

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

Paula Minnehan, Steve Ahnen, Kathy Bizarro-Thunberg, Nick Carano

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APR 1 9 2022

NEW HAMPSHIRE

DEPARTMENT OF STATE

I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association (Name of partnership, firm or corporation) 125 Airport Road NH 03301 Concord Business Address: (Street) (Town/City) (State): (Zip Code) (603) 225-0900 pminnehan@nhha.org III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 27, 2022 July 27, 2022 Reports cover: activity from date of registration to 3/31/22 activity from 4/1/22 to 6/30/22 October 26, 2022 January 25, 2023 activity from 7/1/22 to 9/30/22 activity from 10/1/22 to 12/31/22 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

(Signature of lobbyist) Paula Minnehan

and complete to the best of my knowledge and belief.

(Print Name of lobbyist)

P L E A S E P R I N

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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 groreduced 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) \$ ear)
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 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 exindividual 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 lebeing 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.	client and if expenditures are made being be filed for the lobbyist(s)/firm a aggregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political political statements.
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) \$ 29,474
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)} \$ 29,474
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)} \$ 29,474
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, 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 affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	4/14/2022
Paula Minnehan	(Date)
(Print Name of lobbyist)	
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•			
II. Name of lobbyist's par	tnership, firm or co	orporation, if any:	
New Hampshire Hosp	oital Association		
(Name of par	tnership, firm or corporation)	
III. Name of Client			Date
Political Contributions For each political contribuctions client/lobbyist and lobbyi		e pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	New Hampshire	e Senate Democratic	Caucus
F	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _		Office Candidate is Seeking S	
THE TOTAL POPULATION TO THE MILE	the word "estimate."		
		Sug	
	Prentiss	Sue (First Name)	(Middle Name/Initial)
Full name of candidate:	Prentiss (Last Name)	(First Name)	(Middle Name/Initial) Senate
Full name of candidate: Amount of contribution \$ 2	Prentiss (Last Name) 250 ind contribution, provi		Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ 2 If the contribution is an in-kactual cost of the in-kind co	Prentiss (Last Name) 250 ind contribution, provintribution on the line all the word "estimate." Cavanaugh	(First Name) Office Candidate is Seeking de a description of the goods or bove for amount of contribution	Senate services provided, and enter the . If the actual cost is not known
Full name of candidate: Amount of contribution \$ 2 If the contribution is an in-kactual cost of the in-kind coenter an estimated value and Full name of candidate:	Prentiss (Last Name) 250 ind contribution, provintribution on the line at the word "estimate."	(First Name) Office Candidate is Seeking de a description of the goods or bove for amount of contribution	Senate services provided, and enter the





I. Name of Lobbyist(s) Paul	a Minnehan, S	Steve Ahnen, Kathy Biz	arro-Thunberg, Nick Caran
II. Name of lobbyist's partr	ership, firm or	corporation, if any:	
New Hampshire Hospit	al Association	- 	
•	rship, firm or corporati		
III. Name of Client			Date
III. Name of Cheft			
Political Contributions For each political contribution client/lobbyist and lobbying			r 664 paid on behalf of the
Full name of candidate: Ri	cciardi	Denise	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25)	Office Candidate is Seeking	Senate
n., G., G	annon	Bill	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25	` ,	Office Candidate is Seeki	Sanata
	ibution on the line e word "estimate.'	above for amount of contributi	or services provided, and enter the ion. If the actual cost is not known
Full name of candidate:	Avard	Kevin	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	0	Office Candidate is Seeki	_{ing} Senate



	I. Name of Lobbyist(s) Pa	ula Minnehan, St	teve Ahnen, Kathy Bizarr	o-Thunberg, Nick Cara		
	II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association					
	(Name of partnership, firm or corporation)					
	•		Date			
	III. Name of Chent					
	Political Contributions		•			
			le pursuant to RSA Chapter 6	64 paid on behalf of the		
	client/lobbyist and lobbyis	ng firm, indicate the	iollowing:			
	Full name of candidate:	Ward	Ruth			
	rull name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
		,	Office Candidate is Seeking	enate		
	Amount of contribution \$		Office Candidate is Seeking			
		Rirdsell	Regina			
	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
	2	` ,	•	•		
	Amount of contribution \$.50	Office Candidate is Seeking			
		ntribution on the line a	ide a description of the goods or above for amount of contribution			
	Full name of candidate:	Daniels	Gary			
	Full name of candidate:	Daniels (Last Name)	Gary (First Name)	(Middle Name/Initial) Senate		





