## STATE OF NEW HAMPSHIRE

### 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s) Alexander Koutroubas \$	Michael Denneh
11. Name of lobbyist's partnership, firm or corporation, if any:	James Bouley
DENNEHY & ROULEY ILL	_
(Name of partnership, firm or corporation)	
Business Address: (Street) ST., STE. 3 CONCO	(State) VH 03301 (Zip Code)
(603 <u>228-1601</u> ( )e-mai	1
111. This statement covers: (Choose one – file separate reports for each client reportable expense transactions which are not attributable to any one client).	, OR you may file a separate report for
All reportable transactions occurring in the months prior to the reporting date	relative to the following client:
OR  NH ASSOC of Nurse An  (Full Name of Client as it appears on the Lobbyist Registration I	resthesists
All reportable transactions by the lobbyist (including the lobbyist's family), or unrelated to any particular client.	the lobbying firm listed below which are
IV. Date of Report April 29, 2020 July 29, 2  Reports cover: activity from date of registration to 3/31/20 activity from 4/1/.	
October 28, 2020	7, 2021 🗍 1/20 to 12/31/20
V. There have been no fees received and no reportable transactions ma If this box is checked, complete just this form and submit it to the Secretary of State State House, Room 204, Concord, NH 03301.	ade since the last report.   © e's Office, 107 North Main Street,
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A—  If you have paid an honorarium or reimbursed expenses, you must file Addend  Expense Reimbursement	Fees and Expenses dum B  Report of Honorariums or
If you, your firm, or your family has made political contributions, you must file	e Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA L5, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirmation complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Signature of lobbyist)	m that the foregoing information is true  (Date)  RECEIVED
(Print Name of lobbyist)	MAY 0 6 2020
	NEW HAMPSHIRE
	DEPARTMENT OF STATE

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Alexander Kouty	oubas & Mich
II. Name of lobbyist's partnership, firm or corporation, if any:	James Bouley
DENNEHY & BOULEY LLC	· <b>,</b>
(Name of partnership, firm or corporation)	1 \
III. Name of Client NH ASSOC of Nurse	Date 03 31 2020
Anesthesists	, ,
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a)\$ 3,750.00
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 y	b) \$
c) Total of all fees received to date (Add lines a and b)	0)\$ 3,750.00
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 refees. 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 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 examp lunch 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 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.	client and if expenditures are made by may be filed for the lobbyist(s)/firm to aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ele: meals purchased during a business than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for use of greater 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.	c) \$

d) \$
e) \$
f) \$
obbying fees during this reporting
Amount:
\$
\$
\$
\$
\$
\$
·
that the foregoing information
<u> </u>

## 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:
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): NH Assoc of Nurse Anesthesists
Date of Report (check one):
April 29, 2020
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 have I
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.
WB- 4/m/20
(Signature of lobbyist) (Date)
Michael Dennehy
(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: DENNEHT & BOULEY LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): NH ASSOC of Nurse Anesthesis
Date of Report (check one):
April 29, 2020 July 29, 2020  October 28, 2020  January 27, 2021
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.
(Signature of lobbyist)  (Signature of lobbyist)  (Date)
James Bouley
(Print Name of lobbyist)