2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE

I. Name of Lobbyist(s) Stephen A II. Name of lobbyist's partnership,			•
• •	-	<i>y</i> •	
New Hampshire Hospital Associated (Name of partnership,			
125 Airport Road	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	
(603) 225-0900	(603) 225-4346	e-mail	pminnehan@nhha.org
(Telephone)	(Fax)	v	
III. This statement covers: (Choose reportable expense transactions wh	ich are not attributable to	any one client).	
(Full Name of OR	Client as it appears on the Lob	obyist Registration Form))
☐ All reportable transactions by the lunrelated to any particular client.	obbyist (including the lobb	oyist's family), or the l	obbying firm listed below which are
IV. Date of Report April 29, 202		July 29, 2020	
Reports cover: activity from date of r October 28,	- ,	activity from 4/1/20 to January 27, 20	_
activity from 7/1.		activity from 10/1/20	
If you have received fees or made	is form and submit it to the 103301. attached: expenditures, you must file	e Secretary of State's (le Addendum A — Fee	Office, 107 North Main Street, s and Expenses
	r reimbursed expenses, you	u must file Addendum	B – Report of Honorariums or
	has made political contribu	itions, you must file A	ddendum C- Political Contribution
VI. Check if additional reports are If you have received fees or made If you have paid an honorarium of Expense Reimbursement If you, your firm, or your family Sworn Statement/Affirmation by L. I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowledge.	e expenditures, you must fil r reimbursed expenses, you has made political contribu obbyist 14-C and RSA 664 and he	u must file Addendum utions, you must file A o	n B – Report of Honorariums ddendum C– Political Cont
nature of lobbyist)			(Date)
Paula Minnehan			
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paula Minnehan, Stephen Ahnen, Kathleen Bizarro	o-Thunberg, Nick Carano		
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 greeduced 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 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 examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing 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 greate 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 a aggregate total of all expenses paix expenses; (b) the aggregate total of all expenses; (a) the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political		
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$10,572		
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) \$10,572
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) \$86,642
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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 foregoing information
(Signature of lobbyist) (Signature of lobbyist)	13/3/2020 (Date)
Paula Minnehan	
(Print Name of lobbyist)	



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

11. Name of lobbyist's pa	artnership, firm or cor	poration, it any:	
New Hampshire Ho	spital Association		
(Name of p	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby	oution that is reportable	-	ter 664 paid on behalf of the
Full name of candidate:	Committee to Elect Ho		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate is	Seeking House
Full name of condidate:	Committee to Elect Hous	se Democrats	
Full name of candidate:	Committee to Elect House (Last Name)	se Democrats (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	se Democrats (First Name) Office Candidate is	,
Amount of contribution \$ _ If the contribution is an in-	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking House Is or services provided, and enter the
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	(Last Name) 500 kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contribu	,
Amount of contribution \$	(Last Name) 500 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking House Is or services provided, and enter the



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

II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of p	articismp, min or corporation)		
III. Name of Client Date		Date	
Political Contributions			
For each political contrib	oution that is reportable	pursuant to RSA Chapter 6	64 paid on behalf of the
client/lobbyist and lobby	ring firm, indicate the fo	llowing:	
Full name of candidate:	Morse	Chuck	
	(Last Name)	(First Name)	(Middle Name/Initial)
		,	
Amount of contribution \$ _	500	Office Candidate is See	king Senate
-			
Full name of candidate:	New Hampshire Senate		
Full name of candidate:	New Hampshire Senate (Last Name)	Democratic Caucus (First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	
Amount of contribution \$ _	(Last Name)	(First Name) Office Candidate is Seel	king Senate
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co	(Last Name) 250 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is Seel a description of the goods or	king Senate services provided, and enter th
Amount of contribution \$_ If the contribution is an in- actual cost of the in-kind countries an estimated value an	(Last Name) 250 kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is Seel a description of the goods or we for amount of contribution.	king Senate services provided, and enter th
Amount of contribution \$ _ If the contribution is an in- actual cost of the in-kind co enter an estimated value an	(Last Name) 250 kind contribution, provide ontribution on the line about the word "estimate." Senator Chuck Morse	(First Name) Office Candidate is Seel a description of the goods or we for amount of contribution.	services provided, and enter the services provided, and enter the setual cost is not know
	(Last Name) 250 kind contribution, provide ontribution on the line about the word "estimate."	(First Name) Office Candidate is Seel a description of the goods or we for amount of contribution.	



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

I. Name of Lobbyist(s)	Paula Minnehan, Steph	en Ahnen, Kathleen Biza	rro-Thunberg, Nick Carano
II. Name of lobbyist's pa	ortnership, firm or co	poration, if any:	
New Hampshire Ho	ospital Association		
(Name of page 1)	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions		P.G. 4. C1	
For each political contribution client/lobby is and lobby			oter 664 paid on behalf of the
chemoloodyist and loody	ing mini, mulcate the ic	mowing.	
	"" 		
Full name of candidate:	Committee to Elect H	·	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	500	Office Candidate i	s Seeking House
Full name of candidate:	Committee to Elect Ho	use Democrats	
run name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
A	E00	Office Condidate is	- Saakina House
Amount of contribution \$ _	300	Office Candidate is	s Seeking House
	ontribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	Soucy	Donna	(Madame President PAC)
1 an name of canadate.	(Last Name)	(First Name)	(Middle Name/Initial)

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 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):
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)

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
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Date of Report (check one):
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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):
$\sqrt{}$ 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)
Stephen Ahnen
(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: 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 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):				
$\sqrt{}$ Addendum A(s).				
Addendum B(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)				
Kathleen 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: _	New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the part	nership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 29, 2020 □ July 29, 2020 □ Octobe	er 28, 2020 🗹 🛘 January 27, 2021 🗀
I have read RSA 15, RSA 15-B, RSA 664, the Statem the following Addendums submitted with that Statem submitted):	•
$\sqrt{}$ 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.	on the Statement and each Addendum is true and
(Signature of lobbyist)	3 DEC 2020 (Date)
	, ,
Nick Carano	
(Print Name of lobbyist)	