

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL I 6 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

	s partnership, firm or corporatio a Hospital Association	n, if any:	
	ne of partnership, firm or corporation)		
125 Airport Ro	• • •	ни	03301
·	rect) (Town/C		
, , , , , , , , , , , , , , , , , , , ,		, ,	(Zip Code)
603 225-0900	(603) 225-4346		nan@nhha.org
(Telephone)		(Fux)	
reportable expense tr	overs: (Choose one – file separate ransactions which are not attribute sactions occurring in the months pr	table to any one client).	, , ,
<u>OR</u>	(Full Name of Client as it appears on	the Lobbyist Registration Form)	<u></u> .
All reportable trans unrelated to any partic	sactions by the lobbyist (including t ular client.	he lobbyist's family), or the lobby	ing firm listed below whi
•	April 24, 2019 🔀	July 31, 2019 🕏	/19
Reports cover: activ	April 24, 2019 X ity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19	•)
Reports cover: active V. There have been If this box is checked, o	ity from date of registration to 3/31/19 October 30, 2019	activity from 4/1/19 to 6/30/ January 29, 2020 [activity from 10/1/19 to 12/ rtable transactions made since] '31/19 c the last report. □
Reports cover: active V. There have been If this box is checked, of State House, Room 20:	ity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 no fees received and no report complete just this form and submit 4, Concord, NH 03301.	activity from 4/1/19 to 6/30/ January 29, 2020 [activity from 10/1/19 to 12/ rtable transactions made since] '31/19 c the last report. □
Reports cover: active V. There have been If this box is checked, o State House, Room 20: VI. Check if addition	ity from date of registration to 3/31/19 October 30, 2019 activity from 7/1/19 to 9/30/19 In no fees received and no repor complete just this form and submit 4, Concord, NH 03301. al reports are attached:	activity from 4/1/19 to 6/30/ January 29, 2020 [activity from 10/1/19 to 12/ rtable transactions made since it to the Secretary of State's Office] 31/19 c the last report. □ c, 107 North Main Street,
V. There have been If this box is checked, of State House, Room 20: VI. Check if addition If you have receive	October 30, 2019 activity from 7/1/19 to 9/30/19 no fees received and no report complete just this form and submited. Concord, NH 03301, al reports are attached: ed fees or made expenditures, you an honorarium or reimbursed expense.	activity from 4/1/19 to 6/30/ January 29, 2020 [activity from 10/1/19 to 12/ rtable transactions made since it to the Secretary of State's Office must file Addendum A- Fees and] /31/19 c the last report.

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



I. Name of Lobbyist(s) Stephen Ahnen, Paula Minnehan, Kathleen Bizarro-I	Thunberg, 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 granted by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) S
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 y	
c) Total of all fees received to date (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 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 a 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 lebeing 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 perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$56, 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	a) \$
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 le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	s
	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.	n that the foregoing information
Signature of lobbyist)	7/9/19
Paula Minnehan	(Date)
(Print Name of lobbyist)	

(Name of par	rtnership, firm or corporation)		· · · -
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Soucy	Donna	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1,000	Office Candidate i	s Seeking Senate
enter air estimated value and	the word "estimate."		
	Rosenwald	Cindy	
Full name of candidate:	Rosenwald (Last Name)	Cindy (First Name)	
Full name of candidate: Amount of contribution S If the contribution is an in-kactual cost of the in-kind cor	Rosenwald (Last Name) 250 ind contribution, providentribution on the line abo	Cindy (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Seeking ds or services provided, and enter the
Full name of candidate: Amount of contribution S If the contribution is an in-k actual cost of the in-kind content of the content of the second content of the content of	Rosenwald (Last Name) 250 ind contribution, providentribution on the line about the word "estimate."	Cindy (First Name) Office Candidate is a description of the good ve for amount of contrib	(Middle Name/Initial) Senate s Seeking ds or services provided, and enter the
Full name of candidate: Amount of contribution S If the contribution is an in-k	Rosenwald (Last Name) 250 ind contribution, providentribution on the line abo	Cindy (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate

