

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) APR 1 7 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of L	.obbyist(s) Paula Minnenan,	Kathy Bizarro-Thunberg, St	eve Ahnen, Brooke 	Belanger ————
II. Name of	lobbyist's partnership, firm o	r corporation, if any:		
New Ha	mpshire Hospital As	sociation		
	(Name of partnership, firm o	r corporation)		
125	Airport Road	Concord	NH	03301
Business Addı	` '	(Town/City)	(State)	(Zip Code)
(60	3) 415-4254) (603) 225-4346 (Fax)	_{e-mail} pminneha	ın@nhha.org
(Te	elephone)	(Fax)		
	tement covers: (Choose one –			file a separate report
reportable e	expense transactions which ar	e not attributable to any one	client).	
Ali repor	table transactions occurring in	the months prior to the reporting	ng date relative to the	following client:
	5		3	3
	(Full Name of Client	as it appears on the Lobbyist Regis	stration Form)	
<u>OR</u>	(,	
	table transactions by the lobbyi	st (including the lobbyist's fam	ily), or the lobbying	firm listed below which
inrelated to a	any particular client.			
IV. Date of 1	Report April 26, 2023	<u>7</u>	uly 26, 2023	
Reports cover	· · · -		from 4/1/23 to 6/30/23	
	October 25, 2023		nary 31, 2024	
	activity from 7/1/23 to 9/3	0/23 activity fro	m 10/1/23 to 12/31/23	
If this box is	ave been no fees received a checked, complete just this for Room 204, Concord, NH 0330	n and submit it to the Secretar		
VI. Check if	f additional reports are attach	ied:		
✓ If you ha	ave received fees or made expe	nditures, you must file Addend	lum A– Fees and Exp	enses
	ave paid an honorarium or reim	bursed expenses, you must file	Addendum B- Rep	ort of Honorariums or
 -	mbursement our firm, or your family has ma	ada nalitical contributions, you	must file Addendum	a C_ Political Contribut
<u>♥</u>	our min, or your family has me	ade pontical contributions, you	must me Audendun	r C=1 officar Control
,				
I have read F	ement/Affirmation by Lobbyi RSA 15, RSA 15-B, RSA 14-C e to the best of my knowledge a	and RSA 664 and hereby swea	, ,	
(Signature o	le Durch of lobbylst) Junch	 -	4/11/20 (Date	<u>/}3</u>
Paula M	linnehan			
(Print Name	e of lobbyist)			

P L E A S E

S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paula Minnehan, Kathy Bizarro-Thunberg, Steve	Ahnen, Brooke Belanger
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
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 y	b) \$
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 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 e individual 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 repeating 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 great 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 xpenses; (b) the aggregate total of all le: meals purchased during a business ess 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 political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 47,094
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)} \$ 47,094
 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 VI. Other Expenses: 	e) \$ _{f) \$} 47,094
Provide the following detail for all expenditures of more than \$25 made from learned, 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
(Signature of lobbyist)	4/11/2023 (Date)
Paula Minnehan	

(Print Name of lobbyist)



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

I. Name of Lobbyist(s) _F	^P aula Minnehan, K	atny Bizarro-Thunberg, S	neve Annen, brooke ber
II. Name of lobbyist's p	artnership, firm or c	corporation, if any:	
New Hampshire Ho	•		
(Name of	partnership, firm or corporation	n)	
III. Name of Client			Date
Political Contributions For each political contri client/lobbyist and lobb	bution that is reportab	ole pursuant to RSA Chapter 6	64 paid on behalf of the
Full name of candidate:	Prentiss	Sue	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is Seeking S	enate
If the contribution is an in- actual cost of the in-kind c enter an estimated value as		toove for amount or contribution.	Ti the actual cost is not known,
actual cost of the in-kind center an estimated value as	nd the word "estimate."		Ti the actual cost is not known,
actual cost of the in-kind of	nd the word "estimate." Lang	Tim	
actual cost of the in-kind center an estimated value as	Lang (Last Name)		(Middle Name/Initial)
actual cost of the in-kind center an estimated value as Full name of candidate: Amount of contribution \$ If the contribution is an in-	Lang (Last Name) 250 -kind contribution, provice ontribution on the line a	Tim (First Name)	(Middle Name/Initial) Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind of th	Lang (Last Name) 250 -kind contribution, provice ontribution on the line and the word "estimate."	Tim (First Name) Office Candidate is Seeking ide a description of the goods or seeking the control of the goods or seeking idea.	(Middle Name/Initial) Senate services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
(in more than three contributions were made, report additional contributions on separate addendance forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B 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) (Date)
Paula Minnehan (Print Name of lobbyist)





