(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

## 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

	for	LOBBYISTS A Chapter 15)	RECEIVED  JUL 3 0 2020
PLEASE P	RINT		JUL 30 2020
I. Name of Lobbyist(s) Kat	herine Cole		JUL 30 2020 NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnersh	tip, firm or corporation, if ar	ny:	DEFA
Tufts Associated	Health Maintenance Orga	anization	
(Name of partner	ship, firm or corporation)	11.11.11.11.11.11.11.11.11.11.11.11.11.	AND THE RESIDENCE OF THE PARTY
705 Mt. Auburn Street	Watertown MA	4	
Business Address: (Street)	(Town City)	(State)	(Zip Code)
(Telephone) 617 972 9400 x 851	72 ( ) (Fax)		e_Cole@tufts-health.com
III. This statement covers: (Choreportable expense transactions			v file a separate report for
All reportable transactions occ	curring in the months prior to	the reporting date relative to the	following client:
· · ·	Freedom Plan		
OR (Full Name	e of Client as it appears on the Lo	obbyist Registration Form)	
<del></del>	the lobbyist (including the lob	byist's family), or the lobbying	firm listed below which are
IV. Date of Report April 29. Reports cover: activity from date	, 2020 2 of registration to 3/31/20	July 29, 2020 X activity from 4/1/20 to 6/30/20	
	28, 2020 1 7/1/20 to 9/30/20	January 27, 2021 activity from 10/L/20 to 12/31/2	20
V. There have been no fees re If this box is checked, complete ju State House, Room 204, Concord	ist this form and submit it to th		
VI. Check if additional reports	are attached:		
X If you have received fees or r	•		
Expense Reimbursement		ou must file <b>Addendum B</b> Rep	
If you, your firm, or your fan	nily has made political contribu	utions, you must file <b>Addendur</b>	n C Political Contributions
Sworn Statement/Affirmation h I have read RSA 15, RSA 15-B, F and complete to the best of my kr	RSA 14-C and RSA 664 and h	ereby swear or affirm that the fe	oregoing information is true
Katherine Cole		7/27/20	
(Signature of lobbyist)	<del></del>	(Date	?)
Katherine Cole			

# 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) Katherine C	oel		·	· 
II. Name of lobbyist's partnership, firm or	corporation, if any:			·
Tufts Associated Health Mainter	ance Organization			
(Name of partnership, firm or corpora	_		*	
III. Name of Client Tufts Health Freedor	n Plan	Date	7/27/20	
IV. Fees Received Indicate the gross amount of all fees received fr to lobbying, including fees for services such as including research, monitoring legislation, and reduced by any expenses:	public advocacy, government	nt relations,	or public rela	ations services
a) Total of all fees received in this reporting per	iod	a) \$	14,875	
b) Total of all fees received this calendar year, (This should equal the total of all prior mon	prior to this reporting period thly reports for this calendar	b) \$ year)	16, 300	
c) Total of all fees received to date (Add lines a and b)		c) \$	31,175	· ·
d) Indicate the amount of any such fees that are yet been paid	due, but have not	d) \$	0	·
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or confees. Separate reports are to be filed for expensive the lobbyist(s)/firm that are unrelated to any Expenses are to be reported in one of three conduring the reporting period for salaries, benefit individual expenses where the expenditure was lunch where the cost was \$25.00 or less, purchase being lobbied, purchase of a ceremonial object (c) an itemized statement of each individual expense any purpose not covered by (a) (for example: ceremonial object to be given to the subject or restaurant expenses for a legislative reception contributions will be reported on separate addentifications.	ditures made relative to each one client a separate report ategories of expenses: (a) that its, support staff, and office of \$25.00 or less (for examples of a pen with a value of given to a person being lobble enditure made during this repurchase of a meal with value of lobbying with a value great of the expenses for honorarium.	n client and it may be fill the aggregate expenses; (buple: meals pless than \$10 bied with a vigoriting periodue of greater than \$25 bis, expense	of expenditure ed for the location of all to the aggreg purchased dural that is given alue of \$25.0 of of greater than \$25, 5, but not greater reimburseme	es are made by bbbyist(s)/firm expenses paid ate total of al- ring a busines to the person 00 or less); and than \$25.00 for purchase of eater than \$50
a) Total aggregate expenses for this reporting p support staff, and office expenses, related direct	ly or indirectly to lobbying.	a) \$	0	
b) Total aggregate of expenditures during this r in a), of \$25 or less.	eporting period , not reported	d b)\$	0	
c) Total of all itemized expenditures reported in	detail in section VI	c) \$	0	

	•		
) Total expenses for this reporting period (Add lines a, b and c)	d) \$0		
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		
Total of all expenses year to date	f) \$		
71. Other Expenses: rovide the following detail for all expenditures of more than \$25 made from eriod, including by whom paid or to whom charged.	obbying fees during this reporting		
aid to:	Amount:		
	\$		
	\$		
	\$		
	\$ <u></u>		
	\$		
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·	·		
sworn Statement/Affirmation by Lobbyist			
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire strue and complete to the best of my knowledge and belief.	m that the foregoing informati		
Katherine Cole	7/27/20		
Signature of lobbyist)	(Date)		
Katherine Cole			
(Print Name of lobbyist)			