(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS

(RSA Chapter 15)

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PLEASE PRINT

JUL 1 6 2018 Matthew S. How I. Name of Lobbyist(s) **NEW HAMPSHIRE** DEPARTMENT OF STATE II. Name of lobbyist's partnership, firm or corporation, if any: One medical Center Drive, Lebanon
Business Address: (Street) (Town/City) (63) 653-1906 e-mail matthew. S. harde @hitchcock.org III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following elient: employee Math-Hitchcock
(Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 🚨 April 25, 2018 🔲 IV. Date of Report activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 Reports cover: October 31, 2018 January 30, 2019 🗌 activity from 10/1/18 to 12/31/18 activity from 7/1/18 to 9/30/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: 1 you have received fees or made expenditures, you must file Addendum A- Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C 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)

E S E R N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

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1. Name of Lobbyist(s) Matthew S. Houde	NEW HAMPSHIR DEPARTMENT OF S
II. Name of lobbyist's partnership, firm or corporation, if any: Dartmorth-Hitchcock	
(Name of partnership, firm or corporation) employer III. Name of Elient Dartmouth-Hitchcock	
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)\$ 7,500,00
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) \$
c) Total of all fees received to date (Add lines a and b)	0)\$_15,000,00
 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 repfees. 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 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 lesseing 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.	lient 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 expenses; (b) the aggregate total of all expenses; 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) \$

c) Total of all itemized expenditures reported in detail in section VI.

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	ŋs
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:
	s Na
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	7/11/18
(Signature of lobbyist)	(Date)
Matthew S. Houde	
(Print Name of lobbyist)	

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NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions

Addendum C (RSA Chapter 15:6)

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l. Name of Lobbyist(s)	Matthew S.	1 1/1 / 197 -	
•			NEW HAMPSHIR
II. Name of lobbyist's par		poration, if any:	DEPARTMENT OF S
Dartmouth-	thership, firm or corporation)	۷	
(Name of par Evploy(v) III. Name of Cliem	ntnership, firm or corporation) Cartmouth -	titchcock	Date7/11/18
Political Contributions For each political contribu			ter 664 paid on behalf of the.
Full name of candidate: _	Kelly (Last Name)	Molly (First Name)	(Middle Name/Initial)
Amount of contribution \$	250.0D	Office Candidate is	Seeking GOVERNOV
If the contribution is an in-ki actual cost of the in-kind cor		ve for amount of control	ition. If the actual cost is not know
actual cost of the in-kind cor enter an estimated value and		Lavi	
actual cost of the in-kind cor enter an estimated value and		Jay (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	the word "estimate." Kahn (Last Name)	Jay (First Name)	
actual cost of the in-kind corenter an estimated value and Full name of candidate: Amount of contribution \$	Kahn (Last Name) 160.00 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kiactual cost of the in-kind cor	Kahn (Last Name) 160.00 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking Senate Is or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kiactual cost of the in-kind cor	Kahn (Last Name) 160.00 ind contribution, provide ntribution on the line abo	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking Senate Is or services provided, and enter the

(If more than three contributions were made, report additional co	(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 he is true and complete to the best of my knowledge and			
and the second	7/11/18		
(Signature of lobbyist)	(Date)		
MadLhaul C II			

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