## STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) <u>Da</u>	vid J. Cuzzi			
II. Name of lobbyist's par	rtnership, firm or cor	poration, if any:		
D Will Co				
Prospect Hill Strategies (Name of pa	rtnership, firm or corporation)			
			D-1- 04/17/2010	
III. Name of Client			Date <u>04/17/2018</u>	<del></del>
Political Contributions For each political contributions client/lobbyist and lobbyist			ter 664 paid on behalf of	the
Full name of candidate:	David Watters			
_	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 10	0	Office Candidate i	s Seeking State Senate	
Full name of candidate:	Regina Birdsell			
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 10	0	Office Candidate is	Seeking State Senate	
If the contribution is an in-k actual cost of the in-kind co- enter an estimated value and	ntribution on the line abo			
				APR 2 + 2018
				NEW HAMPSHIRE
	Bette Lasky			DEPARTMENT OF STA
Full name of candidate:		(Pi-431)	04:441-N#-****	
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$100	a .	Office Candidate is	Seeking State Senate	

cost of the in-kind contribution estimated value and the word "e		mount of contribution. If the	he actual cost is not known, enter a		
Full name of candidate:	Bill Gannon	(B'	0.0111 N		
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 100_		Office Candidate is	Seeking State Senate		
	on the line above for a		ervices provided, and enter the actual he actual cost is not known, enter a		
Full name of candidate:	Senate Democratic Caucus				
_	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 100_		Office Candidate is	Seeking State Senate		
	on the line above for a		ervices provided, and enter the actua he actual cost is not known, enter a		
Full name of candidate:	Senate Republican		(Middle Name/Initial)		
	(Last Name)	(First Name)	,		
Amount of contribution \$ 125		Office Candidate is Seeking Executive Council			
	on the line above for a		ervices provided, and enter the actua he actual cost is not known, enter a		
Full name of candidate:	Committee to El	ect House Democrats			
-	(Last Name)	(First Name)	(Middle Name/Initial)		

Amount of contribution \$ 100	Office Candidate is Seeking _ <u>State House of Reps</u>
	rovide a description of the goods or services provided, and enter the actual ove for amount of contribution. If the actual cost is not known, enter an
Sworn Statement/Affirmation by Lobbyis	
Thave read RSA 15, RSA 15-B and RSA 6 true and complete to the best of my knowled	664 and hereby swear or affirm that the foregoing information is edge and belief.  04/17/2018
(Signature of lobbyist)	(Date)
	(2)

## 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:			Prospect Hill Strategies		
Name of Client (leave	blank if Statement is fo	or the partnership, fi	rm, or corporation and	not related to any	
particular client):					
Date of Report (check	one):				
April 25, 2018	July 25, 2018 □	October 31, 2018	3 □ January 30, 2	019 🗆	
			ome and Expenses described the number of Addendary		
Addendum A(s	s).				
Addendum B(s	3).				
Addendum C(s	s).				
I hereby swear or affir complete to the best of (Signature of lobbyist)			atement and each Adde  4/17/2018  (Date)	endum is true and	
(Signature of 1000yist)			(Bute)		
David J. Cuzzi		<del></del>			
(Print Name of lobbyis	t)				