## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

APR 23 2019

I. Name of Lobbyist(s) Katherine Cole	NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's partnership, firm or corporation, i	
Tufts Associated Health Maintenance	• Organization
(Name of partnership, firm or corporation)	Organization
705 Mount Auburn Street Watertown	MA 02472
Business Address: (Street) (Town/City)	(State) (Zip Code)
( ) <u>(617) 972-9400 x 85172</u> ( ) <u>(Filephone)</u>	c-mail <u>Katherine Cole@tufts-he</u> alth.com
III. This statement covers: (Choose one – file separate representable expense transactions which are not attributab	orts for each client, OR you may file a separate report for e to any one client).
□ All reportable transactions occurring in the months prior	to the reporting date relative to the following client:
Tufts Health Freedom Plan	
(Full Name of Client as it appears on the	Lobbyist Registration Form)
OR	
unrelated to any particular client.	obbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 24, 2019 X  Reports cover: activity from date of registration to 3/31/19	July 31, 2019
October 30, 2019  activity from 7/1/19 to 9/30/19	January 29, 2020   activity from 10/1/19 to 12/31/19
V. There have been no fees received and no reportal lf this box is checked, complete just this form and submit it to Concord, NH 03301.	le transactions made since the last report.   the Secretary of State's Office, State House, Room 204,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you mus	file Addendum A Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, Expense Reimbursement	
☐ If you, your firm, or your family has made political contr	butions, 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 and complete to the best of my knowledge and belief.	hereby swear or affirm that the foregoing information is true
Katherine L Cole	4/22/19
(Signature of lobbyist)	(Date)
Katherine L Cole	
(Print Name of lobbyist)	

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## Name of Lobbyi

## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Katherine Cole		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Tufts Associated Health Maintenance Organization		
(Name of partnership, firm or corporation)		
III. Name of Client Tufts Health Freedom Plan	Date _	4/22/19
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, o	or public relations service
a) Total of all fees received in this reporting period	a) \$	\$18,787
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) <b>\$</b> ear)	\$0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	\$18,787
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$	\$0.00
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 lesseing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this reporting 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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and it may be file aggregate expenses; (b) e: meals pross than \$10 d with a varting periode of greater than \$25 expense r	f expenditures are made bed for the lobbyist(s)/firm total of all expenses pair total of all expenses pair total of a purchased during a business that is given to the personalue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of the but not greater than \$50 eimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$	\$0.00
in a), of \$25 or less.	b) \$	\$0.00
a). Total of all itemized expenditures reported in detail in section VI	2 (2	\$0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	\$0.00
c) 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)	c) \$	\$0.00
f) Total of all expenses year to date	f) <b>\$</b>	\$0.00
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 fee	s during this reporting
Paid to:	Amount:	
	s	
	\$	
	s	
	\$	<u> </u>
	<b>s</b>	
Sworn Statement/Affirmation by Lobbyist		••••••
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the fo	oregoing information
Katherine L. Cole	4	/22/19
(Signature of lobbyist)	1)	Date)
Katherine Cole		
(Print Name of lobbyist)		

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