## STATE OF NEW HAMPSHIRE

### 2015 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# RECEIVED

JUL 1.0 2015

PLEASE PRINT

I. Name of Lobby	ist(s) Robert Clegg, De	bra Vanderbeek,	Periklis Karoutas, Leans	NEW HAMPSHIRE SEPARTMENT OF STATE
II. Name of lobby	ist's partnership, firm (	or corporation, if	any:	
Legislative Solu	tions, L.L.C.			
	Name of partnership, firm o	r corporation)		
P.O. Box 10724		Bedford	NH	03110
	(Street)	(Town/City)	(State)	(Zip Code)
(603) 860-3682	(	)	e-mail senci	egg@aol.com
(Telephon	e)	)(Fa	x)	ogg <u>estor.com</u>
reportable expens	e transactions which ar	e not attributable	e to any one client).	ou may file a separate report for ive to the following client:
Heritage Case N	Management	-		<b>2</b>
	(Full Name of Client	as it appears on the I	obbyist Registration Form)	<del></del>
OR  All reportable to unrelated to any pa		st (including the lo	bbyist's family), or the lol	obying firm listed below which are
IV. Date of Report Reports cover: a	t April 29, 2015 ctivity from date of registra	ntion to 3/31/15	July 29, 2015 activity from 4/1/15 to 6	
	October 28, 2015 activity from 7/1/15 to		January 27, 201 activity from 10/1/15 to	
	ed, complete just this fort		le transactions made s the Secretary of State's Of	nce the last report. X fice, State House, Room 204,
VI. Check if addit	ional reports are attact	red:		
☐ If you have pai Expense Reimburs	id an honorarium or reim ement	bursed expenses, y		3- Report of Honorariums or
Sworn Statement/ I have read RSA 15	Affirmation by Lobbyis	st		lendum C- Political Contributions
(Signature of lobb	ndwledge and belief. yist)	<del></del>	July 10,	(Date)
Robert E. C (Print Name of lob		<del></del>		

# 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 a	and Expenses for:		
Name of Lobbying partne	rship, firm, or corpo	oration: Legislative Soluti	ons
Name of Client (leave bla	nk if Statement is fe	or the partnership, firm, or	corporation and not related to any
particular client): Heritag	e Case Managemen	ıt	
Date of Report (check on	e):		
April 29, 2015 □	July 29, 2015	October 28, 2015 □	January 27, 2016 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm to complete to the best of my (Signature of lobbyist)			July 10, 2015 (Date)
Debra J. Vander	oeek		
(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:	, -2	
Name of Lobbying partnership, firm, or corpo	oration: Legislative Solu	tions
Name of Client (leave blank if Statement is for	or the partnership, firm, o	or corporation and not related to any
particular client): Heritage Case Managemen	t	
Date of Report (check one):		. ,
April 29, 2015	October 28, 2015 □	January 27, 2016 □
I have read RSA 15, RSA 15-B, RSA 664, the following Addendums submitted with the submitted:		•
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm that the foregoing into complete to the best of my knowledge and below.		nt and each Addendum is true and
Signature of lobby ist)		July 10, 2015 (Date)
Leann Moccia		
(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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:						
Name of Lobbying p	artnership, firm, or corp	ooration: <u>Legislative Solut</u>	ions			
Name of Client (leav	e blank if Statement is	for the partnership, firm, o	r corporation and not related to any			
particular client): He	eritage Case Manageme	nt	<u> </u>			
Date of Report (chec	ck one):					
April 29, 2015 🗆	July 29, 2015	October 28, 2015 🗆	January 27, 2016 □			
			and Expenses described above, and number of Addendum forms being			
X Addendum A	(s).					
Addendum B	(s).					
Addendum C	(s).					
<del>-</del>	of my knowledge and b		July 10, 2015 (Date)			
Periklis Karo	outas					