(Name of part	nership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribu client/lobbyist and lobbyin			oter 664 paid on behalf of the
Full name of candidate: _	Sherman	Tom	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate i	s Secking Senate
Eull come of condiders	Birdsell	Regina	
Full name of candidate: _	Birdsell (Last Name)	Regina (First Name)	(Middle Name/Initial)
_	(Last Name)	(First Name)	
Amount of contribution \$	(Last Name) 250 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate
Amount of contribution \$	(Last Name) 250 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Seeking ds or services provided, and enter the ution. If the actual cost is not known,
Amount of contribution \$	(Last Name) 250 nd contribution, provide tribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ove for amount of contrib	(Middle Name/Initial) Senate s Secking ds or services provided, and enter the

New Hampshire Hospital A			
•	tnership, firm or corporation)		
III. Name of Client		<u> </u>	Date
Political Contributions For each political contribu client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Morgan	John	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate i	s Seeking Senate
		· · · · · · · · · · · · · · · · · · ·	
Full name of candidate: _	French	Harold	
Full name of candidate: _		Harold (First Name)	(Middle Name/Initial) Senate s Seeking
Full name of candidate: _ Amount of contribution \$ If the contribution is an in-ki	French (Last Name) 250 nd contribution, provide stribution on the line abo	Harold (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Seeking ds or services provided, and enter the
Full name of candidate: _ Amount of contribution \$ If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	French (Last Name) 250 nd contribution, provide stribution on the line abothe word "estimate."	Harold (First Name) Office Candidate is a description of the good ve for amount of contrib	(Middle Name/Initial) Senate s Seeking ds or services provided, and enter the
Full name of candidate: Amount of contribution \$	French (Last Name) 250 nd contribution, provide stribution on the line abo	Harold (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate

Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Reagan John (Last Name) (First Name) Office Candidate is Seeking Senate Full name of candidate: Starr David (Last Name) Full name of candidate: Starr David (Last Name) (First Name) (Middle Name/Initial) Full name of candidate: Starr David (Last Name) (First Name) Office Candidate is Seeking Senate Office Candidate is Seeking Senate If the actual cost is not known that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbying firm, indicate the following: Full name of candidate: Starr David (Last Name) (First Name) Office Candidate is Seeking Senate Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known that the contribution on the line above for amount of contribution. If the actual cost is not known that the contribution on the line above for amount of contribution. If the actual cost is not known that the contribution on the line above for amount of contribution. If the actual cost is not known that the cost is not known that the contribution on the line above for amount of contribution. If the actual cost is not known that the cost is not kno	(Name of p	artnership, firm or corporation)		
Full name of candidate: Reagan John	III. Name of Client			Date
Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Starr David (Last Name) (First Name) (Middle Name/Initial) Senate Amount of contribution \$ Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	For each political contrib	•	•	oter 664 paid on behalf of the
Amount of contribution \$	Full name of candidate:	Reagan	John	
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Starr David (Last Name) (First Name) (Middle Name/Initial) Senate Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."		(Last Name)	(First Name)	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: Starr David (Last Name) (First Name) (Middle Name/Initial) Senate Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	Amount of contribution \$	250	Office Candidate i	s Seeking Senate
(Last Name) (First Name) (Middle Name/Initial) 250 Senate Amount of contribution S Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."		_		
Amount of contribution \$Office Candidate is SeekingOffice Candidate is Seeking		Starr		
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	Full name of candidate:		David	
Feltes Dan		(Last Name)	David (First Name)	(Middle Name/Initial) Senate
rui name oi candidate.	Amount of contribution S _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 250 kind contribution, provide ontribution on the line abo	David (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Secking ds or services provided, and enter t
(Last Name) (First Name) (Middle Name/Initial)	Amount of contribution S _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 250 kind contribution, provide ontribution on the line abo	David (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Secking ds or services provided, and enter tution. If the actual cost is not known

