

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of L	Lobbyist(s) Ben Bradl	ey, Steve Ahnen, Ka	thy Bizarro-Thu	ınberg
(I. Name of	lobbyist's partnership, fir	m or corporation, if any:		
New Ha	mpshire Hospital λ	Association		
	(Name of partnership, fir	m or corporation)		
125	Airport Road	Concord	NH	03301
Business Addr	ress: (Street)	(Town/City)	(State)	(Zip Code)
, 603	3-415-4254	603-225-4346	_{e-mail} bbradle	y@nhha.org
(Te	lephone)	(Fax)	<u> </u>	
		ne – file separate reports for ea		y file a separate report
eportable e	expense transactions which	n are not attributable to any or	ie client).	
All repor	table transactions occurring	g in the months prior to the repor	ting date relative to the	e following client:
_ All Tepol	table transactions occurring	g in the months prior to the repor	ting date relative to the	, ionowing chem.
OR	(Full Name of Cli	ent as it appears on the Lobbyist Re	gistration Form)	
_	able transactions by the lob	byist (including the lobbyist's fa	mily) or the lobbying	firm listed below which
	any particular client.	byist (morading the loobyist's la	inny), or the loodying	timi nsted below which
IV. Date of I			July 30, 2025 v from 4/1/25 to 6/30/25	
Reports cover.	: activity from date of registr			
	October 29, 202 activity from 7/1/25 to		muary 28, 2026 rom 10/1/25 to 12/31/25	
If this box is		ed and no reportable transa form and submit it to the Secret 3301.		
VI. Check if	additional reports are att	tached:		
If you ha	ave received fees or made ex	xpenditures, you must file Adde	ndum A- Fees and Ex	penses
		eimbursed expenses, you must f	ile Addendum B – Rep	ort of Honorariums or
Expense Rei		4 45.5 4	. 61	
If you, y	our firm, or your family has	s made political contributions, y	ou must file Addendur	n C-Political Contribut
Sworn State	ement/Affirmation by Lob	hvist		
		1-C and RSA 664 and hereby sw	ear or affirm that the fo	oregoing information is t
	e to the best of my knowled			
m	Bradless	\wedge	04.24.25	
(Signature	f lobbyist)		64,24.25 (Date	
Ben Bra	dley			
	of lobbyist)			

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NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
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 greeduced by any expenses:	t relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
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) \$ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
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 reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (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.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 29,199
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	_{d)} \$ 29,199
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) f) Total of all expenses year to date	e) \$ _{f) \$} 29,199
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, 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. (Signature of lobbyist) Ben Bradley	n that the foregoing information 04.24.25 (Date)
(Print Name of lobbyist)	





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

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II. Name of lobbyist's partne	rship, firm or corp	oration, if any:	
New Hampshire Hospital	Association		
•	ip, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying fi			664 paid on behalf of the
Full name of candidate: Lon	g	Patrick	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	Off	fice Candidate is Seeking	Senate
		or amount of contribute	on. If the actual cost is not know
enter an estimated value and the	word "estimate."		on. If the actual cost is not know
enter an estimated value and the	word "estimate."	Denise	
Full name of candidate:	word "estimate." Ciardi (Last Name)		(Middle Name/Initial)
Full name of candidate: Rice Amount of contribution \$ 250 If the contribution is an in-kind cactual cost of the in-kind contribution	ciardi (Last Name) ontribution, provide a	Denise (First Name) Office Candidate is Seekir	(Middle Name/Initial) Senate or services provided, and enter the
Full name of candidate: Rice Amount of contribution \$ 250 If the contribution is an in-kind cactual cost of the in-kind contribution and the vector of the contribution and the vector of the contribution of the in-kind contribution and the vector of the contribution of the in-kind contribution and the vector of the contribution of the in-kind contribution of the	ciardi (Last Name) ontribution, provide a ation on the line above word "estimate."	Denise (First Name) Office Candidate is Seekin description of the goods of for amount of contribution	(Middle Name/Initial) Senate or services provided, and enter toon. If the actual cost is not know
Full name of candidate: Amount of contribution \$ 250 If the contribution is an in-kind cactual cost of the in-kind contribution and the vector an estimated value and the vector and the	ciardi (Last Name) ontribution, provide a	Denise (First Name) Office Candidate is Seekin description of the goods of for amount of contribution	(Middle Name/Initial) Senate or services provided, and enter toon. If the actual cost is not know

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	f the goods or services provided, and end of contribution. If the actual cost is not
(2) (1) (1) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
(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 sweat is true and complete to the best of my knowledge and belief.	er or affirm that the foregoing inform
(Signature of lobbyist) (Signature of lobbyist)	64.74.25 (Date)
Ben Bradley	
(Print Name of lobbyist)	





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

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NEW HAMPSHIRE DEPARTMENT OF STATE

hip, firm or c	orporation, if any:	
	n)	
	n)	
	-	Date
		64 paid on behalf of the
ers	David	. `
(Last Name)		(Middle Name/Initial)
	Office Candidate is Seeking	enate
non	Rill	
(Last Name)		(Middle Name/Initial)
` ,	•	<u> </u>
Murphy	Keith	
Murphy (Last Name)	Keith (First Name)	(Middle Name/Initial)
	hat is reportab n, indicate the ers (Last Name) atribution, provion on the line a ord "estimate."	hat is reportable pursuant to RSA Chapter 6 n, indicate the following: Pers David (Last Name) Office Candidate is Seeking Attribution, provide a description of the goods or on on the line above for amount of contribution ord "estimate." Pon Bill (Last Name) Office Candidate is Seeking Attribution, provide a description of the goods or on on the line above for amount of contribution or on the line above for amount of contribution.

