

STATE OF NEW HAMPSHIRE2021 Statement of Income and Expenses

tement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

JUL 1 4 2021

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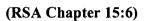
NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	byist(s) Paula Min	nehan, Steve Ahnen, Kathy B	zarro-Thunberg, Nick C	arano (
		o, firm or corporation, if any:		
Tivew maining	<u> </u>	al Association p, firm or corporation)		
125	Airport Roa	• • •	NH	03301
Business Address:		(Town/City)	(State)	
	-0900	603 225-4346	` ,	(Zip Code) an@nhha.org
(Teleph		$\frac{220 + 040}{\text{(Fax)}}$	e-mail Primition	
reportable expe	nse transactions w	e one – file separate reports for hich are not attributable to any	one client).	
All reportabl	e transactions occur	rring in the months prior to the re	porting date relative to the	following client:
ΛD	(Full Name o	f Client as it appears on the Lobbyist	Registration Form)	
OR All reportable	e transactions by the	lobbyist (including the lobbyist'	s family) or the labbuins	firm listed halam which
unrelated to any	particular client.	loody ist (including the loody ist	s laminy), or the loodying	iiiii iisted below which
If this box is ched	October 27 activity from 7/ been no fees rece	registration to 3/31/21 act. , 2021 /1/21 to 9/30/21 acc. eived and no reportable tran this form and submit it to the Sec.	July 28, 2021 January 26, 2022 January 26, 2022 Jivity from 10/1/21 to 12/31/2 sactions made since the retary of State's Office, 10	e last report.
	litional reports are			
		de expenditures, you must file Ad	dendum A – Fees and Ex	penses
If you have p	oaid an honorarium	or reimbursed expenses, you mus	st file Addendum B Rep	ort of Honorariums or
 i		has made political contributions	, you must file Addendu n	n C- Political Contribut
I have read RSA and complete to the second of the second o	the best of my know byist)	A 14-C and RSA 664 and hereby	swear or affirm that the form $\frac{7/13}{60}$	regoing information is t
Paula Minr	nehan			
(Print Name of I	obbyist)			

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



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 in 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 less being 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 by may be filed for the lobbyist(s)/firm aggregate total of all expenses pais expenses; (b) the aggregate total of a lee: meals purchased during a business stann \$10 that is given to the person dwith a value of \$25.00 or less); an orting period of greater than \$25.00 for the period of greater than \$25, purchase of o
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 21,106
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) \$

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I. Name of Lobbyist(s)	aula Minnehan, Si	teve Ahnen, Kathy Bizar	ro-Thunberg, Nick Carar
II. Name of lobbyist's p	artnership, firm or c	orporation, if any:	
New Hampshire Ho	spital Association		
<u>.</u>	partnership, firm or corporation	n)	
III. Name of Client			Date
Political Contributions For each political contril client/lobbyist and lobby	oution that is reportabl	le pursuant to RSA Chapter 6 following:	664 paid on behalf of the
Full name of candidate:	Carson (Last Name)	Sharon	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is Seeking S	Senate
	Pradlov	Jeb	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
		Office Candidate is Seeking	
	ontribution on the line al		services provided, and enter the . If the actual cost is not known,
		·	
D. II. C. II. L.	Giuda	Poh	
Full name of candidate:		Bob	(Maiddle Name (Cairle)
Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Senate

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	ership, firm or c	corporation, if any:	
New Hampshire Hospit	al Association		
,	rship, firm or corporatio	n)	
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying		le pursuant to RSA Chapter 6 following:	664 paid on behalf of the
Full name of candidate: Ri	cciardi	Denise	
	(Last Name)	· · · · · · · · · · · · · · · · · · ·	(Middle Name/Initial)
Amount of contribution \$ 250)	Office Candidate is Seeking	Senate
		Frin	
	ennessey	Erin (First Name)	(Middle Name/Initial)
Full name of candidate: He	ennessey (Last Name)		(Middle Name/Initial) Senate
Full name of candidate: He Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contri	(Last Name) (contribution, provibution on the line a	(First Name)	Senate services provided, and enter the
Full name of candidate: He Amount of contribution \$ 250 If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	(Last Name) (contribution, provibution on the line a	(First Name) Office Candidate is Seeking ide a description of the goods or	Senate services provided, and enter the
If the contribution is an in-kind	(Last Name) (Cast	(First Name) Office Candidate is Seeking ide a description of the goods or amount of contribution	Senate services provided, and enter the



I. Name of Lobbyist(s) Paula	Minnehan, S	teve Ahnen, Kathy Bizar	ro-Thunberg, Nick Carar
II. Name of lobbyist's partne	ership, firm or c	orporation, if any:	
New Hampshire Hospita			
(Name of partners	hip, firm or corporation	1)	
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying f			64 paid on behalf of the
Full name of candidate: Wa	ırd	Ruth	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250		Office Candidate is Seeking \underline{S}	enate
Full name of candidate: Ava	ard	Kevin	
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250		Office Candidate is Seeking	Senate
If the contribution is an in-kind of actual cost of the in-kind contribution and estimated value and the	ution on the line a		
Full name of candidate:	Gray	James	
Full name of candidate: Amount of contribution \$ 250	Gray (Last Name)	James (First Name)	(Middle Name/Initial) Senate



