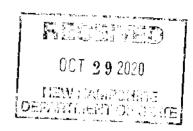


STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)



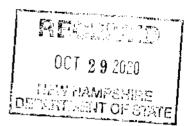
PLEASE PRINT

l. Name of Lobbyis	t(s) <u>James P. Monahan ; Susan H. Pascl</u>	<u>rell</u>
II. Name of lobbyis	t's partnership, firm or corporation, if any	γ :
The Dupont Group		
(Name of partnership, firm	n or corporation)	
29 School St. Suite: Business Address: (Street	200 Concord, NH 03301) (Town/City) (State) (Zip Code)	
(603)228-3322	(603) 228-0713	e-mail <u>imonahan@dupontgroup.com</u>
(Telephone)	(Fax)	y man priorana na dua ponte rou p.com
III. This statement expense transaction	covers: (Choose one – file separate reports is which are not attributable to any one clic	for each client, OR you may file a separate report for reportablent).
All reportable t	transactions occurring in the month prior to the	ne reporting date relative to the following client:
NH Community Bel	havioral Health Association	
<u>OR</u>	(Full Name of Client as it appear	s on the Lobbyist Registration Form)
All reportable trait to any particular clier	nsactions by the lobbyist (including the lobby it.	vist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report	April 29, 2020	July 29, 2020 □
Reports cover	activity from date of registration to 3/31/20	0 activity from 4/1/20 to 6/30/20
	October 28, 2020 X	January 27, 2021
	activity from 7/1/20 to 9/30/20	activity from 10/1/20 to 12/31/20
V. There have been If this box is checked, 03301.	no fees received and no reportable transac complete just this form and submit it to the S	tions made since the last report. Secretary of State's Office, State House, Room 204, Concord, NH
VI Check if addition	nal reports are attached:	
If you have receiv	ed fees or made expenditures, you must file	Addendum A— Fees and Expenses
☐ If you have paid a Reimbursement	n honorarium or reimbursed expenses, you m	nust file Addendum B- Report of Honorariums or Expense
If you, your firm,	or your family has made political contribution	ns, you must file Addendum C- Political Contributions.
Sworn Statement/Afi	firmation by Lobbyist	
best of my knowledge	and belief.	affirm that the foregoing information is true and complete to the
Ja The		
(6)		10/28/2020
(Signature of lobbyist)		(Date)
Susan H. Paschell		
(Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6



I. Name of Lobbyist(s)	
James P. Monahan ; Susan H. Paschell	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client NH Community Behavioral Health Association	Date 10/28/2020
IV. Fees Received Indicate the gross amount of all fees received from the client identified above including fees for services such as public advocacy, government relations, or plegislation, and related legal work. The gross fee amount reported shall not be	While relations services including recent
a) Total of all fees received in this reporting period	a) \$12600
b) Total of all fees received this calendar year, prior to this reporting period	b) \$25200
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) \$37800
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expension unrelated to any one client a separate report may be filed for the lobbyist(s)/firm categories of expenses: (a) the aggregate total of all expenses paid during the resorred office expenses; (b) the aggregate total of all individual expenses where the expenses during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person being itemized statement of each individual expenditure made during this reporting percovered by (a) (for example: purchase of a meal with value of greater than \$25, subject of lobbying with a value greater than \$25, but not greater than \$50, restation honorariums, expense reimbursement, or political contributions will be reported and the proposition of the	ditures are made by the lobbyist(s)/firm that are in. Expenses are to be reported in one of three exporting period for salaries, benefits, support staff, and benditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ng lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the given to expenses for a legislative recention).
a) Total aggregate expenses for this reporting period for salaries, benefits,	

a) \$

support staff, and office expenses, related directly or indirectly to lobbying.

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	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including by
Paid to: Amount:	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.	t the foregoing information is true and complete to the
J. The	
10/29	8/2020
(Signature of lobbyist) (Date	e)
Susan H. Paschell	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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

Sworn Statement/Affirm Statement of Income and				
Name of Lobbying partne	rship, firm, or corporatio	on: The Dupont (Group	
Name of Client (leave blan	nk if Statement is for the	e partnership, firm, or corpo	ration and not related to any particula	ìľ
client): NH Community	Behavioral Health Ass	ociation		_
Date of Report (check on	e):			
April 29, 2020 🗌	July 29, 2020 🗌	October 28, 2020 X	January 27, 2021 □	
		-	enses described above, and the deendum forms being submitted):	
_Addendum A(s).				
0 Addendum B(s).				
<u>0</u> Addendum C(s).				
the best of my knowledge	and belief.	ation on the Statement and	each Addendum is true and complete	to
Jr The				
(Signature of lobbyist)		10/28 (Date	/ <u>/2020</u>)	
James P. Monahan				
(Print Name of lobbyist)				