(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Christine Cooney I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: Cigna Corporate Services, LLC (Name of partnership, firm or corporation) CT 06002 900 Cottage Grove Rd., B6LPA Bloomfield (Town/City) (State) (Zip Code) Business Address: (Street) Christine.Cooney@Cigna.com 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: Cigna Corporate Services, LLC (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. July 26, 2023 April 26, 2023 IV. Date of Report activity from 4/1/23 to 6/30/23 activity from date of registration to 3/31/23 Reports cover: October 25, 2023 January 31, 2024 activity from 7/1/23 to 9/30/23 activity from 10/1/23 to 12/31/2 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. January 25, 2024 (Signature of lobbyist) Christine Cooney

P E A S \mathbf{E} P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Christine Cooney	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Cigna Corporate Services, LLC	
(Name of partnership, firm or corporation)	
III. Name of Client Cigna Corporate Services, LLC	_{Date} January 25, 2024
to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses: a) Total of all fees received in this reporting period 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 y	a) \$ 0 b) \$ 0
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>0</u>
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 and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

- 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 in a), of \$25 or less. c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4,892.14
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) \$ <u>19,364.69</u>
f) Total of all expenses year to date	f) \$ 24,256.83
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 fees during this reporting
Paid to:	Amount:
None	\$
,	\$
·	\$
	\$
	\$
	\$
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.	m that the foregoing information
Christing Mooning	1/25/24
(Signature of lobbyist) Christina Coopey	(Date)
Christine Cooney (Brint Name of Johnwint)	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Christin	ne Cooney		_
II. Name of lobbyist's partners	ship, firm or corpo	ration, if any:	
Cigna Corporate Services	, LLC	•	
•	, firm or corporation)		
III. Name of Client Cigna Col	rporate Services	, LLC	_{_Date} January 31, 2024
Political Contributions For each political contribution t client/lobbyist and lobbying firm	hat is reportable pur	rsuant to RSA Chaptowing:	er 664 paid on behalf of the
Full name of candidate: Wat	ters	David	
		(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500.0	00offic	e Candidate is Seeking	State Senate
Full name of candidate: Sou	CV	Donna	
ruii name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1000	.00 Of	fice Candidate is Seeki	State Conete
If the contribution is an in-kind con actual cost of the in-kind contribution enter an estimated value and the wo	tribution, provide a de on on the line above fo	escription of the goods or amount of contributi	or services provided, and enter the ion. If the actual cost is not known,
Full name of candidate:	D'Allesandro	Lou	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 750.0)U _{Of}	fice Candidate is Seeki	" State Senate

I. Name of Lobbyist(s)	Christine Cooney	•	
II. Name of lobbyist's pa	artnership, firm or	corporation, if any:	
Cigna Corporate So	ervices, LLC artnership, firm or corporation	nn)	
III. Name of Client <u>Cig</u>			Date January 31, 202
Political Contributions For each political contributions client/lobbyist and lobby	-	ole pursuant to RSA Chapter e following:	664 paid on behalf of the
Full name of candidate:	Whitley	Becky	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	500.00	_ Office Candidate is Seeking	State Senator
Full name of candidate:	Kwoka	Rebecca	Perkins
ruii name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	500.00	Office Candidate is Seekin	g State Senator
	ontribution on the line a		or services provided, and enter the services provided, and enter the services is not known. If the actual cost is not known.
Full name of candidate:	Prentiss	Sue -	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	500.00	Office Candidate is Seekin	State Senator

