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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) APR 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) M	ARCI BROWN	AND JAMES	P. BURNATT TIT
II. Name of lobbyist's par	tnership, firm or corp	oration, if any:	
ADVINTAGE (Name of par	tuership, firm or corporation)	FFAIRS, LLC	· · · · · · · · · · · · · · · · · · ·
III. Name of Client			Date 4/14/17
Political Contributions For each political contributions client/lobbyist and lobbyist			ter 664 paid on behalf of the
Full name of candidate: _	BIRDSELL	Resida	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.01	Office Candidate is	s Seeking State Senate
Full name of candidate:	Garria	Villian	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate is	Seeking Stale Senante
	tribution on the line above		is or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	Committee To	Elect Ha (First Name)	Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(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.
Br. 4/14/17
(Signature of lobbyist) (Date)
INCET. BRAY JAMES P. DOKNETT, TIL
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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ADVINTAGE C	nership, firm or compration)	APPRIES, LLC	
· •	. ,		Date 4/14/17
Political Contributions For each political contribut	tion that is reportable	pursuant to RSA Chapter	r 664 paid on behalf of the
client/lobbyist and lobbyin	g firm, indicate the fo	llowing:	
Full name of candidate:	Kenpol	305	
	•	(First Name)	(Middle Name/Initial)
Amount of contribution \$	200.00	Office Candidate is S	eeking Exercitive Counc
		DAN	
		(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ f the contribution is an in-kinctual cost of the in-kind cont	(Last Name) (Loo. 80) and contribution, provide ribution on the line about	(First Name) Office Candidate is Se	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and t	(Last Name) (Loo. 80) and contribution, provide ribution on the line about	(First Name) Office Candidate is Se	(Middle Name/Initial) eeking Shoke Seach or services provided, and enter the
Full name of candidate: Amount of contribution \$	(Last Name) (Loo. 80) and contribution, provide ribution on the line about	(First Name) Office Candidate is Se	(Middle Name/Initial) eeking Shoke Seach or services provided, and enter the

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(bignature of lobbyist) (bignature of lobbyist) (Cate) (Date)