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

I. Name of Lobbyist(s) <u>F</u>	'aula Minnehan, K	tatily Bizario Trianberg,	
II. Name of lobbyist's p	artnership, firm or c	corporation, if any:	
New Hampshire Ho	spital Association		
(Name of p	partnership, firm or corporation	n)	
III. Name of Client			Date .
Political Contributions For each political contributions client/lobbyist and lobby	bution that is reportab	ole pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	Innis	Dan	
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial)
If the contribution is an in- actual cost of the in-kind c enter an estimated value ar		bove for amount of contribution	. If the actual cost is not known
actual cost of the in-kind c enter an estimated value ar	nd the word "estimate."		. If the actual cost is not known
actual cost of the in-kind c enter an estimated value ar	nd the word "estimate." Whitley	Becky	
actual cost of the in-kind c	Whitley (Last Name)		(Middle Name/Initial)
actual cost of the in-kind center an estimated value are full name of candidate: Amount of contribution \$	Whitley (Last Name) 250 -kind contribution, provisontribution on the line a	Becky (First Name)	(Middle Name/Initial) Senate services provided, and enter the
actual cost of the in-kind center an estimated value are Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center and the second	Whitley (Last Name) 250 -kind contribution, provisontribution on the line a	Becky (First Name) Office Candidate is Seeking ide a description of the goods or	(Middle Name/Initial) Senate services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

(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 swear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.
talle Runchan 9/11/2023
(Signature of lobbyist) (Date)
v Paula Minnehan
(Print Name of lobbyist)

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

Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the elicital contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the elicital contribution of the following: Carrie (Last Name) (First Name) (Middle Name/Initial)	w wy				
(Name of partnership, firm or corporation) III. Name of Client	-	~ ·	corporation, if any:		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Gendreau (Last Name) (First Name) (Middle Name/Initial) Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter he actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Gray James (Last Name) (First Name) (Middle Name/Initial) Senate (Middle Name/Initial) Senate Full name of candidate: Gray James (In the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Birdsell Regina (Last Name) (Middle Name/Initial) (Middle Name/Initial)	<u> </u>				
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Gendreau (Last Name) Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Gray James (Last Name) (First Name) (Middle Name/Initial) Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Birdsell Regina (Last Name) (First Name) (Middle Name/Initial) Senate Full name of candidate: Birdsell Regina (Last Name) (First Name) (Middle Name/Initial)	(Name of)	partnership, firm or corporation	n)		
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Gray James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Birdsell Regina (Last Name) (Middle Name/Initial) Full name of candidate: Birdsell Regina (Last Name) (Middle Name/Initial)	III. Name of Client			Date	
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Gray James (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Birdsell Regina (Last Name) (First Name) (Middle Name/Initial) Regina (Last Name) (First Name) (Middle Name/Initial)	For each political contri	bution that is reportab		64 paid on behalf of the	`\
Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Gray James (Middle Name/Initial)	Full name of candidate:				
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Gray James	Amount of contribution \$	•	•	` '	
Amount of contribution \$ 250			bove for amount of contribution.	If the actual cost is not kno	wn,
Amount of contribution \$ 250 Office Candidate is Seeking Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Birdsell Regina (Last Name) (First Name) (Middle Name/Initial)	enter an estimated value a	nd the word "estimate."		If the actual cost is not kno	wn,
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: Birdsell Regina (Last Name) (Middle Name/Initial) (Middle Name/Initial) (Applied to the contribution of the goods or services provided, and enter the actual cost is not known, enter an estimated value and the word "estimate."	enter an estimated value a	nd the word "estimate." Gray	James		wn,
(Last Name) (First Name) (Middle Name/Initial)	enter an estimated value as	Gray (Last Name)	James (First Name)	(Middle Name/Initial)	wn,
200 Sonato	Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	Gray (Last Name) 250 -kind contribution, proviontribution on the line a	James (First Name) Office Candidate is Seeking ide a description of the goods or s	(Middle Name/Initial) Senate services provided, and enter t	
Amount of contribution \$ Office Candidate is Seeking Seriale	Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value an	Gray (Last Name) 250 ckind contribution, proviontribution on the line and the word "estimate."	James (First Name)Office Candidate is Seeking ide a description of the goods or shove for amount of contribution.	(Middle Name/Initial) Senate services provided, and enter to the actual cost is not known	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(S/gnature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)

