, iddle Name/Initial) State Senate ices provided, and enter the

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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.

Mohn (Signature of lobbyist)

October 15, 2018 (Date)

Molly J. Slingerland (Print Name of lobbyist)

	SIAI	E OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C	RECEIVED
		(RSA Chapter 15:6)	
I. Name of Lobbyist(s)	Molly J. Slingerland		OCT 1 5 2018
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	DEPARTMENT OF ST
Altria Client Service	es LLC and its Affiliate	95	
	partnership, firm or corporation		
III. Name of Client Altri	ia Client Services LLC	C and its Affiliates Date Octo	ber 15, 2018
Political Contributions For each political contril client/lobbyist and lobby	bution that is reportabl	e pursuant to RSA Chapter 664 paid on following:	behalf of the
Full name of candidate:	D'Allesandro (Last Name)	Lou (First Name) (Middle Na	ne/Initial)
Amount of contribution \$	500.00	Office Candidate is Seeking State	Senate
enter an estimated value an	id the word "estimate."		
		······································	
Full name of candidate:	Innis	Dan	
Full name of candidate:	(Last Name)	(First Name) (Middle Na	-
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) (Middle Na	me/Initial) Senate
Amount of contribution \$	(Last Name) 500.00 kind contribution, provid ontribution on the line ab	(First Name) (Middle Na	Senate vided, and enter the
Amount of contribution \$	(Last Name) 500.00 kind contribution, provid ontribution on the line ab	(First Name) (Middle Na Office Candidate is Seeking State le a description of the goods or services prov	Senate vided, and enter the
Amount of contribution \$	(Last Name) 500.00 kind contribution, provid ontribution on the line ab ad the word "estimate."	(First Name) (Middle Na Office Candidate is Seeking State le a description of the goods or services prov	Senate vided, and enter the al cost is not known,
Amount of contribution \$	(Last Name) 500.00 kind contribution, provid ontribution on the line ab ad the word "estimate." Daniels (Last Name)	(First Name) (Middle Na Office Candidate is Seeking State de a description of the goods or services prov bove for amount of contribution. If the actua Gary	Senate vided, and enter the il cost is not known, me/Initial)

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

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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)

October 15, 2018 (Date)

Molly J. Slingerland (Print Name of lobbyist)

		Lobbyists Report of Political Contributions Addendum C	RECEIVED
		(RSA Chapter 15:6)	OCT 1 5 2018
			NEW HAMPSHIR
I. Name of Lobbyist(s)	Molly J. Slingerland		DEPARTMENT OF ST
II. Name of lobbyist's p	artnership, firm or coi	rporation, if any:	
	LLC and its Affiliates		
	eartnership, firm or corporation)	and its Affiliatos	October 15, 2019
III. Name of Client <u>Alt</u>	ria Client Services LLC	, and its AmiliatesDate _	October 15, 2018
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportable	pursuant to RSA Chapter 664 pa bllowing:	id on behalf of the
	Piedeoll	Regina	
Full name of candidate:	Birdsell (Last Name)		Idle Name/Initial)
	(Last Name) 500.00 kind contribution, provide ontribution on the line abo		State Senate es provided, and enter the
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	(Last Name) 500.00 kind contribution, provide ontribution on the line abo	(First Name) (Mid Office Candidate is Seeking a description of the goods or service	State Senate es provided, and enter the
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	(Last Name) 500.00 kind contribution, provide ontribution on the line abo	(First Name) (Mid Office Candidate is Seeking e a description of the goods or service ove for amount of contribution. If the Harold	State Senate es provided, and enter the e actual cost is not known,
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	(Last Name) 500.00 kind contribution, provide ontribution on the line abo ad the word "estimate." <u>French</u> (Last Name)	(First Name) (Mid Office Candidate is Seeking e a description of the goods or service ove for amount of contribution. If the Harold	State Senate es provided, and enter the e actual cost is not known,
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ If the contribution is an in-	(Last Name) 500.00 kind contribution, provide ontribution on the line abo id the word "estimate." French (Last Name) 500.00 kind contribution, provide ontribution on the line abo	(First Name) (Mid Office Candidate is Seeking e a description of the goods or service ove for amount of contribution. If the Harold (First Name) (Mid	State Senate es provided, and enter the e actual cost is not known, dle Name/Initial) State Senate es provided, and enter the
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	(Last Name) 500.00 kind contribution, provide ontribution on the line abo id the word "estimate." French (Last Name) 500.00 kind contribution, provide ontribution on the line abo	(First Name) (Mid Office Candidate is Seeking e a description of the goods or service ove for amount of contribution. If the 	State Senate es provided, and enter the e actual cost is not known, dle Name/Initial) State Senate es provided, and enter the
Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ If the contribution is an in- actual cost of the in-kind c	(Last Name) 500.00 kind contribution, provide ontribution on the line abo id the word "estimate." French (Last Name) 500.00 kind contribution, provide ontribution on the line abo	(First Name) (Mid Office Candidate is Seeking e a description of the goods or servic ove for amount of contribution. If the 	State Senate es provided, and enter the e actual cost is not known, dle Name/Initial) State Senate es provided, and enter the

