



# 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** \_\_\_\_\_  
**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:

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

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE  
1/26/11

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

Amount of contribution \$ 250.00 STATE SENATE  
2/16/11

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

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

(turn over to continue →)



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**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** \_\_\_\_\_  
**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:

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Full name of candidate: FORSYTHE JIM  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE  
3/9/11

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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Full name of candidate: PRESCOTT RUSSELL  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 STATE SENATE  
3/15/11

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

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

(turn over to continue →)



STATE OF NEW HAMPSHIRE

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

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: WHITE RAYMOND (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking STATE SENATE 3/15/11

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: N.H. SENATE DEMOCRATIC CAUCUS (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 STATE SENATE 3/16/11

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 \$



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

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: GROEN FENTON (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking State Senate 3/16/11

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 \$

(turn over to continue ->)

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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(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.

Leslie Melby  
(Signature of lobbyist)

10/26/11  
(Date)

LESLIE MELBY  
(Print Name of lobbyist)

Leslie Melby

*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: 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 27, 2011

July 27, 2011

October 26, 2011

January 25, 2012

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.

Leslie Melby  
(Signature of lobbyist)

10/11/11  
(Date)

LESLIE MELBY

(Print Name of lobbyist)  
Leslie Melby

*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: 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 27, 2011       July 27, 2011       October 26, 2011       January 25, 2012

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):

  1   Addendum A(s).

  0   Addendum B(s).

  1   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)

12/18/11  
(Date)

\_\_\_\_\_  
(Print Name of lobbyist)  
Steve Ahnen

*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: 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 27, 2011       July 27, 2011       October 26, 2011       January 25, 2012

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.

Kathleen A. Bizarro  
(Signature of lobbyist)

10/13/11  
(Date)

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

Kathleen Bizarro

*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: 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 27, 2011       July 27, 2011       October 26, 2011       January 25, 2012

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):

  1   Addendum A(s).

  0   Addendum B(s).

  1   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.

*Paula M. Minnehan*  
(Signature of lobbyist)

10/12/11  
(Date)

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

Paula Minnehan

*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: 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 27, 2011       July 27, 2011       October 26, 2011       January 25, 2012

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.

Debbie Augustine  
(Signature of lobbyist)

10/11/11  
(Date)

Debbie Augustine  
(Print Name of lobbyist)

Debbie Augustine