STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyis	st(s) Dick	Bonly	1 É Tyles	r Clan	Ł
	st's partnership, firm		, ,		
_		O e e la e			
	nnehy 4 lame of partnership, firm	or corporation)	, LLC		
17	Depot &	PH Col	and all	+ 0.	3301
Business Address: (Street)	(Town/City)	(State)		(Zip Code)
() <u>238</u> (Telephone	·1601 () 238 · (Fax	e-mail		
	covers: (Choose one - transactions which a		rts for each client, OR yo to any one client).	ou may file a s	eparate report for
All reportable tr	ansactions occurring in	the months prior to	the reporting date relative	to the followi	ng client:
	(Full Name of Client	as it appears on the Lo	obbyist Registration Form)		
<u>OR</u>					
All reportable tra unrelated to any part		st (including the lot	obyist's family), or the lob	bying firm list	ed below which are
IV. Date of Report Reports cover: ac.	April 26, 2017 X tivity from date of registro		July 26, 2017 (activity from 4/1/17 to 6/		
	October 25, 2017 activity from 7/1/17 to		January 31, 2013 activity from 10/1/17 to		
	d, complete just this for		e transactions made single Secretary of State's Off		
VI. Check if addition	onal reports are attacl	ned:			
-	•	-	ile Addendum A– Fees a	,	
If you have paid Expense Reimburser		bursed expenses, yo	ou must file Addendum B	- Report of Ho	onorariums or
If you, your firn	n, or your family has m	nde political contrib	utions, you must file Add	endum C- Pol	iitical Contributions
I have read RSA 15,	RSA 15-B, RSA 14-C best of my knowledge	and RSA 664 and h	ereby swear or affirm that		information is true
(Signature of lobbyi	st)			(Date)	RECEIVED
Dick 1	Bonly				APR 2 0 2017
(Print Name of lobb	yist)				MIN - 0 2011

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

a significant of the significant					
I. Name of Lobbyist(s) Dich Baly & Tyu	er Clark				
II. Name of lobbyist's partnership, firm or corporation, if any:					
Dennehy & Bonley, LLC (Name of partnership, firm or corporation)					
III. Name of Client Questifunt Medica	Date 4.21.17				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services				
a) Total of all fees received in this reporting period	a) \$ 9375				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ O				
c) Total of all fees received to date (Add lines a and b)	c) S 9375				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office ex individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$				
e) Total of all itemized expenditures reported in detail in section VI.	e) \$				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Dick Bouley (Signature of lobbyist)	4.21.17
(Signature of lobbyist)	(Date)
Dick Bolly	
(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.

(Print Name of lobbyist)

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): Date of Report (check one): July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ 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.