II. Name of lobbyist's partnership, firm or corp	poration, if any:	
New Hampshire Hospital Association		
(Name of partnership, firm or corporation)		
III. Name of Client		Date
Political Contributions For each political contribution that is reportable political and lobbying firm, indicate the fol		664 paid on behalf of the
Full name of candidate: Reagan	John	
(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	ffice Candidate is Seeking	Senate
	e for amount of contribution	n. If the actual cost is not know
enter an estimated value and the word "estimate."		n. If the actual cost is not know
enter an estimated value and the word "estimate." Full name of candidate: Kahn	Jay	
Full name of candidate: Kahn (Last Name)		(Middle Name/Initial)
Full name of candidate: Kahn (Last Name)	Jay (First Name) Office Candidate is Seeking a description of the goods of	(Middle Name/Initial) Senate services provided, and enter the
Full name of candidate: Kahn (Last Name)	Jay (First Name) Office Candidate is Seeking a description of the goods or the for amount of contribution	(Middle Name/Initial) Senate services provided, and enter t
Full name of candidate: Kahn (Last Name)	Jay (First Name) Office Candidate is Seeking a description of the goods or the for amount of contribution	(Middle Name/Initial) Senate services provided, and enter to the actual cost is not known.

II vame iii iiiniviei e nariiiz	rshin, firm or co	orporation, if any:	
	_	n por acion, ir any.	
New Hampshire Hospita	hip, firm or corporation)	
III. Name of Client		•	
Political Contributions For each political contribution client/lobbyist and lobbying f			664 paid on behalf of the
Full name of candidate: Ca	vanaugh	Kevin	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250		Office Candidate is Seeking	Senate
Sh	erman	Tom	
Full name of candidate: Sho	erman	Tom (First Name)	(Middle Name/Initial)
Full name of candidate: Sho	(Last Name)	Tom (First Name) Office Candidate is Seeking	(Middle Name/Initial) Senate
	(Last Name) contribution, providution on the line ab	(First Name) Office Candidate is Seeking le a description of the goods or	Senate services provided, and enter the
Amount of contribution \$\frac{250}{16}\$ the contribution is an in-kind cactual cost of the in-kind contribenter an estimated value and the	(Last Name) contribution, providution on the line ab	(First Name) Office Candidate is Seeking le a description of the goods or love for amount of contribution	services provided, and enter the
Amount of contribution \$ 250 If the contribution is an in-kind cactual cost of the in-kind contrib	Cast Name) contribution, providution on the line ab word "estimate." Gannon (Last Name)	(First Name) Office Candidate is Seeking le a description of the goods or ove for amount of contribution	Senate services provided, and enter the

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STATE OF NEW HAMPSHIRE

			Steve Ahnen, Nick Carar
II. Name of lobbyist's partne	rship, firm or corpor	ation, if any:	
New Hampshire Hospita	I Association		
(Name of partners	hip, firm or corporation)		
III. Name of Client		,	Date
Political Contributions For each political contribution client/lobbyist and lobbying f	• •	•	664 paid on behalf of the
Full name of candidate: Mo	rse	Chuck	71
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500	Office	Candidate is Seeking	Senate
Full name of candidate:	utters	David	
Full name of candidate: ***	ittoro		
	(Last Name)		(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/Initial) Senate
Amount of contribution \$ 250 If the contribution is an in-kind of actual cost of the in-kind contribution.	(Last Name) Off contribution, provide a deution on the line above for	(First Name) ice Candidate is Seeking scription of the goods or	Senate services provided, and enter the
Amount of contribution \$ 250 If the contribution is an in-kind cactual cost of the in-kind contribenter an estimated value and the	(Last Name) Officentribution, provide a deution on the line above foword "estimate." Perkins Kwoka	(First Name) ice Candidate is Seeking scription of the goods or or amount of contribution	Senate services provided, and enter the lifthe actual cost is not known
Amount of contribution \$ 250	(Last Name) Officentribution, provide a deution on the line above foword "estimate." Perkins Kwoka (Last Name)	(First Name) ice Candidate is Seeking scription of the goods or or amount of contribution	Senate services provided, and enter the



-	oartnership, firm or co	грогацон, и апу:	
New Hampshire Ho	. •		
(Name of p	partnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportable		pter 664 paid on behalf of the
Full name of candidate:	Whitley (Last Name)	Becky	
	(Last Name)	(First Name)	
Amount of contribution \$	250	Office Candidate is Seek	_{.ing} _Senate
	nd the word "estimate."		
Full name of candidate:		(First Name)	(Middle Name/Initial)
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$	(Last Name) kind contribution, provide ontribution on the line abo	Office Candidate is Se	bekingods or services provided, and enter the
Amount of contribution \$	(Last Name) kind contribution, provide ontribution on the line about the word "estimate."	Office Candidate is Se	bekingods or services provided, and enter the
Amount of contribution \$	(Last Name) kind contribution, provide ontribution on the line about the word "estimate."	Office Candidate is Se	

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

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 28, 2021 July 28, 2021 October 27, 2021 January 26, 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)

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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):
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Addendum A(s).
Addendum B(s).
✓ Addendum C(s).
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Steve Ahnen
(Print Name of lobbyist)

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DAPENDES IOI.
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
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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) (Signature of lobbyist) (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.

Name of Lobbying partnership, firm, or corporation	n: New Hampshire Hospital Association
	partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 28, 2021 July 28, 2021 Oo	stober 27, 2021 January 26, 2022
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	ation on the Statement and each Addendum is true and
Mins	
(Signature of lobbyist)	(Date)
Nick Carano	_
(Print Name of lobbyist)	