

## STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s)	James P. Monahan ; Kathryn M. Horgan	ATOMIN TO 18/4 A 19/4 A
II. Name of lobbyist's	partnership, firm or corporation, if any:	
The Dupont Group		
(Name of partnership, firm or	corporation)	
29 School St. Suite 200 Business Address: (Street) (T	Oconcord, NH 03301 own/City) (State) (Zip Code)	
(603 )228-3322	(603) 228-0713 e	-mail jmonahan@dupontgroup.com
(Telephone)	(Fax)	•
III. This statement covexpense transactions v	vers: (Choose one – file separate reports for eac which are not attributable to any one client).	h client, OR you may file a separate report for reportable
All reportable tra	nsactions occurring in the month prior to the repor	ting date relative to the following client:
Elliot Health System		
OD	(Full Name of Client as it appears on the L	obbyist Registration Form)
<u>OR</u>		
All reportable transato any particular client.	actions by the lobbyist (including the lobbyist's fa	mily), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 29, 2020  activity from date of registration to 3/31/20	July 29, 2020 activity from 4/1/20 to 6/30/20
	October 28, 2020 X activity from 7/1/20 to 9/30/20	January 27, 2021 activity from 10/1/20 to 12/31/20
V. There have been no If this box is checked, c 03301.	o fees received and no reportable transactions no complete just this form and submit it to the Secretar	nade since the last report.   y of State's Office, State House, Room 204, Concord, NH
VI, Check if additiona	il reports are attached: d fees or made expenditures, you must file Addenc	lum A- Fees and Expenses
☐ If you have paid an Reimbursement	honorarium or reimbursed expenses, you must file	Addendum B- Report of Honorariums or Expense
☐ If you, your firm, or	r your family has made political contributions, you	must file Addendum C- Political Contributions.
Sworn Statement/Affi I have read RSA 15, RS best of my knowledge a	SA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information is true and complete to the
The The		
(Signature of lobbyist)		10/28/2020 (Date)
James P. Monahan		
(Print Name of lobbyist)		



## STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

OCT 29 2020

NEW FORMES FIRE
DEPARTMENT OF STATE

(RSA Chapter 15:6

I. Name of Lobbyist(s)  James P. Monahan; Kathryn M. Horgan  II. Name of lobbyist's partnership, firm or corporation, if any:						
					The Dupont Group	
					(Name of partnership, firm or corporation)	
III. Name of Client Elliot Health System Date 10/28/2020	<u>,</u>					
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the including fees for services such as public advocacy, government relations, or pulegislation, and related legal work. The gross fee amount reported shall not be re-	ablic relations services including research, monitoring					
a) Total of all fees received in this reporting period	a) \$7000					
b) Total of all fees received this calendar year, prior to this reporting period	b) \$21000					
(This should equal the total of all prior monthly reports for this calendar year)						
c) Total of all fees received to date (Add lines a and b)	c) \$28000					
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) <b>\$0</b>					
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expensate unrelated to any one client a separate report may be filed for the lobbyist(s)/firm categories of expenses: (a) the aggregate total of all expenses paid during the resoffice expenses; (b) the aggregate total of all individual expenses where the expenses during a business lunch where the cost was \$25.00 or less, purchase of the person being lobbied, purchase of a ceremonial object given to a person being itemized statement of each individual expenditure made during this reporting percovered by (a) (for example: purchase of a meal with value of greater than \$25, subject of lobbying with a value greater than \$25, but not greater than \$50, restator honorariums, expense reimbursement, or political contributions will be reported on Addendum A.	ditures are made by the lobbyist(s)/firm that are in. Expenses are to be reported in one of three porting period for salaries, benefits, support staff, and renditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ng lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the aurant expenses for a legislative reception). Expenses					
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.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
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	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keywhom paid or to whom charged.	obbying fees during this reporting period, including b
Paid to: Amount:	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that ti best of my knowledge and belief.	
Ja The	
	2020
(Signature of lobbyist) (Date)	
James P. Monahan (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/Affirm Statement of Income an			
Name of Lobbying partne	ership, firm, or corporation	n: The Dupont G	roup
Name of Client (leave bla	ank if Statement is for the	e partnership, firm, or corpor	ration and not related to any particular
client): Elliot Health S	vstem		
Date of Report (check of	ne):		
April 29, 2020 🗌	July 29, 2020 🔲	October 28, 2020 X	January 27, 2021 📋
	-	-	nses described above, and the dendum forms being submitted):
Addendum A(s).			
0 Addendum B(s).			
0Addendum C(s).			
I hereby swear or affirm the best of my knowledge		ation on the Statement and e	ach Addendum is true and complete to
Kathyre Hag			
(1)		<u>10/28/</u>	
(Signature of lobbyist)		(Date)	
Kathryn M. Horgan			
(Print Name of lobbyist)			