#### STATE OF NEW HAMPSHIRE

## for LOBBYISTS

## RECEIVED

OCT 24 2018

NEW HAMPSHIRE PARTMENT OF STATE

### 2018 Statement of Income and Expenses (RSA Chapter 15) PLEASE PRINT

Peter Bragdon

I. Name of Lobbyist(s) _	Peter Bragdon				DEPARTMENT OF S
II. Name of lobbyist's pa	rtnership, firm or	corporation, if a	ny:		S.
Preti :	Strategies				
	f partnership, firm or	corporation)			
57 N Main St		Concord	N	4	03301
Business Address: (Street)		(Town/City)	(Sta	te)	(Zip Code)
(603) 410-1588	(	)	e-mail	pbragdon@	)preti.com
(Telephone)	•	(Fax)			
III. This statement cover reportable expense trans	sactions which are	not attributable	to any one client).		
☐ All reportable transact	nons occurring in the	ne months prior to	the reporting date rel	ative to the fo	ollowing chent:
,		Correct Care			
	ull Name of Client as	s it appears on the Lo	bbyist Registration For	m)	
OR ☐ All reportable transactiunrelated to any particular		t (including the lob	byist's family), or th	e lobbying fü	rm listed below which are
	April 25, 2018 🗆		July 25, 201		
-	rom date of registrat	_	activity from 4/1/18	_	
	October 31, 2018 vity from 7/1/18 to 9/		January 30, activity from 10/1/2		
V. There have been no If this box is checked, com Concord, NH 03301.					
VI. Check if additional r	enarts are attache	od•			
✓ If you have received f	-		ile <b>Addendum A</b> – F	ees and Expe	nses
☐ If you have paid an ho Expense Reimbursement	-	• •		-	
-	our family has mad	de political contrib	utions, you must file	Addendum (	C-Political Contributions
Sworn Statement/Affirm Lhave read/RSA 15, RSA and complete to the best of	15-B, RSA 14-C a	nd RSA 664 and h	ereby swear or affirn	n that the fore	egoing information is true
Xux C	5		October	24, 2018	
(Signature of lobbyist)				(Date)	
Peter Bragdon			`		
(Print Name of lobbyist)					

# LEASE PRIN

#### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Peter Bragdon	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Preti Strategies	-
(Name of partnership, firm or corporation)	
III. Name of Client Correct Care LLC	DateOctober 24, 2018
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) \$12,000
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>24,000</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>36,000</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$4,000
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. 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 le being 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 made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$55, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI	c) \$ 0.00

X.	d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	
	e) Total of expenses paid this calendar year, prior to thi (This should be the amount on line f of addendum A for		· · · · · · · · · · · · · · · · · · ·
	f) Total of all expenses year to date	f) \$0.00	
	VI. Other Expenses:  Provide the following detail for all expenditures of more period, including by whom paid or to whom charged.	than \$25 made from lobbying fees during this re	porting
	Paid to:	Amount:	
•	<del></del>	\$	
		\$	<del></del>
		<b>\$</b>	
	<u> </u>	<b>\$</b>	
	-	<u> </u>	
		<b>.</b> \$	<del>.</del>
	***************************************		
	Sworn Statement/Affirmation by Lobbyist		
	I have sead RSA 15, RSA 15-B and RSA 664 and 1	ereby swear or affirm that the foregoing info	ormation
,	is true and complete to the best of my knowledge a		, imation
	(Signature of lobbyist)	October 24, 2018 (Date)	
	Peter Bragdon (Print Name of lobbyist)	_	