

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 3 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist(s) Ham Mattinated to the lobbyist partnership, firm or corporation, if any: The Associated Health Maintenance Officers and O2472 Business Address: (Street) (Name of partnership, firm or corporation) 705 Mr. Ham St. Watchtum MA 02472 Business Address: (Street) (TownCity) (State) (Cip Code) (Cip Code)	Λ	IDELY	ARTIMENT OF S
Title Health Maintanance Office Comparison	I. Name of Lobbyist(s) Hoom Maitignett.		
Title Health Maintanance Office Comparison	II. Name of lobbyist's partnership, firm or corporation, if any:		
Business Address: (Street) (Town/City) (State) (Zip Code) (Cip Code) (Fax) (Town/City) (State) (Zip Code) (Telephone) (Fax) (Town/City) (State) (Zip Code) (Telephone) (Fax) (Town/City) (Fax) (Fax) (Fax) (Fax) (Town/City) (Fax) (Fax) (Fax) (Town/City) (Fax) (Fax) (Fax) (Fax) (Fax) (Town/City) (Fax)			
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(GT) 972-9400 (Fax) (Telephone) (T	(Name of partnership, firm or corporation)		
(GT) 972-9400 (Fax) (Telephone) (Tel	705 Mr. Huhurn St Watertown 1	14 0	2472
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date retative to the following client:			
III. This statement covers: (Choose one - file separate reports for each client. OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client:	(6)7 972-9400 () c-mail	adam mertione	H. Otels-finely
All reportable transactions occurring in the months prior to the reporting date relative to the following client: This Healty Freedom Plan	(Telephone) (Fax)		
All reportable transactions occurring in the months prior to the reporting date relative to the following client: This Healty Freedom Plan	III This statement sovers (Chases one - file senerate reports for each client O	D von may file a se	narate report for
All reportable transactions occurring in the months prior to the reporting date relative to the following client: Tutts Freedom Ptin		k you may life a se	parate report to:
(Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 24, 2019 Reports cover: activity from date of registration to 3/31/19 activity from 41/19 to 6/30/19. October 30, 2019 January 29, 2020 January 29, 2020 January 29, 2020 January 29, 2020 John 10/1/19 to 12/31/19 V. There have been no fees received and no reportable transactions made since the last report. Ji this box is checked, complete just this form and submit it to the Secretary of State's Office. State House, Room 204. Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. July 22/19			
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 24, 2019 April 29, 2020 Apr	All reportable transactions occurring in the months prior to the reporting date rela	itive to the followin	g client:
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Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best-of my knowledge and belief. Ullus Thousand			morariums or
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I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Ullus Dillosters 4/22/19			
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Celan Markett 4/22/19	Thave read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm	that the foregoing	information is true
(Signature of lobbyist) (Date)	and complete to the best of my knowledge and belief.		• • • • • • • • • • • • • • • • • • • •
(Signature of lobbyist) (Date)	Columbialer 41	22/19	
A Land Marrie day	(Signature of lobbyist)	(Datc)	
	Alas Marin de		

STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Adam Machantti	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Tufts Associated Health Maintenance Of	Ganication.
III. Name of Client Tuffs Heatty Freedom Plan	Date <u>4/22/19</u>
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, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	it relations or public relations con-
a) Total of all fees received in this reporting period	a) \$ <u>10, 125</u>
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 y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ 10, 125
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 refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report. 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 examp 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 lobbie (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 mad may be filed for the lobbyist(s)/fe e aggregate total of all expenses xpenses; (b) the aggregate total of le: meals purchased during a busi- ss than \$10 that is given to the pe- ed with a value of \$25.00 or less); orting period of greater than \$25.00 ue of greater than \$25, purchase er than \$25, but not greater than expense reimbursement, or politically.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a
	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	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged:	obbying fees during this reporting
Paid to:	Amount:
	3 . • • • • • • • • • • • • • • • • • • •
	· s
	\$ <u> </u>
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	4/22/19 (Date)
Adam Martichett. (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 Ex	penses	for:		.::			
Name of Lobbying parti	nership, f	irm, or c	orporation:	Tutts	Associa	ded Hea	14 Ma.	Heirana
Name of Client (leave b								
particular client):							<u> </u>	· · ·
Date of Report (check o	ne):		*					
April 24, 2019	July 31	, 2019	□ Octo	ober 30, 2019) 🗀 🔰	anuary 29, 2	020 🗆	
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I have read RSA 15, RS the following Addendur submitted):	SA 15-B, ms submi	RSA 66	4, the State h that State	ement of Incoment (insert	ome and Ex	kpenses desc er of Adden	ribed above dum forms	e, and being
Addendum A(s)).			:				
Addendum B(s)			···					, ; ;
Addendum C(s)	· .							
I hereby swear or affirm complete to the best of n				ion on the St	atement an	d each Adde	ndum is tru	e and
aden De	Tely				4	/22/19 (Date)		
(0.g	/ ;	:			•	(Date)		
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(Print Name of lobbyist)		· .: ·		: :	:		·: .	