I. Name of Lobbyist(s)	Christine Cooney		
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
Cigna Coprporate s	Services, LLC		
	partnership, firm or corporation	on)	<u> </u>
III. Name of Client Ci	gna Corporate Se	ervices, LLC	Date January 31, 202
Political Contributions			
For each political contril client/lobbyist and lobby	bution that is reportat	ble pursuant to RSA Chapter	664 paid on behalf of the
	mg mm, marcate me	e toffowing:	
Full name of candidate:	Altschiller	、 Debra	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate is Seeking	State Senator
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	ontribution on the line a	ide a description of the goods or above for amount of contribution	services provided, and enter the services provided, and enter the services is not known.
Full name of candidate:	(Last Name)	Donovan (First Name)	(Middle Name/Initial)
	, ,	·	•
Amount of contribution \$ 5	500.00	Office Candidate is Seeking	<u>State Senator</u>
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	ontribution on the line a	ide a description of the goods or above for amount of contribution	services provided, and enter the lifthe actual cost is not known
Full name of candidate:	Chandley	Shannon	-
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	500.00	Office Candidate is Seeking	State Senator

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	nristine Cooney		
II. Name of lobbyist's pa	artnership, firm or c	orporation, if any:	
Cigna Corporate Se	ervices, LLC artnership, firm or corporation	n)	·
III. Name of Client Cigr	a Corporate Serv	ices, LLC	DateJanuary 31, 2024
Political Contributions For each political contrib client/lobbyist and lobby			r 664 paid on behalf of the
Full name of candidate:	Rosenwald	Cindy	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	00.00	Office Candidate is Seeking	State Senator
	Wilhelm	Matthew	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 7	,	,	ng State Representative
1 1			
	ntribution on the line ab		or services provided, and enter the on. If the actual cost is not known,
actual cost of the in-kind co	ntribution on the line ab		
actual cost of the in-kind co	ntribution on the line ab I the word "estimate." Wallner	oove for amount of contribution	on. If the actual cost is not known,
actual cost of the in-kind co	ntribution on the line abit the word "estimate," Wallner (Last Name)	Mary Jane (First Name)	

(turn over to continue \rightarrow)

I. Name of Lobbyist(s)	hristine Cooney		
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
Cigna Corporate S	_	•	
	partnership, firm or corporation	on)	
III. Name of Client Cig	na Corporate Se	rvices, LLC	Date January 31, 2024
Political Contributions For each political contril client/lobbyist and lobby	oution that is reportal	ble pursuant to RSA Chapter e following:	664 paid on behalf of the
Full name of candidate:		Peter	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 2	250.00	Office Candidate is Seeking	State Representative
Full name of candidate:	(Last Name)	Jeffrey	(1811) N. (811)
Amount of contribution \$ 2		(First Name) Office Candidate is Seeking	(Middle Name/Initial) State Representative
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	ntribution on the line a	ide a description of the goods o	r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	McAleer (Last Name)	Chris	
Amount of contribution \$ 2	,	(First Name) Office Candidate is Seeking	(Middle Name/Initial) State Representative



I. Name of Lobbyist(s) C	hristine Cooney		
II. Name of lobbyist's pa	rtnership, firm or c	corporation, if any:	
Cigna Corporate Se	ervices, LLC		
(Name of pa	rtnership, firm or corporatio	n)	
III. Name of Client Cigr	ia Corporate Sen	vices, LLC	Date January 31, 2024
Political Contributions			
For each political contrib		le pursuant to RSA Chapter 6	64 paid on behalf of the
client/lobbyist and lobbyi	ng firm, indicate the	following:	
T. 11	I/m inte	Ioune	
Full name of candidate:	(Last Name)	Jerry (First Name)	(Middle Name/Initial)
Amount of contribution \$ _5	500.00	Office Candidate is Seeking S	
,	,		•
		ide a description of the goods or subove for amount of contribution.	
enter an estimated value and			,
			
			
Full name of candidate:	Bradley	Jeb	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _1	000.00	Office Candidate is Seeking	State Senator
If the contribution is an in-k	ind contribution, provi	de a description of the goods or	services provided, and enter the
actual cost of the in-kind cost	ntribution on the line a	bove for amount of contribution.	
enter an estimated value and	the word "estimate."		
			
