STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Mar	c Goldberg, Mik	e Vlacich	DEPARIMENT
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
Cornerstone Governm	ent Affairs		
(Name of partn	ership, firm or corporation	.)	
III. Name of Client N/A			Date 01/29/2025
Political Contributions For each political contributi client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate: N	H House Den	ns Victory Commit	tee
1 ((Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,0		Office Candidate is Seeking	_{ng} NH State House
Full name of candidate: N	ew Hamnshir	- Democratic Part	V
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	•	Office Candidate is See	NILI/Ctoto
	ibution on the line al		ds or services provided, and enter that it is not known at it. If the actual cost is not known
Full name of candidate:	New Hamp	shire Senate Den	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,0	000	Office Candidate is See	king NH State Senate

actual cost of the in-kind contribution on the line above for are enter an estimated value and the word "estimate."	<u> </u>
chief dir estimated value and the word estimate.	
(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 hereb is true and complete to the best of my knowledge and be	•
MVlm	01/29/2025
(Signature of lobbyist)	(Date)
Mike Vlacich	
(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:
Name of Lobbying partnership, firm, or corporation:
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 24, 2024 July 31, 2024 October 30, 2024 January 29, 2025
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).
Addendum B(s).
Addendum C(s).
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 lobbyist) (Date)
Marc Goldberg
(Print Name of lobbyist)