

# STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



(RSA)
PLEASE PRINT

1. Name of Lobbylst(s) Sabrina	Dunlap	<u> </u>	
II. Name of lobbyist's partnership,			
Elevance Health, and its	Affiliates		
(Name of partnership	, firm or corporation)		<del></del>
1155 Elm Street Business Address: (Street)	<u>Manchester</u>	NH	03101
• •	(Town/City)	(State)	(Zip Code)
( ) <u>(603)-703-8073</u> (Telephone)	( )	e-mail <u>compliance n</u>	h_elevance_2@multistate.us
III. This statement covers: (Choos reportable expense transactions w	e one — file separate reports for e hich are not attributable to any o	ach client, OR you may ne client).	file a separate report for
7	ring in the months prior to the repo		following client:
Elevance Health, and its Affilia (Full Name o	ates f Client as it appears on the Lobbyist R	egistration Form)	
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Report April 26, 20 Reports cover: activity from date of October 25, activity from 7/1/	registration to 3/31/23 acti	July 26, 2023 vity from 4/1/23 to 6/30/23 January 31, 2024 from 10/1/23 to 12/31/23	
V. There have been no fees rec If this box is checked, complete just State House, Room 204, Concord, N	this form and submit it to the Secre	actions made since th tary of State's Office, 10	e last report
If you have paid an honorarium	e attached: de expenditures, you must file Add or reimbursed expenses, you must y has made political contributions,	file Addendum B— Rep	ort of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know  (Signature of lobbyist)  (Print Name of lobbyist)	wledge and belief.	wear or affirm that the fo	

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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Sabrina Dunlap	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Elevance Health, and its Affiliates (Name of partnership, firm or corporation)	
III. Name of Client Elevance Health, and its Affiliates	Date 1 18 24
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 groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _30,000.00
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) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>30,000.00</u>
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. 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 the 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 expendividual 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 greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid apenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25.00 for the of greater than \$25, purchase of a trans \$25, but not greater than \$50, 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.	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	ŋ\$
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:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
20	1/18/24
(Signature of lobbyist)	(Date)
Sabrina Dunlage	
(Print Name of lobbyist)	