Full name of candidate:	Gannon	Bill	· · · · · · · · ·
run name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	:nn nn	Office Candidate is Seeking	State Senator

I. Name of Lobbyist(s) _	Christine Cooney	·	
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
Cigna Corporate S	ervices. LLC		
(Name of p	partnership, firm or corporation	on)	
III. Name of Client Cigr	na Corporate Sen	vices, LLC	Date January 31, 2024
Political Contributions			
For each political contril	oution that is reportab	ole pursuant to RSA Chapter	664 paid on behalf of the
client/lobbyist and lobby	ring firm, indicate the	e following:	
Full name of candidate:	Gray	James	Р
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ \frac{1}{2}	500.00	Office Candidate is Seeking	State Senator
Full name of candidate:		Denise	<u></u> _
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	500.00	Office Candidate is Seeking	State Senator
If the contribution is an in-lactual cost of the in-kind coenter an estimated value and	intribution on the line a	de a description of the goods or bove for amount of contribution	services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	Pearl	Howard	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	.00.00	Office Candidate is Seeking	

I. Name of Lobbyist(s) <u>C</u>	<u> hristine Cooney</u>		
II. Name of lobbyist's pa	ırtnership, firm or	corporation, if any:	
Cigna Corporate Se		. , ,	
(Name of pa	artnership, firm or corporati	on)	
III. Name of Client Cig	na Corporate Se	rvices, LLC	
Political Contributions For each political contrib client/lobbyist and lobby		ble pursuant to RSA Chapter e following:	664 paid on behalf of the
Full name of candidate:	Abbas	Daryl	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	500.00	_ Office Candidate is Seeking _	State Senator
Full name of candidate:	Avard (Last Name)	Kevin (First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	, ,	Office Candidate is Seeking	,
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ntribution on the line	ride a description of the goods or above for amount of contribution	r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:	New Hampshire (Last Name)	Committee to Elect Hou (First Name)	use Democrats (Middle Name/Initial)
Amount of contribution \$	1500.00	Office Candidate is Seeking	,

I. Name of Lobbyist(s) Christine Cooney	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Cigna Corporate Services, LLC	
(Name of partnership, firm or corporation)	
III. Name of Client Cigna Corporate Services, LLC Date Janua	ry 31, 2024
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behacilent/lobbyist and lobbying firm, indicate the following:	alf of the
Full name of candidate: New Hampshire Senate Democratic Caucus (Last Name) (First Name) (Middle Name/Ir	.itial\
Amount of contribution \$ 2000.00 Office Candidate is Seeking	•
If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost enter an estimated value and the word "estimate."	l, and enter the it is not known,
Full name of candidate: Committee to Elect House Republicans PAC	
(Last Name) (First Name) (Middle Name/In	•
Amount of contribution \$ 1500.00 Office Candidate is Seeking	
If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost enter an estimated value and the word "estimate."	, and enter the t is not known,
Full name of candidate: NH Senate Republicans PAC	
(Last Name) (First Name) (Middle Name/In	itial)
Amount of contribution \$ 2000.00 Office Candidate is Seeking	

I. Name of Lobbyist(s) _C	hristine Cooney		
II. Name of lobbyist's pa	artnership, firm or o	corporation, if any:	
Cigna Corporate Se	ervices, LLC artnership, firm or corporation	on)	
III. Name of Client Cig	na Corporate Se	rvices, LLC	Date January 31, 2024
Political Contributions For each political contributions client/lobbyist and lobby		ole pursuant to RSA Chapter (e following:	664 paid on behalf of the
Full name of candidate:		Sharon	0.7.18 N
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	600.00	Office Candidate is Seeking _	State Senator
actual cost of the in-kind co	entribution on the line a	ide a description of the goods or above for amount of contribution	services provided, and enter the If the actual cost is not known,
Full name of candidate:	Innis	Daniel	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	00.00	Office Candidate is Seeking	State Senator
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ntribution on the line a	ide a description of the goods or above for amount of contribution	services provided, and enter the . If the actual cost is not known,
Full name of candidate:	Lang	Tim	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seeking	

