

### STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

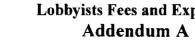
1. Name of Lobbyis	Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia				
II. Name of lobbyis	t's partnership, firm	or corporation, if a	ny:		
Leg	islative Solutions, L.	L.C.			
(N	ame of partnership, firm	or corporation)	· · · · · · · · · · · · · · · · · · ·		
F	P.O. Box 10724	Bedford	NH	03110	
Business Address: (	Street)	(Town/City)	(State)	(Zip Code)	
( ) 603-986-91	.45 (	)	<sub>e-mail</sub> dbeek@aol	.com	
(Telephone	)	(Fax)	)		
reportable expense	transactions which a	ire not attributable (	·		
LJ All reportable tra	ansactions occurring in Injured Workers	-	the reporting date relative to the	following client:	
			obbyist Registration Form)	<del></del>	
<u>OR</u>		••			
☐ All reportable tra unrelated to any part		vist (including the lob	byist's family), or the lobbying f	irm listed below which are	
IV. Date of Report	April 26, 2017 [		July 26, 2017 🗡 activity from 4/1/17 to 6/30/17		
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 ☐ <i>activity from 10/1/17 to 12/31/1</i>	7	
	l, complete just this fo		e transactions made since the ne Secretary of State's Office, Sta		
	onal reports are attac				
			ile <b>Addendum A</b> – Fees and Exp		
☐ If you have paid Expense Reimburser		mbursed expenses, yo	ou must file <b>Addendum B</b> – Repo	ort of Honorariums or	
☐ If you, your firm	n, or your family has n	nade political contrib	utions, you must file Addendum	C- Political Contributions	
I have read RSA 15,	est of my knowledge	C and RSA 664 and he	ereby swear or affirm that the for $\frac{7}{100}$	RECEIVED	
Debra Vanderbeel	•		, ,	NECEIVEL	
(Print Name of lobb	<u> </u>			JUL <b>3 1</b> 2017	

NEW HAMPSHIRE DEPARTMENT OF STATE

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### STATE OF NEW HAMPSHIRE

# **Lobbyists Fees and Expenses**



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	•
(Name of partnership, firm or corporation)	
III. Name of Client Injured Workers' Pharmacy	Date July 10, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 7500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>7500.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 15,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm a aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ 7500.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

	•
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>7500.00</u>
f) Total of all expenses year to date	f) \$ 15,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	July 10, 2017 (Date)
	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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### 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

**Robert Clegg** 

(Print Name of lobbyist)

Statement of Incon	ne and Expenses for:	•	
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns
		or the partnership, firm, or	corporation and not related to any
Date of Report (check	k one):		
April 26, 2017 □	July 26, 2017	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum B(	(s).		
Addendum C(	(s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and

July 10, 2017

(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
Statem	ent of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation	E Legislative Solutions
Name of Client (leave blank if Statement is for the particular client):	partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2017   July 26, 2017  Oct	ober 25, 2017 □ January 31, 2018 □
	tement of Income and Expenses described above, and ement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	·
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	tion on the Statement and each Addendum is true and  July 10, 2017
(Signature of lobbyist)	(Date)
Periklis Karoutas (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	Staten	nent/Aff	īrma	tion	by i	Lobby	ist
Statem	ent of	Income	and	Expe	nse	s for:	

Statement of Income and E	Apenses for.		
Name of Lobbying partnership,	, firm, or corpora	ation: Legislative S	Solutions
Name of Client (leave blank if particular client):		the partnership, firm, or	corporation and not related to any
Date of Report (check one):			
April 26, 2017 □ July 2	26, 2017 💆	October 25, 2017 □	January 31, 2018 □ .
			nd Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
Laun Mac		ef.	nt and each Addendum is true and
(Signature of lobbyist)			(Date)
Leann Moccia (Print Name of lobbyist)			
(1 1 mit 1 vamie of 1000 y 15t)			