### STATE OF NEW HAMPSHIRE

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

### RECEIVED

APR 1 3 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Legislative Solut	tions, L.L.C.		
(Name of parts	nership, firm or corporation)	<u> </u>	
III. Name of Client		<del></del>	Date April 13, 2020
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:			-
	(Last Name)	(First Name)	(Middle Namc/Initial)
Amount of contribution \$ 250	0.00	Office Candidate i	s Seeking
Full name of candidate:	Shurtleff	Steve	
	Shurtleff (Last Name)	Steve (First Name)	(Middle Name/Initial) s Seeking House Representative
Amount of contribution \$ 250 of the contribution is an in-kin actual cost of the in-kind cont	Shurtleff (Last Name) 0.00 d contribution, provideribution on the line abo	Steve (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking House Representative ds or services provided, and enter th
Amount of contribution \$ 250  If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and t	Shurtleff (Last Name) 0.00 d contribution, provide ribution on the line about word "estimate."  Regina	Steve (First Name) Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial) s Seeking House Representative ds or services provided, and enter th ution. If the actual cost is not know
	Shurtleff (Last Name) 0.00 d contribution, provide ribution on the line about word "estimate."	Steve  (First Name)  Office Candidate is a description of the good we for amount of contributions.	(Middle Name/Initial) s Seeking House Representative ds or services provided, and enter th

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for an	otion of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	is an or some out on the actual cost is not the wife,
·	
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
Dall	April 13, 2020
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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#### STATE OF NEW HAMPSHIRE

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

(Name of partnership, firm or corporation)  III. Name of Client	Legislative Solution	ons, L.L.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:  Soucy  Donna  (Last Name)  (First Name)  Office Candidate is Seeking State Senator  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  Ward  Ruth  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution \$ 500.00  Office Candidate is Seeking State Senator  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  Giuda  Bob			<del></del>	· <del>' · · · ·</del>
Full name of candidate:    Soucy   Donna	III. Name of Client			Date April 13, 2020
(Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 250.00 Office Candidate is Seeking State Senator  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate: Ward Ruth (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking State Senator  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate: Giuda Bob	For each political contribution			oter 664 paid on behalf of the
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(Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking State Senator  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 knowlenter an estimated value and the word "estimate."  Full name of candidate:  Giuda  Bob	enter an estimated value and the	e word "estimate."		
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actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not knowlenter an estimated value and the word "estimate."  Full name of candidate:  Giuda  Bob		Ward		
Tur name of candidate.	Full name of candidate:	Ward (Last Name)	(First Name)	(Middle Name/Initial)
Tall hame of candidate.	Full name of candidate:  Amount of contribution \$ 500.  If the contribution is an in-kind actual cost of the in-kind contri	Ward (Last Name)  00  contribution, provide abution on the line above	(First Name)  Office Candidate is a description of the good	(Middle Name/Initial) Seeking State Senator ds or services provided, and enter the
	Full name of candidate:  Amount of contribution \$ 500.  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	Ward (Last Name)  00  contribution, provide bution on the line above word "estimate."	(First Name)Office Candidate is a description of the good we for amount of contributions.	(Middle Name/Initial)  Seeking State Senator  ds or services provided, and enter the

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 contribut	tions on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belie	<b>9 9</b>			
DE Wind	April 13, 2020			
(Signature of løbbyist)	(Date)			
Debra Vanderbeek				

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#### STATE OF NEW HAMPSHIRE

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

Legislative Soluti			
(Name of partne	ership, firm or corporation)		
III. Name of Client		Date April 13, 2020	
Political Contributions For each political contributions client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Avard	Kevin	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250.	.00	Office Candidate i	s Seeking State Senator
	e word "estimate."	eve for amount of contribution	ution. If the actual cost is not known
enter an estimated value and th	e word "estimate."		
enter an estimated value and th	e word "estimate."  French	Harold	
Full name of candidate:	French (Last Name)	Harold (First Name)	
Full name of candidate:  Amount of contribution \$ 500.  If the contribution is an in-kind actual cost of the in-kind contri	French (Last Name)  Contribution, provide ibution on the line abo	Harold (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$ 500.	French (Last Name)  Contribution, provide ibution on the line abo	Harold (First Name) Office Candidate is a description of the good	(Middle Name/Initial)  Seeking State Senator  ds or services provided, and enter (

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kno enter an estimated value and the word "estimate."		
(If more than three contributions were made, report additional contributions)	butions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and herebis true and complete to the best of my knowledge and be		
- Of Dill	April 13, 2020	
(Signature of lobbyist)	(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 Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not	related to any
particular client):			·	
Date of Report (check o	one):			
April 29, 2020	July 29, 2020 □	October 28, 2020 🗆	January 27, 2021	
		he Statement of Income a at Statement (insert the n	•	
Addendum A(s)	).			
Addendum B(s)	).			
Addendum C(s)	ı.			
I hereby swear or affirm complete to the best of				ım is true and
(6) (6) (1) (1)		Apri	(0.42)	
(Signature of lobbyist)			(Date)	
Periklis Karoutas				
(Print Name of Johnvist		<del></del>		

#### 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 par	tnership, firm, or corpo	oration: Legislative Solution	ns, L.L.C.	
Name of Client (leave		or the partnership, firm, or	corporation and not relate	d to any
Date of Report (check	one):			
April 29, 2020	July 29, 2020 □	October 28, 2020 🗆	January 27, 2021 🛚	
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, t ums submitted with th	he Statement of Income a at Statement (insert the n	nd Expenses described aboumber of Addendum form	ove, and is being
Addendum A(	s).			
Addendum B(	s).			
X Addendum C(	s).			
	rm that the foregoing in fing the foregoing in final field in the first the		nt and each Addendum is	true and
		Apri	1 13, 2020	
(Signature of lobbyist			(Date)	
Chris Herr			÷	
(Print Name of Johnvi	st)	<del></del>		

#### 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:

	lank if Statement is fo	• • • •	ns, L.L.C.  corporation and not related to any
Date of Report (check o	one):		
April 29, 2020	July 29, 2020 🗆	October 28, 2020 🗆	January 27, 2021 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)	) <b>.</b>		
Addendum B(s)	,		
X_ Addendum C(s)			
complete to the best of r		ief.	nt and each Addendum is true and
(Signature of lobbyist)	18		(Date)
Robert Clegg	· <u>· · · · · · · · · · · · · · · · · · </u>		
(Print Name of Johhvist)	1		