10 x	
t Thy Control	
(If more than three contributions were made, report additional	l contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge a	hereby swear or affirm that the foregoing information and belief.
B. B. 11.	

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I. Name of Lobbyist(s) Ben	Bradley, Steve A	hnen, Kathy Bizarr	o-Thunberg
II. Name of lobbyist's parti	iership, firm or coi	poration, if any:	
New Hampshire Hospit		•	
·	rship, firm or corporation)		
III. Name of Client			Date \
111. Name of Chem			Date 1
Political Contributions For each political contribution	on that is reportable	nursuant to DSA Chan	ter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the fo	pursuant to RSA Chap bllowing:	ici 004 paid on benan or the
Full name of candidate: Bi	(Last Name)	Regina	
			(Middle Name/Initial)
Amount of contribution \$ 50	0	Office Candidate is Seekir	Senate
Full name of candidate: La	ang	Timothy	·
Tun name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	0	Office Candidate is See	king Senate
	ibution on the line abo e word "estimate."	ve for amount of contribu	Is or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:	Prentiss	Suzanne	(Middle Nieus Weight
O.E.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	J	Office Candidate is See	_{king} Senate

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribut	ions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belief	
Sm Gradley (Signature of lobbyist)	04.24.25 (Date)
Ben Bradley	
(Print Name of lobbyist)	





tion)	
tion)	
able pursuant to RSA Chapter 6 ne following:	64 paid on behalf of the
Debra	
	(Middle Name/Initial)
Office Candidate is Seeking S	enate
Darvl	
<u> </u>	(Middle Name/Initial)
vald Cindy (First Name)	(Middle Name/Initial)
	Debra (First Name) Office Candidate is Seeking Seabove for amount of contribution. Daryl (First Name) Office Candidate is Seeking seabove for amount of contribution.

ctual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	amount of contribution. If the actual cost is not known,
If more than three contributions were made, report additional cont	tributions on songrate addendum (forms)
a more than three contributions were made, report additional cont	anounous on separate addendam C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and here	by swear or affirm that the foregoing information
s true and complete to the best of my knowledge and b	pelief.
Q	
m/madly	4.24.25
(Signature of lobbyist)	(Date)
Ben Bradley	
(Print Name of lobbyist)	





I. Name of Lobbyist(s) Ben	Bradley, Steve A	hnen, Kathy Bizarro	o-Thunberg
II. Name of lobbyist's partı	ership, firm or cor	poration, if any:	
New Hampshire Hospit	al Association		
(Name of partne	rship, firm or corporation)		•
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying	on that is reportable prime, indicate the following	oursuant to RSA Chapt llowing:	er 664 paid on behalf of the
Full name of candidate:	cGough	Tim	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 300) _o	ffice Candidate is Seekin	_g Senate
	ovleina Kuraka	Doboso	
Full name of candidate:	(Last Name)	Rebecca (First Name)	(Middle Name/Initial)
Amount of contribution \$ 500		Office Candidate is Seek	
	bution on the line above		s or services provided, and enter the tion. If the actual cost is not known
Full name of candidate:	Fenton	Donovan	
Full name of candidate:	(Last Name)	Donovan (First Name)	(Middle Name/Initial)

actual cost of the in-kind contribution on the line above for amount on actimated value and the word "extinuete".	
enter an estimated value and the word "estimate."	•
(If more than three contributions were made, report additional contribut	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belief	
(Signature of lobbyist)	04.24.25 (Date)
Ben Bradley	
(Print Name of lobbyist)	

,





I. Name of Lobbyist(s) Ben E	Bradley, Steve A	hnen, Kathy Bizarro-T	hunberg
II. Name of lobbyist's partne	ership, firm or cor	poration, if any:	
New Hampshire Hospita	ıl Association		
•	ship, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying to	n that is reportable	pursuant to RSA Chapter (664 paid on behalf of the
Full name of candidate: NF	l Senate Dem	ocratic Caucus	
			(Middle Name/Initial)
Amount of contribution \$ 250		Office Candidate is Seeking	Senate
Full name of candidate: NF	I House Demo	ocratic Victory Com	mittee
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	, ,	,	,
	oution on the line abo		services provided, and enter the actual cost is not known,
Full name of candidate:	NH Senate		
050	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250		Office Candidate is Seeking	Senate

f the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, nter an estimated value and the word "estimate."	
f more than three contributions were made, report additional contributions on separate addendum C forms.)	
worn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information true and complete to the best of my knowledge and belief.	
Signature of lobbyist) 64.24.25 (Date)	
Sen Bradley	
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: New Hampshire Hospital Association 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 30, 2025 ☐ July 30, 2025 ☐ October 29, 2025 ☐ January 28, 2026 ☐
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). X
Addendum B(s).
Addendum C(s). X
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) OH. 25 (Date)
Ben Bradley
(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: New Hampshire Hospital Association 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 30, 2025 ☒ July 30, 2025 □ October 29, 2025 □ January 28, 2026 □
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). X
Addendum B(s).
Addendum C(s). X
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) (Date)
Steve Ahnen
(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:New _Hampshire Hospital Association
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 30, 2025 ☐ July 30, 2025 ☐ October 29, 2025 ☐ January 28, 2026 ☐
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). X
Addendum B(s).
Addendum C(s). X
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) (Date)
Kathy Bizarro-Thunberg
(Print Name of lobbyist)