

STATE OF NEW HAMPSHIRE RECEIVED

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

APR 22 2014

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's par	rtnership, firm or c	orporation, if any:	/
	•	or portation, ir any t	
Legislative Solutions, L.L	rtnership, firm or corporation	V	<u></u>
(Name of par	rulership, firm or corporation)	
III. Name of Client			Date <u>April 22, 2014</u>
Political Contributions			
	ition that is reportabl	e pursuant to RSA Chapt	er 664 paid on behalf of the
client/lobbyist and lobbyir	ng firm, indicate the	following:	
Full name of candidate:	Stiles	Nancy	
-	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$500	0.00	Office Candidate is	Saaking Sanata
Amount of contribution \$500	0.00	Office Calididate is	Seeking Senate
enter an estimated value and	the word estimate.		
Full name of candidate:	Gilmour	Peggy	
Full name of candidate:	Gilmour (Last Name)	Peggy (First Name)	(Middle Name/Initial)
_	(Last Name)	Peggy (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 50	(Last Name)		(Middle Name/Initial)
Amount of contribution \$ 50 If the contribution is an in-ki	(Last Name) 00.00 ind contribution, providentribution on the line above	(First Name) de a description of the good	(Middle Name/Initial) s or services provided, and enter the tion. If the actual cost is not known,
Amount of contribution \$ 50 If the contribution is an in-ki actual cost of the in-kind cor	(Last Name) 00.00 ind contribution, providentribution on the line above	(First Name) de a description of the good	s or services provided, and enter the
Amount of contribution \$ 50 If the contribution is an in-ki actual cost of the in-kind cor	(Last Name) 00.00 ind contribution, providentribution on the line above	(First Name) de a description of the good	s or services provided, and enter the
Amount of contribution \$ 50 If the contribution is an in-ki actual cost of the in-kind cor	(Last Name) 00.00 ind contribution, providentribution on the line at the word "estimate."	(First Name) de a description of the good	s or services provided, and enter the

If the contribution is an in-kind contribution, provide a descractual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	iption of the goods or services provided, and enter the mount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contri	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	
(Signature of lobbyist) Robert E. Clegg (Print Name of lobbyist)	April 22, 2014 (Date)



STATE OF NEW HAMPSHIRE

II. Name of lobbyist's partnership, firm or corporation, if any: Legislative Solutions, L.L.C. (Name of partnership, firm or corporation)	I. Name of Lobbyist(s) Ro	obert Clegg, Debra \	Vanderbeek, Leann Mo	ccia, Periklis Karoutas
III. Name of Client	II. Name of lobbyist's pa	rtnership, firm or co	orporation, if any:	
III. Name of Client	Legislative Solutions L. I	C		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Lasky Bette (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$500.00 Office Candidate is Seeking Senate 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." Full name of candidate: Woodburn Jeff (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 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." Full name of candidate: Hosmer Andrew)	
Full name of candidate: Lasky Bette (Last Name) (First Name) (Middle Name/Initial)	III. Name of Client			DateApril 22, 2014
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$500.00 Office Candidate is Seeking Senate 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." Full name of candidate: Woodburn Jeff (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 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." Full name of candidate: Hosmer Andrew	For each political contribu			er 664 paid on behalf of the
Amount of contribution \$500.00 Office Candidate is Seeking Senate 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." Full name of candidate: Woodburn Jeff (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 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." Full name of candidate: Hosmer Andrew	Full name of candidate:	Lasky	Bette	
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." Full name of candidate: Woodburn Jeff (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 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."		(Last Name)	(First Name)	(Middle Name/Initial)
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." Full name of candidate: Woodburn Jeff (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 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." Full name of candidate: Hosmer Andrew	Amount of contribution \$50	0.00	Office Candidate is	Seeking Senate
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 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." Full name of candidate: Hosmer Andrew		Woodburn	Ioff	
Amount of contribution \$ 500.00 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." Full name of candidate: Hosmer Andrew	Full name of candidate:	Country record action within the complete companies	000,000	(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." Full name of candidate: Hosmer Andrew	Amount of contribution \$ 5		(2 1130 7 111110)	(Made Mane)
Turi name of canadate.	If the contribution is an in-k actual cost of the in-kind co	ind contribution, provid		
(Last Name) (First Name) (Middle Name/Initial)				
	Full name of candidate:	Hosmer		

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."	
(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 l	
(Signature of lobbyist)	April 22, 2014 (Date)
Robert E. Clegg (Print Name of lobbyist)	(Duto)



