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(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 21 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Matthew S. Houde

	-Hitchcock			
One	(Name of partnership, firm or Medical Center Dr.		NH	03756
Business Address:		(Town/City)	(State)	(Zip Code)
4 4 4 4 4	53.1910	603.653.1906		ude@hitchcock.org
(Teleph		(Fax)	e-mail	
reportable expe	nse transactions which are	file separate reports for eac e not attributable to any one the months prior to the report	e client).	
	-Hitchcock			
	(Full Name of Client a	s it appears on the Lobbyist Reg	istration Form)	
	transactions by the lobbyis particular client.	t (including the lobbyist's far	mily), or the lobbying	firm listed below which
IV. Date of Rep Reports cover:	ort April 27, 2022 activity from date of registral October 26, 2022 activity from 7/1/22 to 9	tion to 3/31/22 activity	fuly 27, 2022 from 4/1/22 to 6/30/22 fanuary 25, 2023 from 10/1/22 to 12/31/2	22
If this box is che		nd no reportable transact a and submit it to the Secretar !		
	litional reports are attach			
		ditures, you must file Adden		
If you have p Expense Reimbu		oursed expenses, you must fil	e Addendum B– Rep	ort of Honorariums or
——————————————————————————————————————		de political contributions, you	u must file Addendun	n C- Political Contributi
			,	
Cruown Statement	nt/Affirmation by Lobbyis		ar or affirm that the fo	oregoing information is to
have read RSA	15, RSA 15-B, RSA 14-C a the best of my knowledge ar			
have read RSA		nd belief.	April 18, 2022	

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Matthew S. Houde	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Dartmouth-Hitchcock	
(Name of partnership, firm or corporation) III. Name of Client Dartmouth-Hitchcock	Date 4/18/22
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The reduced by any expenses:	ent relations or public relations services gross fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting perio (This should equal the total of all prior monthly reports for this calendar	d b) \$ 0
c) Total of all fees received to date	_{c)} \$ 10,000
(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 fees. 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 reportance Expenses are to be reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for exalunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this rany purpose not covered by (a) (for example: purchase of a meal with receremonial object to be given to the subject of lobbying with a value grestaurant expenses for a legislative reception). Expenses for honorariu contributions will be reported on separate addendums and should not be reported.	ch client and if expenditures are made by rt may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid e expenses; (b) the aggregate total of all mple: meals purchased during a busines of less than \$10 that is given to the person belied with a value of \$25.00 or less); and reporting period of greater than \$25.00 for value of greater than \$25, but not greater than \$50 ms, 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.b) Total aggregate of expenditures during this reporting period, not reported.	
in a), of \$25 or less.	b) \$ 0 c) \$
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) \$ U
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) \$ 0
f) Total of all expenses year to date	f) \$ 0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, 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 is true and complete to the best of my knowledge and belief.	n that the foregoing information
	April 18, 2022
(Signature of lobbyist)	(Date)
Matthew S. Houde	

(Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Matt	hew S. Houde		
II. Name of lobbyist's part	nership, firm or co	orporation, if any:	
Dartmouth-Hitchcock			
(Name of partner) III. Name of Client Dartmo	ership, firm or corporation outh-Hitchcock		Date 4/18/22
Political Contributions	on that is reportable	e pursuant to RSA Chap	pter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0	Office Candidate is Seeki	ing State Senate
actual cost of the in-kind contrenter an estimated value and the	ribution on the line ab ne word "estimate."	pove for amount of contrib	ods or services provided, and enter the oution. If the actual cost is not known
Full name of candidate:	(Last Name)	ncil Campaign Co	Ommittee (Middle Name/Initial)
Amount of contribution \$ 10		•	eking
	ribution on the line ab		ods or services provided, and enter the oution. If the actual cost is not known
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribu	utions 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 beli	
ANA-	April 18, 2022
(Signature of lobbyist)	(Date)
Matthew S. Houde	
(Print Name of lobbyist)	