II. Name of lobbyist's parti	nership, firm or corp	poration, if any:	
New Hampshire Hospital Ass	ociation		
(Name of partne	ership, firm or corporation)		
III. Name of Client			Dava
III. Name of Client			Date
Political Contributions			
			ter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the fol	lowing:	
P11	Cavanaugh	Kevin	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	(1,22,1,27,14)	(1 1101 1 1 2 1 1 1 0)	(inidate rialis initial)
Amount of contribution \$25	50	Office Candidate is	Seeking Senate
	Hennessey	Martha	·
		· -	(Middle Name/Initial)
Full name of candidate:	Hennessey (Last Name)	Martha (First Name)	(Middle Name/Initial) Senate
Full name of candidate:	Hennessey (Last Name)	Martha (First Name)	(Middle Name/Initial)
Full name of candidate: 25 Amount of contribution \$ If the contribution is an in-kind	Hennessey (Last Name) 60 I contribution, provide	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate:25 Amount of contribution \$	Hennessey (Last Name) (I contribution, provide a libution on the line above	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking
Full name of candidate:25 Amount of contribution \$	Hennessey (Last Name) (I contribution, provide a libution on the line above	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate:25 Amount of contribution \$	Hennessey (Last Name) (I contribution, provide a libution on the line above	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate:25 Amount of contribution \$	Hennessey (Last Name) (I contribution, provide a libution on the line above	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate:25 Amount of contribution \$	Hennessey (Last Name) (I contribution, provide a libution on the line above	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate: 25 Amount of contribution \$ f the contribution is an in-kind actual cost of the in-kind contribution is an in-kind contribution.	Hennessey (Last Name) (I contribution, provide a libution on the line above	Martha (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate:25 Amount of contribution \$	Hennessey (Last Name) O d contribution, provide a libution on the line above word "estimate."	Martha (First Name) Office Candidate is a description of the good re for amount of contribu	(Middle Name/Initial) Senate Seeking s or services provided, and enter
Full name of candidate: 25 Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	Hennessey (Last Name) (I contribution, provide a libution on the line above word "estimate."	Martha (First Name) Office Candidate is a description of the good re for amount of contribute.	(Middle Name/Initial) Senate Seeking Is or services provided, and entertion. If the actual cost is not known.
Full name of candidate: 25 Amount of contribution \$ If the contribution is an in-kind	Hennessey (Last Name) O d contribution, provide a libution on the line above word "estimate."	Martha (First Name) Office Candidate is a description of the good re for amount of contribu	(Middle Name/Initial) Senate Seeking s or services provided, and enter

New Hampshire Hospital A			
(Name of pa	rtnership, firm or corporation)	- 	
III. Name of Client			Date
Political Contributions For each political contrib client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Ward	Ruth	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	300	Office Candidate i	s Secking Senate
		ve for amount of contrib	
enter an estimated value and	the word "estimate."	ve for amount of contrib	ds or services provided, and enter to ution. If the actual cost is not known the second cost is not kno
enter an estimated value and	the word "estimate."		ution. If the actual cost is not know
enter an estimated value and	Watters (Last Name)	David (First Name)	ution. If the actual cost is not know
Full name of candidate: Amount of contribution S of the contribution is an in-keetual cost of the in-kind co	Watters (Last Name) 250 Cind contribution, provide ntribution on the line abo	David (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution S	Watters (Last Name) 250 Cind contribution, provide ntribution on the line abo	David (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Sceking ds or services provided, and enter the

(Name of partre	ership, firm or corporation)		
III. Name of Client	•	· -	Date
Political Contributions For each political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:		Elect House Democrats	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25	60	Office Candidate i	s Seeking House
	Kahn		
Full name of candidate:	Kahn (Last Name)	Jay (First Name)	
Full name of candidate:25 Amount of contribution \$1	Kahn (Last Name) O I contribution, provide ibution on the line abo	Jay (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Senate s Secking ds or services provided, and enter the
Full name of candidate: 25 Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	Kahn (Last Name) O I contribution, provide ibution on the line abo	Jay (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate:25 Amount of contribution \$16 If the contribution is an in-kind actual cost of the in-kind contr	Kahn (Last Name) O I contribution, provide ibution on the line about word "estimate."	Jay (First Name) Office Candidate is a description of the good ve for amount of contrib	(Middle Name/Initial) Senate s Secking ds or services provided, and enter the

(Name of pa	rtnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate: _		lect House Republicans	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate i	s Seeking House
			
