

## STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

APR 1 8 2019

PLEASE PRINT

I. Name of Lobbyist(s)Asl	nley Calabrese		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partner	ship, firm or corporation, if	any:	
Novartis Services, Inc.			
	ership, firm or corporation)		**************************************
219 Western Avenue, Unit	# S421 Allston, MA 0	2134	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(203) 410-7936	( )	e-mail ashley.c	calabrese@novartis.com
(l'elephone)	( )(Fi	ax)	
reportable expense transactio	ns which are not attributabl	orts for each client, OR you me to any one client).  o the reporting date relative to the reporting date relative to the reporting date.	
Novartis Services,		, 0	<b>U</b>
(Full Na	me of Client as it appears on the	Lobbyist Registration Form)	<del></del>
OR			
☐ All reportable transactions b unrelated to any particular clien	y the lobbyist (including the lot. t.	obbyist's family), or the lobbyir	ng firm listed below which are
	4, 2019 🖄 ate of registration to 3/31/19	July 31, 2019 [] activity from 4/1/19 to 6/30/1	9
	er 30, 2019	January 29, 2020 activity from 10/1/19 to 12/3	1/19
V. There have been no fees If this box is checked, complete Concord, NH 03301.			
VI. Check if additional report	s are attached:		
If you have received fees or	made expenditures, you must	file Addendum A- Fees and E	Expenses
☐ If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses,	you must file <b>Addendum B</b> – Re	eport of Honorariums or
X If you, your firm, or your fa	mily has made political contr	ibutions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, Indicomplete to the lest of my I (Signature of lobbyist) Ashley Calabrese	RSA 14-C and RSA 664 and	hereby swear or affirm that the	foregoing information is true
(Print Name of lobbyist)			

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### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Ashley Calabrese	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Novartis Services, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client Novartis Services, Inc.	Date 4-15-2019
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) \$790.00
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>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
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 in 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 less being 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)/firms aggregate total of all expenses pair expenses; (b) the aggregate total of all e: meals purchased during a busines as than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for he of greater than \$25, purchase of a fir than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c). Total of all itemized expenditums mouted in detail in section VI	c) <b>\$</b>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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) \$
f) Total of all expenses year to date	n \$
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, 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	
(Signature of lobbyist)	4/13/19 (Date)
Ashley Calabrese	
(Print Name of lobbyist)	

### STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Asl	nley Calabrese		
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Novartis Services, Inc.	•		
	ership, firm or corporation)	<del>-</del> ·	
III. Name of Client Nova	rtis Services, Inc.		Date 4-15-2019
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	<u>_</u>	ition to Senate Dem	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$1	000.00	Office Candidate i	s Seeking Senate Democrats
Full name of candidate:			
		•	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seeking	
	ribution on the line abo	ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known
D. 11			
Full name of candidate:	(Last Name)	(First Name)	(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."
(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.  (Bignature of Jobbyist)
Ashley Calabrese (Print Name of lobbyist)