



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions

Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Henry D. Lipman

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

A LRG Healthcare (Name of partnership, firm or corporation)

S III. Name of Client LRG Healthcare Date 1/27/15

R 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: Josiah Bartlett Center (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 50 - Office Candidate is Seeking N/A

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 details

Full name of candidate: Hassan Maggie (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Governor

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 details

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

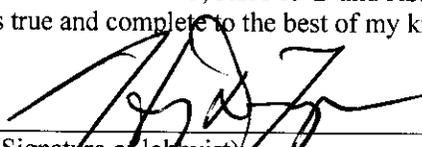
Amount of contribution \$ Office Candidate is Seeking

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)

1/27/15

(Date)

Henry D. Lipman

(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

RECEIVED
JAN 29 2015
NEW HAMPSHIRE
DEPARTMENT OF STATE

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: LRG Healthcare

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): LRG Healthcare

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)

(Print Name of lobbyist)

(Date)