11115

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	dberg	DEPARTMENT
II. Name of lobbyist's partnership, firm or corpo	ration, if any:	
(Name of partnership, firm or corpora	ion + Affairs	
_ 57 N Mair	St Steyoz	NH 03301
Business Address: (Street) (To	own/City) (S e-mail e	tate) (Zip Code) Mgoldberzaczogy
III. This statement covers: (Choose one – file separeportable expense transactions which are not at All reportable transactions occurring in the mon	arate reports for each client, tributable to any one client).	
(Full Name of Client as it apperatus) All reportable transactions by the lobbyist (include unrelated to any particular client.	ars on the Lobbyist Registration F	
IV. Date of Report April 30, 2025 Reports cover: activity from date of registration to 3/31/ October 29, 2025 activity from 7/1/25 to 9/30/25	July 30, 20 25 activity from 4/1/2 January 28, 2 activity from 10/1/29	5 to 6/30/25 2026
V. There have been no fees received and no a If this box is checked, complete just this form and su State House, Room 204, Concord, NH 03301.	reportable transactions ma bmit it to the Secretary of State	de since the last report. 2's Office, 107 North Main Street,
VI. Check if additional reports are attached:		n
If you have received fees or made expenditures, If you have paid an honorarium or reimbursed e Expense Reimbursement	xpenses, you must file Addend	lum B— Report of Honorariums or
If you, your firm, or your family has made polit	ical contributions, you must fil	e Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA and complete to the best of my knowledge and belie		m that the foregoing information is true
/ The Justille	4/	(30/25
(Signature of lobbyist)		(Date)

STATE OF NEW HAMPSHIRE

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

	Λ, ,	10	
I. Name of Lobbyist(s)	Marc Go	1dberg	
II. Name of lobbyist's pa	rtnership, firm or c	orporation, if any:	
	thership, firm or corporation		
(Name of pa	rtnership, firm or corporation	n)	10/-2/5
III. Name of Client			Date $\frac{4/30/2}{}$
Political Contributions For each political contributions client/lobbyist and lobbyi	_	e pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate:	Tentan (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250.00	Office Candidate is Seeking	State Senate
	ntribution on the line al		or services provided, and enter the on. If the actual cost is not known
	Da l	Texas	·
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250,20	Office Candidate is Seekin	g State Sent
	ntribution on the line al	de a description of the goods of	or services provided, and enter the on. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$,	Office Candidate is Seekin	•

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."				
(If more than three contributions were made, report additional contributions on separate addendum C forms.)				
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
(Signature of lobbyist) (Date)				
(Print Name of lobbyist)				

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