



# STATE OF NEW HAMPSHIRE

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

**P** I. Name of Lobbyist(s) DONNA M. GAMACHE

**L**

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

**A**

**S**

**E**

Eversource Energy  
(Name of partnership, firm or corporation)

**P** III. Name of Client Eversource Energy Date 10/28/15

**R**

**I**

**N**

**T**

### 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: Chuck Morse, NH Senate  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100.00 Office Candidate is Seeking 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: John Regan, NH Senate  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100.00 Office Candidate is Seeking 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: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

*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: Eversource Energy

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 29, 2015

July 29, 2015

October 28, 2015

January 27, 2016

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.

Donna M. Gamache  
(Signature of lobbyist)

10/28/15  
(Date)

DONNA M. GAMACHE  
(Print Name of lobbyist)