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

I. Name of Lobbyist(s) <u>F</u>	'aula Minnehan, K	ality bizarro-rhumberg, s	
II. Name of lobbyist's p	artnership, firm or c	orporation, if any:	
New Hampshire Ho	spital Association		
	partnership, firm or corporation	n)	
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby	bution that is reportable	le pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	Gannon	Bill	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	300	Office Candidate is Seeking S	enate
If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	ontribution on the line a	bove for amount of contribution.	
actual cost of the in-kind c enter an estimated value ar	ontribution on the line al nd the word "estimate."	bove for amount of contribution.	
actual cost of the in-kind c	ontribution on the line al nd the word "estimate."	bove for amount of contribution.	
actual cost of the in-kind c enter an estimated value ar	ontribution on the line alnd the word "estimate." Chandley (Last Name)	bove for amount of contribution.	If the actual cost is not known, (Middle Name/Initial)
actual cost of the in-kind center an estimated value ar Full name of candidate: Amount of contribution \$ If the contribution is an in-	Chandley (Last Name) -kind contribution, provisontribution on the line al	Shannon (First Name)	(Middle Name/Initial) Senate services provided, and enter the
actual cost of the in-kind center an estimated value ar Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind center and the contribution is an inactual cost of the in-kind center and the cente	Chandley (Last Name) 250 chind contribution, provisontribution on the line and the word "estimate."	Shannon (First Name) Office Candidate is Seeking ide a description of the goods or above for amount of contribution.	(Middle Name/Initial) Senate services provided, and enter the If the actual cost is not known,
actual cost of the in-kind center an estimated value are Full name of candidate: Amount of contribution \$\\$ If the contribution is an inactual cost of the in-kind center an estimated value are	Chandley (Last Name) 250 chind contribution, provisontribution on the line along the word "estimate." Rosenwald (Last Name)	Shannon (First Name) Office Candidate is Seeking ide a description of the goods or above for amount of contribution.	(Middle Name/Initial) Senate Services provided, and enter the If the actual cost is not known, (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Paula Minnehan (Print Name of lobbyist)

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

Name of lobbyist's j	partnership, firm or c	corporation, if any:	
New Hampshire Ho	•		
(Name of	partnership, firm or corporatio	n)	
III. Name of Client			Date
Political Contribution For each political contr client/lobbyist and lobb	ibution that is reportab	le pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		_Office Candidate is Seeking S	enate
	contribution on the line a	ide a description of the goods or subove for amount of contribution.	
actual cost of the in-kind of the in-kind of the enter an estimated value a	contribution on the line a nd the word "estimate."	bove for amount of contribution.	
actual cost of the in-kind	contribution on the line a nd the word "estimate."		
actual cost of the in-kind of the in	Abbas (Last Name)	bove for amount of contribution.	(Middle Name/Initial)
actual cost of the in-kind center an estimated value a Full name of candidate: Amount of contribution \$ If the contribution is an in	Abbas (Last Name) -kind contribution, provice on the line a	Daryl (First Name)	(Middle Name/Initial) Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind of th	Abbas (Last Name) -kind contribution, provice on the line a	Daryl (First Name) Office Candidate is Seeking ide a description of the goods or seeking to the control of the goods or seeking idea.	(Middle Name/Initial) Senate services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind of th	Abbas (Last Name) 300 -kind contribution, provice contribution on the line and the word "estimate."	Daryl (First Name) Office Candidate is Seeking ide a description of the goods or shove for amount of contribution.	(Middle Name/Initial) Senate services provided, and enter the If the actual cost is not known,
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind enter an estimated value a	Abbas (Last Name) 300 -kind contribution, provice ontribution on the line and the word "estimate."	Daryl (First Name) Office Candidate is Seeking ide a description of the goods or shove for amount of contribution.	(Middle Name/Initial) Senate services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."				
(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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)				
Paula Minnehan (Print Name of lobbyist)				

