



STATE OF NEW HAMPSHIRE

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

RECEIVED

NOV 02 2015

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Henry D. Lipman
II. Name of lobbyist's partnership, firm or corporation, if any: LRG healthcare
III. Name of Client LRG healthcare Date 10/28/2015

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: Morse Chuck (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 200 Office Candidate is Seeking 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.

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

Amount of contribution \$ 50 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.

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

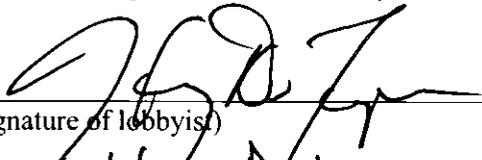
Amount of contribution \$ Office Candidate is Seeking

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)

10/28/2015

(Date)

Henry D. Lemaire

(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: 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 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):

X Addendum A(s).

___ Addendum B(s).

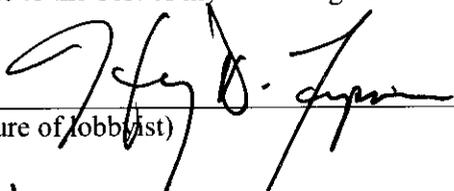
X Addendum C(s).

RECEIVED

NOV 02 2015

NEW HAMPSHIRE
DEPARTMENT OF STATE

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)

October 28, 2015
(Date)

Henry D. Lipman
(Print Name of lobbyist)