STATE OF NEW HAMPSHIRE

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

RECEIVED

NOV 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(Name of partnership,	firm or corporation)		40/07/0005
III. Name of Client			_{Date} _10/27/2025
Political Contributions For each political contribution the client/lobbyist and lobbying firm			664 paid on behalf of the
Full name of candidate: N H S	enate Repub (Last Name)		(Middle Name/Initial)
Amount of contribution \$ 500	Office	e Candidate is Seeking	Senate
enter an estimated value and the wor	2000012		
Full name of candidate: C o m n			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500 If the contribution is an in-kind contactual cost of the in-kind contribution	(Last Name) Off ribution, provide a do n on the line above for	(First Name) Fice Candidate is Seekingscription of the goods	(Middle Name/Initial) ng House or services provided, and enter th
Amount of contribution \$ 500	(Last Name) Official or of the line above for the l	(First Name) fice Candidate is Seekings escription of the goods or amount of contributi	(Middle Name/Initial) ng House or services provided, and enter th
Amount of contribution \$ 500	(Last Name) Official or of the line above for the l	(First Name) fice Candidate is Seekings escription of the goods or amount of contributi	(Middle Name/Initial) ng House or services provided, and enter the

actual cost of the in-kind contribut enter an estimated value and the w	ion on the line ab ord "estimate."	ove for amount of contribution	I If the actual cost is not known,
(If more than three contributions were	made, report addit	ional contributions on separate add	lendum C forms.)
Full name of candidate: Den	ise Riccia (LastName)		(Middle Name/Initial)
Amount of contribution \$ 500		Office Candidate is Seeking	Senate
If the contribution is an in-kind co actual cost of the in-kind contribut enter an estimated value and the w	ion on the line ab		
Full name of candidate: Dary	/IAbbas (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 300		Office Candidate is Seeking	g Senate
If the contribution is an in-kind co actual cost of the in-kind contribut enter an estimated value and the w	ion on the line ab ord "estimate."		. If the actual cost is not known,
Full name of candidate: T i m		(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250		Office Candidate is Seeking	Senate
If the contribution is an in-kind co actual cost of the in-kind contribut enter an estimated value and the w	ion on the line ab		
Full name of candidate: Tim	M c G o u g h (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	_	Office Candidate is Seeking	g Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provid actual cost of the in-kind contribution on the line above for amount of contribution. If the actual coenter an estimated value and the word "estimate."	
**	
Full name of candidate: David Rochefort (Last Name) (First Name) (Middle Name)	Initial)
Amount of contribution \$ 250 Office Candidate is Seeking Senate	· · · · · · · · · · · · · · · · · · ·
	
Full name of candidate: Bill Gannon(Last Name) (First Name) (Middle Name)	Initial)
Amount of contribution \$ 250 Office Candidate is Seeking Senate	
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual content an estimated value and the word "estimate."	
Full name of candidate: NH Democratic Caucus	
(Last Name) (First Name) (Middle Name,	1.50
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 provid actual cost of the in-kind contribution on the line above for amount of contribution. If the actual coenter an estimated value and the word "estimate."	
	=======================================
Pollows of contident Desired Disability	
Full name of candidate: Regina Birdsell (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 provid	2 0
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual content and the word "estimate."	

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.	
all	10/27/2025
(Signature of loobyist)	(Date)
David J. Cuzzi	
(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.

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Sworn	Statement/Affirmation	by Lobbyist
Statem	ent of Income and Expe	enses for:

Name of Lobbying partnership, firm, or corporation:Prospect Hill Strategies				
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 X 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)				
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) 10/27/2025 (Date)				
(Signature of lobbyist) (Date)				
David J. Cuzzi(Print Name of lobbyist)				