



# STATE OF NEW HAMPSHIRE

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

**P** I. Name of Lobbyist(s) Leslie Melby Steve Ahnen Kathleen Bizarro Paula Minnehan  
**L** Debbie Augustine  
**E** II. Name of lobbyist's partnership, firm or corporation, if any:  
**A** New Hampshire Hospital Association  
**S** (Name of partnership, firm or corporation)  
**E**

**P** III. Name of Client \_\_\_\_\_ Date \_\_\_\_\_  
**R**

### I Political Contributions

**N** For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
**T** client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: MERRILL AMANDA  
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking SENATOR

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."

Full name of candidate: KELLY MOLLY  
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250. SENATOR

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."

Full name of candidate: CARSON SHARON  
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 SENATOR

(turn over to continue →)



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

**A** New Hampshire Hospital Association  
**S** \_\_\_\_\_  
**E** (Name of partnership, firm or corporation)

**P** III. Name of Client \_\_\_\_\_ Date \_\_\_\_\_

**R** **I** **Political Contributions**

**N** For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
**T** client/lobbyist and lobbying firm, indicate the following:



Full name of candidate: MORSE CHUCK \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking SENATOR

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."

\_\_\_\_\_  
\_\_\_\_\_



Full name of candidate: ODELL BOB \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 SENATOR

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."

\_\_\_\_\_  
\_\_\_\_\_



Full name of candidate: GILMOUR PEGGY \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 SENATOR

(turn over to continue →)



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**I. Name of Lobbyist(s)** Leslie Melby Steve Ahnen Kathleen Bizarro Paula Minnehan  
Debbie Augustine

**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** \_\_\_\_\_

### Political Contributions

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: FORRESTER JEANIE  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking SENATOR

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."

\_\_\_\_\_  
\_\_\_\_\_

Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_

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."

\_\_\_\_\_  
\_\_\_\_\_

Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_

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."

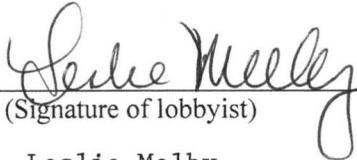
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\_\_\_\_\_

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(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)

11/2/12  
\_\_\_\_\_  
(Date)

Leslie Melby  
\_\_\_\_\_  
(Print Name of lobbyist)