II. Name of lobbyist's par	tnersnip, firm or c	corporation, if any:	
New Hampshire Hosp			
(Name of part	nership, firm or corporation	on)	
II. Name of Client			
Political Contributions For each political contributions client/lobbyist and lobbyir		ole pursuant to RSA Chapter 6 e following:	664 paid on behalf of the
Full name of candidate:	Whitley	Becky	
	(Last Name)	•	(Middle Name/Initial)
Amount of contribution \$ 2	50	Office Candidate is Seeking	Senate
ctual cost of the in-kind con	tribution on the line a	above for amount of contribution	n. If the actual cost is not know
ectual cost of the in-kind con enter an estimated value and	atribution on the line at the word "estimate."	above for amount of contribution	n. If the actual cost is not know
ctual cost of the in-kind con inter an estimated value and	tribution on the line at the word "estimate." Watters	above for amount of contribution David	a. If the actual cost is not know
ectual cost of the in-kind content an estimated value and	watters (Last Name)	above for amount of contribution	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	Watters (Last Name) 50 ind contribution, provintribution on the line at the word "estimate."	David (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) Senate r services provided, and enter t
Full name of candidate: Amount of contribution \$	Watters (Last Name) ind contribution, proventribution on the line	David (First Name) Office Candidate is Seeking vide a description of the goods or above for amount of contribution	(Middle Name/Initial) Senate r services provided, and enter t





	rtnersnip, tirm or cor	rporation, if any:	
New Hampshire Hos	pital Association		
	rtnership, firm or corporation)		
III. Name of Client			Date
mi rame of cheme		-	
Political Contributions	i	A DOLOGIA	
ror each political contribi client/lobbyist and lobbyi			er 664 paid on behalf of the
District 1000 y 100 and 1000 y 1	ing ining interest the re		
		-	
Full name of candidate:	Perkins Kwoka	Rebecca	
un name of candidate	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution $\frac{2}{3}$	250	Office Condidate is Seeking	Senate
inount of contribution \$		Jinec Candidate is Seeking	<u> </u>
mer an estimated value and	the word restimate.		
		Davasa	
	Soucy	Donna	
Full name of candidate:	Soucy (Last Name)	Donna (First Name)	(Middle Name/Initial)
Full name of candidate:	Soucy (Last Name)		Conoto
Full name of candidate: Amount of contribution \$	Soucy (Last Name) 500 ind contribution, providentribution on the line abo	(First Name) Office Candidate is Seek a description of the goods	Senate or services provided, and enter t
Full name of candidate: Amount of contribution \$	Soucy (Last Name) 500 ind contribution, providentribution on the line abo	(First Name) Office Candidate is Seek a description of the goods	Senate or services provided, and enter the
Full name of candidate: _ Amount of contribution \$	Soucy (Last Name) 500 ind contribution, providentribution on the line abo	(First Name) Office Candidate is Seek a description of the goods	Senate or services provided, and enter the
actual cost of the in-kind co enter an estimated value and Full name of candidate:	Soucy (Last Name) 500 ind contribution, providentribution on the line about the word "estimate."	(First Name) Office Candidate is Seek a description of the goods ove for amount of contribut	Conoto



I. Name of Lobbyist(s) Pau	la Minnehan, Ste	eve Ahnen, Kathy B	izarro-Thunberg, Nick Carand
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	
New Hampshire Hospi		-	
•	ership, firm or corporation)		
			Date
Political Contributions For each political contributions	on that is renortable	nursuant to RSA Chan	oter 664 paid on behalf of the
client/lobbyist and lobbying			nor oo i para on contain of the
		_	
Full name of candidate: N	H House Dem	s Victory Commit	tee
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	0	Office Candidate is Seeki	_{ng} House
If the contribution is an in-kind actual cost of the in-kind contri	d contribution, provid	e a description of the good ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
enter an estimated value and the		0, 0 101 0 1 00 101 101	
		·	
Full name of candidate:			·
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		_ Office Candidate is See	eking
If the contribution is on in kin	d contribution provid	a a description of the soci	ds or services provided, and enter the
			oution. If the actual cost is not known,
enter an estimated value and the			
Full name of candidate:			
Full name of candidate:	(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 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) (Signature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)

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

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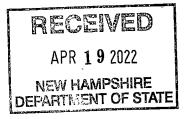
APR 1 9 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
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 27, 2022
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. (Signature of lobbyist) (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.



Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

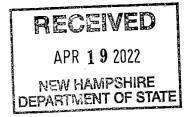
Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 27, 2022 July 27, 2022 October 26, 2022 January 25, 2023
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). X
Addendum B(s).
Addendum C(s). X
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.
(Signature of lobbyist) (Date)
(Signature of 1000yrst) (Date)
Steve Ahnen
(Print Name of lobbyist)

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: New Hampshire Hospital Association
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 27, 2022 ✓ July 27, 2022 October 26, 2022 January 25, 2023
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). X
Addendum B(s).
Addendum C(s). X
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.
(Signature of lobbyist) 4/14/22 (Date)
Kathy 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)

Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
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 27, 2022 July 27, 2022 October 26, 2022 January 25, 2023
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). X
Addendum B(s).
Addendum C(s). X
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.
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(Signature of lobbyist) (Date)
Nick Carano