# STATE OF NEW HAMPSHIRE

**Lobbyists Report of Political Contributions** Addendum C (RSA Chapter 15:6)

# RECEIVED

OCT 2 9 2024

**NEW HAMPSHIRE** DEPARTMENT OF STATE

I. Name of Lobbyist(s) Michael Vlacich  II. Name of lobbyist's partnership, firm or corporation, if any:  Cornerstone Government Affairs								
					(Name of partnership, firm or corporation)			
					III. Name of Client		Date	
Political Contributions For each political contributions client/lobbyist and lobbyist	•	*	ursuant to RSA Chapter 664 paid on behalf of the lowing:					
Full name of candidate:	Mike Liberty		···					
	(Last Name)	(First Name)	(Middle Name/Initial)					
Amount of contribution \$ 10	00	Office Candidate is Seeking	Executive Council					
enter an estimated value and	the word estimate.							
Full name of candidate:		(First Name)	(Middle Name/Initial)					
	Jim O'Connell (Last Name)	(First Name)  Office Candidate is Seekir	(Middle Name/Initial)  Executive Council					
Full name of candidate:  Amount of contribution \$ 5000 lf the contribution is an in-ki	Jim O'Connell (Last Name)  O  ind contribution, provintribution on the line a	Office Candidate is Seekir of the goods of t	Executive Council or services provided, and enter the					
Full name of candidate:  Amount of contribution \$ 5  If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	Jim O'Connell (Last Name)  O  ind contribution, provintribution on the line at the word "estimate."	Office Candidate is Seeking ide a description of the goods of the	Executive Council or services provided, and enter the					
Full name of candidate:  Amount of contribution \$ 50  If the contribution is an in-ki actual cost of the in-kind con	Jim O'Connell (Last Name)  O  ind contribution, provintribution on the line a	Office Candidate is Seeking ide a description of the goods of the	(Middle Name/Initial)  Executive Council  or services provided, and enter the on. If the actual cost is not known  (Middle Name/Initial)					

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(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and his true and complete to the best of my knowledge an	

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# STATE OF NEW HAMPSHIRE

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II. Name of lobbyist's parti	obyist's partnership, firm or corporation, if any:				
Cornerstone Governme	ent Affairs	•			
(Name of partne	ership, firm or corporatio	n)			
III. Name of Client			Date		
•	cal Contributions ach political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the /lobbyist and lobbying firm, indicate the following:				
Full name of candidate:	raig Joyce	(C) (N)	OCHEN A CON		
Amount of contribution \$ 30	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) OVERNOR		
enter an estimated value and th		bove for amount of contribution.			
	-4.1111 1/				
Full name of candidate: Li	ot Hill Kar		(Middle Nome/Initial)		
	(Last Name)	(First Name)  Office Candidate is Seeking	(Middle Name/Initial)  Execeutive Council		
Amount of contribution \$ 50	d contribution, provi	(First Name)  Office Candidate is Seeking ide a description of the goods or above for amount of contribution.	Executive Council services provided, and enter the		
Amount of contribution \$ 50  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  d contribution, provide ibution on the line and word "estimate."  Long Pat  (Last Name)	(First Name)  Office Candidate is Seeking ide a description of the goods or above for amount of contribution.	Executive Council services provided, and enter the		

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If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for an enter an estimated value and the word "estimate."	ntion of the goods or services provided, and enter the nount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
MM	10-29-24
(Signature of lobbyist)	(Date)
Michael Vlacich	
(Print Name of lobbyist)	

## STATE OF NEW HAMPSHIRE

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•	I. Name of Lobbyist(s) Michael	el Vlacich	· · ·			
C	II. Name of lobbyist's partner	Name of lobbyist's partnership, firm or corporation, if any: ornerstone Government Affairs				
<b>X</b>	Cornerstone Governmen					
C	(Name of partnersh	<del></del>				
•	III. Name of Client			Date		
<b>1</b>	Political Contributions For each political contribution	-				
	Full name of candidate: NH	Senate Den	nocratic Caucus (First Name)	(Middle Name/Initial)		
	Amount of contribution \$ 12					
	actual cost of the in-kind contribu	word "estimate."	ove for amount of contributi	ion. If the actual cost is not known,		
	E-II NH	House Dem	ocratic Victory Ca	mpaign		
	Full name of candidate: NH	House Dem	ocratic Victory Ca	mpaign (Middle Name/Initial)		
		(Last Name)	(First Name)	mpaign (Middle Name/Initial)		
	Amount of contribution \$ 12  If the contribution is an in-kind contribution in-kind contribution is an in-kind contribution in-ki	(Last Name)  ontribution, providention on the line abo	(First Name)  Office Candidate is Seeki e a description of the goods	(Middle Name/Initial)		
	Amount of contribution \$ 12  If the contribution is an in-kind contribution contribution contribution contribution is an in-kind contribution contribution.	(Last Name)  ontribution, providention on the line aboverd "estimate."	(First Name)  Office Candidate is Seeking a description of the goods ove for amount of contributions.	(Middle Name/Initial) ing or services provided, and enter the		
	Amount of contribution \$ 12  If the contribution is an in-kind contribution contribution contribution contribution is an in-kind contribution contribution.	(Last Name)  ontribution, providention on the line abo	(First Name)  Office Candidate is Seeking a description of the goods ove for amount of contributions.	(Middle Name/Initial) ing or services provided, and enter the		

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If the contribution is an in-kind contribution, provide a desc actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	ription of the goods or services provided, and enter the amount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional con	tributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	,
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and	by swear or affirm that the foregoing information belief.
MI	10-29-24
(Signature of lobbyist)	(Date)
Michael Vlacich	
(Print Name of lobbyist)	