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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)

October 15, 2018

(Date)

Molly J. Slingerland (Print Name of lobbyist)

		Lobbyists Report of Political Contributio Addendum C (RSA Chapter 15:0	ons	OCT 15 2018
. Name of Lobbyist(s)	Molly J. Slingerland			NEW HAMPSHIRE
I. Name of lobbyist's p	artnership, firm or c	orporation, if any:	>	
	es LLC and its Affilia		· · · · · · · · · · · · · · · · · · ·	
(Name of r	partnership, firm or corporation		Date Octob	er 15, 2018
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportab	le pursuant to RSA Chapter following:	664 paid on be	half of the
Full name of candidate:	Connon	Bill		
un name of canutuate:		Bill	0.01111	
Amount of contribution \$	(Last Name) 500.00 kind contribution, provi	(First Name) Office Candidate is Se de a description of the goods o	r services provid	enateed, and enter the
Amount of contribution \$	(Last Name) 500.00 kind contribution, provi ontribution on the line a	(First Name)Office Candidate is Se	eeking <u>State S</u> r services provid	enate ed, and enter the
Amount of contribution \$ f the contribution is an in- inctual cost of the in-kind c inter an estimated value ar	(Last Name) 500.00 kind contribution, provi ontribution on the line a nd the word "estimate."	(First Name) Office Candidate is Se de a description of the goods o bove for amount of contributio James	eeking <u>State S</u> r services provid n. If the actual c	enate ed, and enter the sost is not known,
Amount of contribution \$ f the contribution is an in- ictual cost of the in-kind c enter an estimated value ar Full name of candidate:	(Last Name) 500.00 kind contribution, provi ontribution on the line a nd the word "estimate." Gray (Last Name)	(First Name) Office Candidate is Se de a description of the goods o bove for amount of contributio James (First Name)	eeking <u>State S</u> r services provid n. If the actual c (Middle Name	enate ed, and enter the ost is not known,
Amount of contribution \$ f the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ f the contribution is an in- actual cost of the in-kind c	(Last Name) 500.00 kind contribution, provi- ontribution on the line a and the word "estimate." Gray (Last Name) 250.00 kind contribution, provi- ontribution on the line a	(First Name) Office Candidate is Se de a description of the goods o bove for amount of contributio James	eeking <u>State S</u> r services provid n. If the actual c (Middle Name eking <u>State Se</u> r services provid	enate ed, and enter the sost is not known, //initial) enate ed, and enter the
Amount of contribution \$ f the contribution is an in- actual cost of the in-kind c enter an estimated value ar Full name of candidate: Amount of contribution \$ f the contribution is an in-	(Last Name) 500.00 -kind contribution, proviontribution on the line al and the word "estimate." Gray (Last Name) 250.00 -kind contribution, proviontribution on the line al and the word "estimate."	(First Name) Office Candidate is Se de a description of the goods o bove for amount of contributio 	eeking <u>State S</u> r services provid n. If the actual c (Middle Name eking <u>State Se</u> r services provid	enate ed, and enter the sost is not known, //initial) enate ed, and enter the sost is not known,

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

Sworn Statement/Affirmation by Lobbyist

Molly J. Slingerland (Print Name of 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)

October 15, 2018

(Date)

		Lobbyists Report of Political Contributions	RECEIV	ED
		Addendum C	007.15.20	10
21118 2		(RSA Chapter 15:6)	OCT 15 20	
	Mally I. Olianadarad		NEW HAMPS	HIRE F STA
I. Name of Lobbyist(s) _	Molly J. Slingerland		DELTA	
II. Name of lobbyist's p	oartnership, firm or co	rporation, if any:		
	es LLC and its Affiliate			
	partnership, firm or corporation)		Ostables 45, 0040	
III. Name of Client <u>A</u>	tria Client Services LL	C and its AffiliatesDate	October 15, 2018	
Political Contribution For each political contri client/lobbyist and lobb	ibution that is reportable	e pursuant to RSA Chapter 664 p ollowing:	baid on behalf of the	
Full name of candidate:				
- an manie of culturation,	(Last Name)	(First Name) (M	iddle Name/Initial)	
	(Last Name) 500.00	. ,	iddle Name/Initial) N/A	
Amount of contribution \$ If the contribution is an in	500.00 -kind contribution, provid contribution on the line abo	(First Name) (M Office Candidate is Seeking e a description of the goods or servi ove for amount of contribution. If t	N/A ces provided, and enter the	
Amount of contribution \$ If the contribution is an in actual cost of the in-kind c	500.00 -kind contribution, provid contribution on the line abo	Office Candidate is Seeking e a description of the goods or servi	N/A ces provided, and enter the	
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

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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 lobby ist)

October 15, 2018 (Date)

Molly J. Slingerland

5

(Print Name of lobbyist)