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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Ser	lin Haley LLP		
II. Name of lobbyist's par	tnership, firm or co	rporation, if any:	
Serlin Haley LLP			
	nership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
III. Name of Client	*···		Date 10/13/2022
Political Contributions For each political contributions client/lobbyist and lobbyin			pter 664 paid on behalf of the
Full name of candidate: _	Sanborn (Last Name)	Laurie (First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	, ,	,	ing State Representative
enter an estimated value and	tribution on the line abo the word "estimate."	ove for amount of contrib	oution. If the actual cost is not known
enter an estimated value and	tribution on the line abo	ve for amount of contrib	oution. If the actual cost is not known
enter an estimated value and f	the word "estimate." D'Allesandro	Lou	
Full name of candidate:	D'Allesandro (Last Name)	Lou (First Name)	(Middle Name/Initial)
enter an estimated value and	D'Allesandro (Last Name)	Lou (First Name)	
Full name of candidate: Amount of contribution \$ 50 If the contribution is an in-kir	D'Allesandro (Last Name) 00.00 and contribution, provide tribution on the line about	LOU (First Name) Office Candidate is Sec	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 50 If the contribution is an in-kir actual cost of the in-kind contenter an estimated value and to the contribution of the contenter and the	D'Allesandro (Last Name) 00.00 and contribution, provide tribution on the line abothe word "estimate."	Lou (First Name) Office Candidate is Sec a description of the goo- ove for amount of contrib	(Middle Name/Initial) eking State Senate ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ 50 If the contribution is an in-kir actual cost of the in-kind contribution contribution contribution contribution contribution is an in-kir actual cost of the in-kind contribution.	D'Allesandro (Last Name) 00.00 and contribution, provide tribution on the line abothe word "estimate."	Lou (First Name) Office Candidate is Sec a description of the goo- ove for amount of contrib	(Middle Name/Initial) eking State Senate ds or services provided, and enter the

(turn over to continue \rightarrow)

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amoun enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	·
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw is true and complete to the best of my knowledge and belief.	
Prince V. Habey	10/13/2022
(Signature of Lobyist)	(Date)
Pierce J. Haley (Print Name of lobbyist)	

I

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.

RECEIVED OCT 17 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Serlin Haley LLP
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 27, 2022
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s). 0
Addendum B(s). 0
Addendum C(s). 1
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
Signature of loboyist) 10/13/2022 (Date)
Pierce J. Haley
(Print Name of lobbyist) OCT 14 DED OCT 14 DED OCT 14 DED