STATE OF NEW HAMPSHIRE

II. Name of lobbyist's pa	rtnershin, firm or co	rnoration if any	
11. Name of loobyist's pa	thership, in m or co	i poration, ir any.	
Legislative Solutions, L.I.			
(Name of pa	rtnership, firm or corporation)		
III. Name of Client			Date <u>April 22, 2014</u>
Political Contributions			
•			ter 664 paid on behalf of the
client/lobbyist and lobbying	ng firm, indicate the fo	ollowing:	
	_		
Full name of candidate:	Prescott	Russell	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$50	0.00	Office Candidate is	s Seeking Senate
actual cost of the in-kind con	ntribution on the line ab		ls or services provided, and enter the actual cost is not known
actual cost of the in-kind con enter an estimated value and	ntribution on the line ab	ove for amount of contribu	
actual cost of the in-kind content an estimated value and	ntribution on the line ab I the word "estimate." Morse	Ove for amount of contribu	ntion. If the actual cost is not known
ectual cost of the in-kind contenter an estimated value and	Morse (Last Name)	ove for amount of contribu	
actual cost of the in-kind contenter an estimated value and	Morse (Last Name)	Ove for amount of contribu	ntion. If the actual cost is not known
Full name of candidate: Amount of contribution \$ 1 If the contribution is an in-kactual cost of the in-kind contribution contribution contribution contribution contribution is an in-kactual cost of the in-kind contribution c	Morse (Last Name) 000.00 ind contribution, providentribution on the line ab	Chuck (First Name) e a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ _1 If the contribution is an in-kactual cost of the in-kind contribution contribution contribution contribution is an in-kactual cost of the in-kind contribution	Morse (Last Name) 000.00 ind contribution, providentribution on the line ab	Chuck (First Name) e a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 1 If the contribution is an in-kactual cost of the in-kind contribution	Morse (Last Name) 000.00 ind contribution, providentribution on the line ab	Chuck (First Name) e a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 1 If the contribution is an in-kactual cost of the in-kind contribution	Morse (Last Name) 000.00 ind contribution, providentribution on the line ab	Chuck (First Name) e a description of the good	(Middle Name/Initial)
actual cost of the in-kind contenter an estimated value and Full name of candidate: Amount of contribution \$ _1 If the contribution is an in-k	Morse (Last Name) 000.00 ind contribution, providentribution on the line ab	Chuck (First Name) e a description of the good	ntion. If the actual cost is not known

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	n of the goods or services provided, and enter the nt of contribution. If the actual cost is not known,
(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 swistrue and complete to the best of my knowledge and belief	
Muy 1aley /	April 22, 2014
Robert E. Clegg (Print Name of lobbyist)	(Date)



STATE OF NEW HAMPSHIRE

David (First Name) Office Candidate de a description of the goo	Date _April 22, 2014 apter 664 paid on behalf of the (Middle Name/Initial) e is Seeking _Senate ods or services provided, and enter the ibution. If the actual cost is not known
e pursuant to RSA Cha following: David (First Name) Office Candidate de a description of the goo	(Middle Name/Initial) e is Seeking Senate ods or services provided, and enter the
e pursuant to RSA Cha following: David (First Name) Office Candidate de a description of the goo	(Middle Name/Initial) e is Seeking Senate ods or services provided, and enter the
e pursuant to RSA Cha following: David (First Name) Office Candidate de a description of the goo	(Middle Name/Initial) e is Seeking Senate ods or services provided, and enter the
David (First Name) Office Candidate de a description of the goo	(Middle Name/Initial) e is Seeking Senate ods or services provided, and enter the
(First Name) Office Candidate de a description of the goo	e is Seeking <u>Senate</u> ods or services provided, and enter the
Office Candidate	e is Seeking <u>Senate</u> ods or services provided, and enter the
de a description of the goo	ods or services provided, and enter the
Lou	
(First Name)	(Middle Name/Initial)
(That Nume)	(Middle I valle, littla)
	ods or services provided, and enter the ibution. If the actual cost is not known
David	

If the contribution is an in-kind contribution, provide a des	cription of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	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 con	ntributions on separate addendum C forms.)
S	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and her	rehy swear or affirm that the foregoing information
is true and complete to the best of my knowledge and	
V/////	
Latitle 1	
This Cley	April 22, 2014
(Signature of lobbyist)	(Date)
0)(
Robert E. Clegg	
(Print Name of lobbyist)	

THE OF THE PARTY O

STATE OF NEW HAMPSHIRE

II Nama at labbyigt's no			
11. Name of loodyist's pa	rtnership, firm or o	corporation, if any:	
Legislative Solutions, L.I			
(Name of pa	artnership, firm or corporation	on)	
III. Name of Client			Date <u>April 22, 2014</u>
Political Contributions For each political contributions client/lobbyist and lobbyist			ter 664 paid on behalf of the
Full name of candidate:	Senate Republic	ean PAC	
-	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$10	00.00	Office Candidate is	s Seeking
enter an estimated value and	I the word "estimate."		
Evil game of and ideas	Dierce	David	
Full name of candidate:	Pierce	David (First Name)	(Middle Name/Initial)
-	(Last Name)	David (First Name)	(Middle Name/Initial)
Amount of contribution \$ _5 \\ If the contribution is an in-k.	(Last Name) 00.00 ind contribution, provintribution on the line a	(First Name)	s or services provided, and enter the
Amount of contribution \$ _5 If the contribution is an in-kactual cost of the in-kind cor	(Last Name) 00.00 ind contribution, provintribution on the line a	(First Name)	(Middle Name/Initial) s or services provided, and enter the tion. If the actual cost is not known

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	n of the goods or services provided, and enter the nt of contribution. If the actual cost is not known,
4.	
(If more than three contributions were made, report additional contributions) 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	April 22, 2014
Robert E. Clegg (Print Name of lobbyist)	(Date)

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:

ame of Lobbying partnership, firm, or corporation: <u>Legislative Solutions, L.L.C.</u>
ame of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
ate of Report (check one):
April 30, 2014
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 abmitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
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. April 22, 2014 (Date)
Debra J. Vanderbeek
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:

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 Lobbyis	t
Statem	ent of Income and Expenses for:	

Name of Lobbying partnership, firm, or corporation	on: Legislative Solutions, L.L.C.		
	ne partnership, firm, or corporation and not related to any		
particular client):			
Date of Report (check one):			
April 30, 2014 ☐ July 30, 2014 ☐ C	October 29, 2014 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2015 January 28, 2		
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):			
X Addendum A(s).			
Addendum B(s).			
X Addendum C(s).			
I hereby swear or affirm that the foregoing inforcomplete to the best of my knowledge and belief. (Signature of lobbyist)	mation on the Statement and each Addendum is true and April 22, 2014 (Date)		
Periklis Karoutas			
(Print Name of lobbyist)			