



STATE OF NEW HAMPSHIRE

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

P I. Name of Lobbyist(s) Richard Cohen

L II. Name of lobbyist's partnership, firm or corporation, if any: Disabilities Rights Center, Inc. (Name of partnership, firm or corporation)

R III. Name of Client Date

I Political Contributions

N 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: Paul Hodes (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 37500 Office Candidate is Seeking U.S. Senate

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: Hassen Massie (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 50.00 NH Senate

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: Kuster Ann (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 150.00 US Rep.



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P I. Name of Lobbyist(s) Richard Cohen

L II. Name of lobbyist's partnership, firm or corporation, if any:
E Disabilities Rights Center, Inc.
S (Name of partnership, firm or corporation)
E

P III. Name of Client Date

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

Full name of candidate: Committee to Elect House Democrats
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 25.00 Office Candidate is Seeking

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."

Blank lines for in-kind contribution description

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."

Blank lines for in-kind contribution description

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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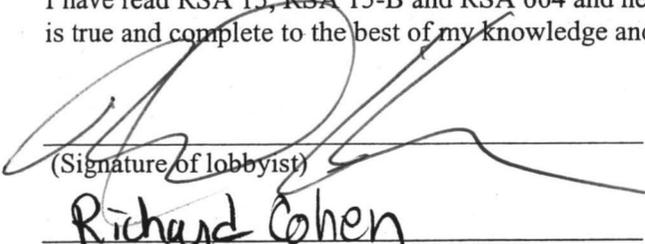
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**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)

10/21/08  
\_\_\_\_\_  
(Date)

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

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

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Disabilities Rights Center Inc.

**Date of Report (check one):**

April 28, 2010

July 28, 2010

October 27, 2010

January 26, 2011

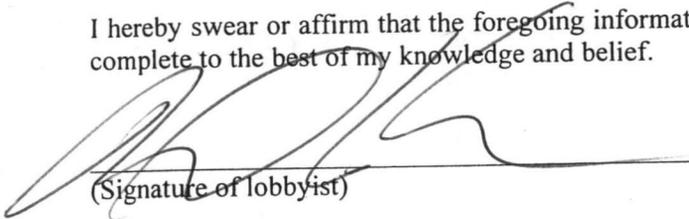
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

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)

10/27/10  
(Date)

Richard Cohen  
(Print Name of lobbyist)