



STATE OF NEW HAMPSHIRE

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

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I. Name of Lobbyist(s) Leslie Melby, Steve Ahnen, Kathleen Bizarro-Thunberg, Paula Minnehan
II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association

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: Kelly Molly
(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.

Full name of candidate: Pierce David
(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.

Full name of candidate: Soucy Donna M.
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator



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Addendum C
(RSA Chapter 15:6)

P I. Name of Lobbyist(s) Leslie Melby, Steve Ahnen, Kathleen Bizarro-Thunberg,
L Paula Minnehan
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: Gilmour Peggy
(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: Committee to Elect House Democrats
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 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."



Full name of candidate: Woodburn Jeff
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator



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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: Lasky Bette
(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.

Blank lines for in-kind contribution description

Full name of candidate: Hosmer Andrew
(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.

Blank lines for in-kind contribution description

Full name of candidate: Larsen Sylvia
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator



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II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association

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: Watters David (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.

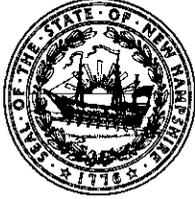
Full name of candidate: Carson Sharon (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100 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.

Full name of candidate: Forrester Jeanie (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator



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L Paula Minnehan
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: D'Allesandro Lou
(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: Stiles Nancy
(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)

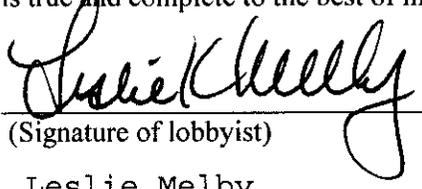
Amount of contribution \$ Office Candidate is Seeking

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."

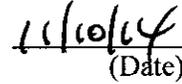
(If more than three contributions were made, report additional contributions on separate addendum C forms.)

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)



(Date)

Leslie Melby

(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: 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 30, 2014 July 30, 2014 October 29, 2014 January 28, 2015

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.

Paula M. Minnehan
(Signature of lobbyist)

11/6/14
(Date)

PAULA M. MINNEHAN
(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: 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 30, 2014 July 30, 2014 October 29, 2014 January 28, 2015

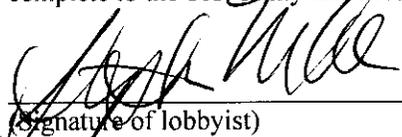
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

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)

11/6/14
(Date)

Stephen M. Ahnen
(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: 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 30, 2014 July 30, 2014 October 29, 2014 January 28, 2015

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-Thunberg
(Signature of lobbyist)

11/6/14
(Date)

KATHLEEN A. BIZARRO-THUNBERG
(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: 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): _____

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✓ 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 K Melby
(Signature of lobbyist)

11/7/14
(Date)

LESLIE K MELBY
(Print Name of lobbyist)