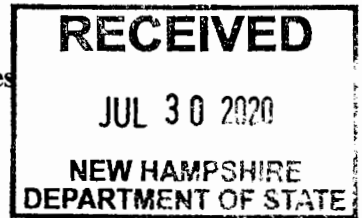




STATE OF NEW HAMPSHIRE
2020 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Michael Dennehy & Alexander Koutraubas

II. Name of lobbyist's partnership, firm or corporation, if any:

DENNEHY & BOULEY LLC

(Name of partnership, firm or corporation)

17 DEPOT ST., STE. 3 CONCORD NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)

(603) 228-1601 () e-mail _____
(Telephone) (Fax)

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:

Concord Hospital Concord Regional Healthcare

(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

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 29, 2020

Reports cover: activity from date of registration to 3/31/20

October 28, 2020

activity from 7/1/20 to 9/30/20

July 29, 2020

activity from 4/1/20 to 6/30/20

January 27, 2021

activity from 10/1/20 to 12/31/20

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 and complete to the best of my knowledge and belief.

[Signature]
(Signature of lobbyist)

Michael Dennehy
(Print Name of lobbyist)

7/20/20
(Date)



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses
Addendum A

(RSA Chapter 15:6)

PLEASE PRINT

I. Name of Lobbyist(s) Michael Dennehy & Alexander Koutroubas

II. Name of lobbyist's partnership, firm or corporation, if any: DENNEHY & BOULEY LLC

III. Name of Client Concord Hospital Concord Regional Healthcare Date 06/30/20

IV. Fees Received
Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying...

- a) Total of all fees received in this reporting period a) \$ 12,000.00
b) Total of all fees received this calendar year, prior to this reporting period b) \$ 20,000.00
c) Total of all fees received to date c) \$ 32,000.00
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 all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client...

- 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 f) \$ _____

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

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 the foregoing information is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

Michael Dennehy
(Print Name of lobbyist)



(Date)

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/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: DENNEHY & BOULEY LLC

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Concord Hospital Concord Regional Healthcare

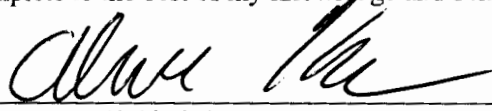
Date of Report (check one):

April 29, 2020 July 29, 2020 October 28, 2020 January 27, 2021

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):

X 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)

7/20/20
(Date)

Alexander Koutroubas
(Print Name of lobbyist)