I. Name of Lobbyist(s)	hristine Cooney					
II. Name of lobbyist's par	tnership, firm or c	corporation, if any:				
Cigna Corporate Services, LLC						
(Name of part	nership, firm or corporatio	on)				
III. Name of Client Cigna	<u>Corporate Sen</u>	vices, LLC	_Date <u>January 31, 2024</u>			
Political Contributions For each political contribu client/lobbyist and lobbyin	tion that is reportab g firm, indicate the	ole pursuant to RSA Chapter following:	664 paid on behalf of the			
Full name of candidate:	Birdsell	Regina				
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of contribution \$ _5	00.00	Office Candidate is Seeking _	State Senator			
	Destand					
Full name of candidate:	Packard (Last Name)	Sherman (First Name)	(Middle Name/Initial)			
Amount of contribution \$ 10		. ,	State Representative			
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line al	de a description of the goods or bove for amount of contribution	services provided, and enter the a. If the actual cost is not known,			
						
Full name of candidate: P	otucek (Last Name)	John (First Name)	(Middle Name/Initial)			

I. Name of Lobbyist(s) Christine Cooney					
II. Name of lobbyist's partnership, firm or corporation, if any:					
Cigna Corporate Se	rvices, LLC				
	artnership, firm or corporation	n)			
III. Name of Client Cig	na Corporate Ser	vices, LLC	Date January 31, 2024		
Political Contributions					
		le pursuant to RSA Chapter 6	664 paid on behalf of the		
client/lobbyist and lobby	ing firm, indicate the	Tollowing:			
		,			
Full name of candidate:	Berry	Ross			
i un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 2	250.00	Office Candidate is Seeking _	State Representative		
	ontribution on the line a		services provided, and enter the . If the actual cost is not known,		
Full name of candidate:	Hunt	John			
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ _	500:00	Office Candidate is Seeking	State Representative		
	entribution on the line a		services provided, and enter the . If the actual cost is not known,		
Full name of and date.	Osborno	lacon			
Full name of candidate:	(Last Name)	Jason (First Name)	(Middle Name/Initial)		
Amount of contribution \$	500.00	Office Candidate is Seeking	State Representative		

I. Name of Lobbyist(s)	Christine Cooney		
II. Name of lobbyist's p	artnership, firm or	corporation, if any:	
Cigna Corporate S	ervices, LLC partnership, firm or corporation	on)	
III. Name of Client Cig	na Corporate Sei	vices, LLC	Date January 31, 2024
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportal	ole pursuant to RSA Chapter e following:	664 paid on behalf of the
Full name of candidate:	Infantine (Last Name)	William (First Name)	(Middle New /Litin)
A	, ,	•	(Middle Name/Initial)
Amount of contribution \$ 1	250.00	Office Candidate is Seeking _	State Representative
actual cost of the in-kind c enter an estimated value ar	ontribution on the line a	above for amount of contribution	r services provided, and enter the n. If the actual cost is not known,
Full name of candidate:		Keith	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250.00	Office Candidate is Seeking	State Representative
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	ontribution on the line a	ide a description of the goods or	services provided, and enter the n. If the actual cost is not known,
Full name of candidate:		Jess	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 5	500.00	Office Condidate is Socking	State Representative

I. Name of Lobbyist(s) Chr	stine Cooney		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
Cigna Corporate Servi (Name of partn	ices, LLC ership, firm or corporation	n)	
III. Name of Client Cigna	Corporate Serv	rices, LLC	Date <u>January 31, 2024</u>
Political Contributions For each political contribution client/lobbyist and lobbying		le pursuant to RSA Chapter of following:	664 paid on behalf of the
Full name of candidate:	Post	Lisa	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25	0.00	Office Candidate is Seeking _	State Representative
Full name of candidate:			
			(Middle Name/Initial)
Amount of contribution \$		Office Candidate is Seeking	3
	ibution on the line a		services provided, and enter the n. If the actual cost is not known,
Full name of candidate:		·	
	(Last Mame)	(First Nama)	(Middle Nome/Initial)
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking	(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) 1/25/24 (Date)
Christine Cooney (Print Name of lobbyist)

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