STATE OF NEW HAMPSHIRE

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

OCT 2 4 2017

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) N	IARC & DRINN	AND JAMES	5 P. BURNATT TIT
II. Name of lobbyist's pa			The state of the s
Name of the	SOURCEMENT	APPAIRS, LLC	<u>c</u>
	ruersmp, mm or corporation)	
III. Name of Client			Date
Political Contributions			
For each political contribu	ition that is renortable	Propertions to DCA CL.	apter 664 paid on behalf of the
client/lobbyist and lobbyi	ng firm, indicate the f	ollowing:	pter 004 paid on behalf of the
Pull o m	8.11	 /	
Full name of candidate:	Dradky	Jes	
	(Last Namé)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candidate	is Sceking State Sanale
actual cost of the in-kind con enter an estimated value and	WIVWUVII VII IIIE IIIIE ANG	eve for amount of contrib	ds or services provided, and enter thoution. If the actual cost is not know
enter an estimated value and	WIVWUVII VII IIIE IIIIE ANG	eve for amount of contrib	oution. If the actual cost is not know
enter an estimated value and	the word "estimate."	ve for amount of contrib	oution. If the actual cost is not know
enter an estimated value and	WIVWUVII VII IIIE IIIIE ANG	(First Name)	(Middle Name/Initial)
enter an estimated value and	the word "estimate."	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution is an in-kind contribution in-kind contribution is an in-kind contributio	(Last Name) d contribution, provide ribution on the line above	(First Name) Office Candidate is	oution. If the actual cost is not know
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind contribute and the cont	(Last Name) d contribution, provide ribution on the line above	(First Name) Office Candidate is	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name) (Last Name) d contribution, provide ribution on the line above word "estimate."	(First Name) Office Candidate is	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind contribute and the cont	(Last Name) d contribution, provide ribution on the line above	(First Name) Office Candidate is	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	the goods or services provided, and enter the contribution. If the actual cost is not known,
(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 is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
Jana Villan	10-20-17
(Signature of lobbyist)	(Date)
JAMES P. BULDETT TO MAKE J. BROWN	
(Print Name of lobbyist)	

.