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

New Hampshire Hospital Association					
(Name of	partnership, fin	m or corporatio	n)	-	Ť
III. Name of Client		•		Date	
Political Contributions For each political contri client/lobbyist and lobb	bution that		ole pursuant to RSA Chapter of following:	664 paid on behalf of the	
Full name of candidate:	Steven	ıs	Janet		
Amount of contribution \$	•	ast Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) Executive Council	
actual cost of the in-kind of		on the line a		or services provided, and enter to on. If the actual cost is not kno	
actual cost of the in-kind of		on the line a "estimate."		on. If the actual cost is not known	
actual cost of the in-kind of the in-kind of the enter an estimated value a	NH Ho	on the line a "estimate."	nocratic Victory Com	nmittee	
	NH Ho	on the line a "estimate." use Der ast Name)	nocratic Victory Com	nmittee (Middle Name/Initial)	
actual cost of the in-kind of enter an estimated value a Full name of candidate: Amount of contribution \$ If the contribution is an in	NH Ho (L 250 -kind contribution	on the line a "estimate." "USE Der ast Name) bution, provi	mocratic Victory Com (First Name) Office Candidate is Seekin	nmittee (Middle Name/Initial)	wn,
actual cost of the in-kind of enter an estimated value a Full name of candidate: Amount of contribution \$ If the contribution is an in actual cost of the in-kind of the	NH Ho (L 250 -kind contribution	on the line a "estimate." "USE Der ast Name) bution, provi	mocratic Victory Com (First Name) Office Candidate is Seekin	nmittee (Middle Name/Initial) Senate or services provided, and enter	wn,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."
(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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
Paula Minnehan (Print Name of lobbyist)





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

. Name of Lobbyist(s) Pau				
I. Name of lobbyist's part	tnership, firm or c	corporation, if any:		
New Hampshire Hosp				
(Name of partr	nership, firm or corporation	n)		T
III. Name of Client			Date	_
Political Contributions For each political contribut client/lobbyist and lobbying		ole pursuant to RSA Chapter following:	664 paid on behalf of the	
Full name of candidate:	Ricciardi	Denise		
Amount of contribution \$ 25	(Last Name)	(First Name) Office Candidate is Seeking	(Middle Name/Initial) Senate	
		bove for amount of contribution	on. If the actual cost is not kn	own,
actual cost of the in-kind cont enter an estimated value and t		bove for amount of contribution	on. If the actual cost is not kn	own,
enter an estimated value and t	he word "estimate."			own,
enter an estimated value and t	he word "estimate." (Last Name)	(First Name)	(Middle Name/Initial)	own,
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin	(Last Name) Id contribution, provi		(Middle Name/Initial) g or services provided, and ente	rthe
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	(Last Name) Id contribution, proving the word "estimate."	(First Name) Office Candidate is Seekin ide a description of the goods o	(Middle Name/Initial) g or services provided, and ente on. If the actual cost is not kn	rthe
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	(Last Name) Id contribution, provi	(First Name) Office Candidate is Seekin ide a description of the goods o	(Middle Name/Initial) g or services provided, and ente	rthe

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)
Paula Minnehan (Print Name of lobbyist)

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 partn	ership, firm, or corpo	ration: New Hampshire H	lospital Association	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client):				
Date of Report (check o	ne):			
April 26, 2023 🖾	July 26, 2023 □	October 25, 2023 □	January 31, 2024 □	
			and Expenses described above number of Addendum forms I	
Addendum A(s)	. <u> </u>			
Addendum B(s).	·			
Addendum C(s).	. <u> </u>			
			•	
I hereby swear or affirm complete to the best of notice with the best of notice with the same of lobbyist.			ent and each Addendum is true (Date)	e and
Paula Minnehan				
(Print Name of lobbyist)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Kathy Bizarro-Thunberg

(Print Name of 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 26, 2023 🖾 July 26, 2023 □ October 25, 2023 □ January 31, 2024 □ 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. 4/12/2z (Date)

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 ar
particular client):
Date of Report (check one):
April 26, 2023 □ July 26, 2023 □ October 25, 2023 □ January 31, 2024 □
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)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irmat	tion by	Lobbyi	st
Statem	ent of	Income	and I	Expens	es for:	

Name of Lobbying partnership, firm, or	corporation: New Hampshire Hospital Association
	t is for the partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2023 🖾 July 26, 2023	□ October 25, 2023 □ January 31, 2024 □
	64, the Statement of Income and Expenses described above, and the that Statement (insert the number of Addendum forms being
Addendum A(s). X	
Addendum B(s).	
Addendum C(s). X	
I hereby swear or affirm that the foregoi complete to the best of my knowledge are (Signature of lobbyist)	ing information on the Statement and each Addendum is true and belief. 4 12 2023 (Date)
Brooke Belanger	
(Print Name of lobbyist)	