	The STEVE PAC		
Full name of candidate:	The STEVE PAC		
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial) House s Seeking
Amount of contribution \$	(Last Name) 250 ind contribution, provide ntribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contrib	(Middle Name/Initial)
Amount of contribution \$ If the contribution is an in-kactual cost of the in-kind co	(Last Name) 250 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good ve for amount of contrib	(Middle Name/Initial) House s Secking ds or services provided, and enter the

(Name of par	tnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyist	-		oter 664 paid on behalf of the
Full name of candidate: _	Friends	of Chris Sununu	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1000	Office Candidate	is Seeking Governor
	Morse	Chuck	
Full name of candidate:	Morse (Last Name)	Chuck (First Name)	(Middle Name/Initial)
_	(Last Name) 500	(First Name)	(Middle Name/Initial) Senate s Seeking
Amount of contribution \$ If the contribution is an in-katual cost of the in-kind cost	(Last Name) 500 ind contribution, provide	(First Name) Office Candidate is a description of the goo	Senate s Seeking
Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind cor enter an estimated value and	(Last Name) 500 ind contribution, provide	(First Name) Office Candidate is a description of the goo	•
Full name of candidate: _ Amount of contribution \$ _ If the contribution is an in-k actual cost of the in-kind cor enter an estimated value and	(Last Name) 500 ind contribution, provide atribution on the line about the word "estimate."	(First Name) Office Candidate i a description of the goove for amount of contrib	Senate s Seeking ds or services provided, and enter the

(Name of par	mership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribu client/lobbyist and lobbyir			oter 664 paid on behalf of the
Full name of candidate: _	NH Committee to Elect House Democrats (Last Name) (First Name) (Middle Name/Initial)		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate i	s Secking House
	Carson	Sharon	
Full name of candidate: _	Carson (Last Name)	Sharon (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Senate Secking
Amount of contribution \$	(Last Name) 250 nd contribution, provide tribution on the line about	(First Name) Office Candidate is a description of the good	•
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind con	(Last Name) 250 nd contribution, provide tribution on the line about	(First Name) Office Candidate is a description of the good	Senate Secking Is or services provided, and enter the

	ssociation		
(Name of par	tnership, firm or corporation)		
III. Name of Client	_ _	<u></u> -	Date
Political Contributions For each political contribuctions client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	NH Senate Democratic Caucus (Last Name) (First Name) (Middle Name/Initial)		
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500	Office Candidate i	is Seeking <u>Senate</u>
Full name of analidates	Feltes	Dan	
Full name of candidate: _	Feltes (Lasi Name)	Dan (First Name)	(Middle Name/Initial)
_		(First Name)	(Middle Name/Initial) Senate s Secking
	(Last Name) 500 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Sanota
Amount of contribution S If the contribution is an in-kine contribution is an in-kine contribution in-kine	(Last Name) 500 Ind contribution, provide stribution on the line abouthe word "estimate." Chandley	(First Name) Office Candidate is a description of the good	Senate s Seeking
Amount of contribution S	(Last Name) 500 Ind contribution, provide stribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contrib	Senate s Seeking ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) Peace 7/9/19 (Date)
Paula Minnehan
(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): April 24, 2019 🕱 July 31, 2019 🔯 October 30, 2019

January 29, 2020

January 20, 2 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.

(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): April 24, 2019 🖾 July 31, 2019 🐼 October 30, 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 wear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Stephen Ahnen

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 pa	rtnership, firm, or corpo	oration:				
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any			
particular client):						
Date of Report (check	one):					
April 24, 2019 🐼	July 31, 2019 🙀	October 30, 2019 🗆	January 29, 2020 □			
			nd Expenses described above, and umber of Addendum forms being			
Addendum A(s).					
Addendum B(s).					
Addendum C(s).					
	rm that the foregoing in f my knowledge and bel		nt and each Addendum is true and			
(Signature of lobbyist)	Baw News	-	7/15/19 (Date)			
Kathleen Bizarro-Thuni	perg					

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): April 24, 2019 🔉 July 31, 2019 🔀 October 30, 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. 9 July 2019 Nick Carano