

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 2 5 2019

PLEASE PRINT

NEW HAMPSHIRE

	ire Hospital Association		
(N	ame of partnership, firm or corporation)		
125 Airport F	Road Concord	NH	03301
Business Address: (Street) (Town/City)	(State)	(Zip Code)
603, 225-0900	(603) 225-4348	e-mail pminnehar	@nhha.org
(Telephone		()	
	transactions which are not attributable ansactions occurring in the months prior to		ne following client:
	(Full Name of Client as it appears on the I	obbyist Registration Form)	
<u>OR</u>			
			. C
	insactions by the lobbyist (including the lo ticular client.	bbyist's family), or the lobbying	g tirm tisted below t
N. Date of Report	April 24, 2019	July 31, 2019 🛚	
N. Date of Report	April 24, 2019 []	July 31, 2019 activity from 4/1/19 to 6/30/19	
unrelated to any partitle. IV. Date of Report	April 24, 2019	July 31, 2019 🛚	,
unrelated to any part IV. Date of Report Reports cover: ac V. There have be If this box is checker	April 24, 2019 April 24, 2019 Stivity from date of registration to 3/31/19 October 30, 2019	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31 te transactions made since t	/19 he last report.
unrelated to any part IV. Date of Report Reports cover: ac V. There have be If this box is checket State House, Room	April 24, 2019 April 24, 2019 Sivity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 en no fees received and no reportable, complete just this form and submit it to 204, Concord, NH 03301.	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31 te transactions made since t	/19 he last report.
unrelated to any part IV. Date of Report Reports cover: ac V. There have be If this box is checket State House, Room VI. Check if addition If you have reco	April 24, 2019 April 24, 2019 April 24, 2019 October 30, 2019 activity from 7/1/19 to 9/30/19 en no fees received and no reportable complete just this form and submit it to 204, Concord, NH 03301. onal reports are attached:	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31 te transactions made since the Secretary of State's Office, I	/19 he last report. 107 North Main Stre
unrelated to any part IV. Date of Report Reports cover: ac V. There have be If this box is checket State House, Room VI. Check if addition If you have reco	April 24, 2019 April 24, 2019 October 30, 2019 activity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 en no fees received and no reportable complete just this form and submit it to 204, Concord, NH 03301. onal reports are attached: eived fees or made expenditures, you must an honorarium or reimbursed expenses, y	July 31, 2019 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31 te transactions made since the Secretary of State's Office, I	/19 he last report. 107 North Main Stre

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Stephen Ahnen, Paula Minnehan, Kathleen Bizarro-T	hunberg, Nick Carano			
II. Name of lobbyist's partnership, firm or corporation, if any:				
New Hampshire Hospital Association				
(Name of partnership, firm or corporation)				
III. Name of Client	Date			
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) \$			
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) \$			
c) Total of all fees received to date (Add lines a and b)	c) S			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) S			
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 of 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 expenditured at the 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 lessing 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)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of all expenses is the state of a second to the person of the pe			
 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 	a) \$			
in a), of \$25 or less.	b) \$			
c). Total of all itemized expenditures reported in detail in section VI.	c) S			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$12,308
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	f) \$
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:
	\$
	\$
	\$
	s
	\$
	\$
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.	m that the foregoing information
Paul Minela	1023/19
(Signature of lobbyist) Paula Minnehan	(Date)
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

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

ΔI	sociation		
(Name of partn	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	NH Sen	ate Republican PAC	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$5	00	Office Candidate i	s Seeking Senate
	Advocate Leaders	ship PAC Launch	
Full name of candidate:	Advocate Leaders	ship PAC Launch (First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial) Senate s Secking
Amount of contribution \$	(Last Name) 500 d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	Senate s Seeking ds or services provided, and enter the
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the state of the contribution of the co	(Last Name) 500 d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	Senate s Secking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in the in-kind contribution is actual cost of the in-kind contribution in	(Last Name) 500 d contribution, provide ribution on the line abo	(First Name) Office Candidate is a description of the good	Senate s Seeking ds or services provided, and enter the

(If more t	an three contributions were ma	ade, report additional contributi	ions on separate addendum C forms.)
Sworn S	Statement/Affirmation b	by Lobbyist	
		nd RSA 664 and hereby s f my knowledge and belie	wear or affirm that the foregoing informate.
\perp	ul Aun	eh_	10/23/19

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	ffirmation by Lobby ie and Expenses for:	yist	
Name of Lobbying pa	rtnership, firm, or corpo	oration:	
		or the partnership, firm, or o	corporation and not related to any
Date of Report (check	one):		
April 24, 2019 🛚	July 31, 2019 🗆	October 30, 2019 🗹	January 29, 2020 □
I have read RSA 15, I the following Addend submitted):	RSA 15-B, RSA 664, the lums submitted with the	he Statement of Income an at Statement (insert the nu	d Expenses described above, and imber of Addendum forms being
Addendum A	(s).		
Addendum B((s).		
✓ Addendum C	s).		
	Fmy knowledgo and be		at and each Addendum is true and
Stephen Ahnen			

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 partnership, firm, or corporation:	
Name of Client (leave blank if Statement is for the parameter client):	•
Date of Report (check one):	
April 24, 2019	ber 30, 2019 🔯 January 29, 2020 🗅
I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted):	
Addendum A(s).	
Addendum B(s).	
✓ Addendum C(s).	
I hereby swear or affirm that the foregoing informati complete to the best of my knowledge and belief.	on on the Statement and each Addendum is true and
(Signature of lobbyist)	10/23/19 (Date)
Kathleen Bizarro-Thunberg	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): July 31, 2019 October 30, 2019 October 30, 2019 April 24, 2019 January 29, 2020 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): _____ Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Paula Minnehan

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

. . . •

Statement of Income and Expenses for:			
Name of Lobbying par	tnership, firm, or corpo	ration:	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to an
particular client):			
Date of Report (check	one):		
April 24, 2019 □	July 31, 2019 🗆	October 30, 2019 ☑	January 29, 2020 □
			nd Expenses described above, an umber of Addendum forms bein
Addendum A(s).		
Addendum B(s).		
✓ Addendum C(s).		
complete to the best of	m that the foregoing in my knowledge and bel	ief.	oct 2019
(Signature of lobbyist)	t e e e e e e e e e e e e e e e e e e e		(Date)
Nick Carano			
(Print Name of lobbyis	st)		