2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	ist(s) 15en 15radley			
II. Name of lobbyi	ist's partnership, firm or corporation, if	any:		
Granite	Health			
	Name of partnership, firm or corporation)		<u> </u>	
11 Sout	h Main St. Conc	ord NH	03301	
Business Address:	(Street) (Town/City)	(State)	(Zip Code)	
() <u>415.1</u> (Telephon	300 (Fa	e-mail brodley	benjaminc@mail	1.com
	t covers: (Choose one – file separate repo e transactions which are not attributable		y file a separate report for	,
All reportable t	ransactions occurring in the months prior to	o the reporting date relative to the	e following client:	
OR	(Full Name of Client as it appears on the I		Complicated below which assets	
unrelated to any pa		odyist s family), or the loodying	firm tisted below which are	;
IV. Date of Repor Reports cover: a	t April 27, 2016 X ctivity from date of registration to 3/31/16	July 27, 2016 L. activity from 4/1/16 to 6/30/16		
	October 27, 2016 activity from 7/1/16 to 9/30/16	January 25, 2017 [] activity from 10/1/16 to 12/31/	16	
	een no fees received and no reportabled, complete just this form and submit it to l.			
VI. Check if addit	ional reports are attached:			
	ceived fees or made expenditures, you must	file Addendum A- Fees and Ex	penses	
Expense Reimburs		-		
If you, your fir	m, or your family has made political contri	butions, you must file Addendu	n C- Political Contribution	s
I have read RSA 15	Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C and RSA 664 and e best of my knowledge and belief.	hereby swear or affirm that the fo	oregoing information is true	;
(Bignature of lobb	Snadley	4.26.17 (Date)	
Beviavav (Print Name of lot	obyist)		RECEIVED	

APR 2 6 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

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: (Last Name) Office Candidate is Seeking NH Sociate 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: (Last Name) (First Name) (Middle Name/Initial) (Middle Name/Initial) Office Candidate is Seeking NH House (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, 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,		partnership, firm or corporation)	Date
(Last Name) (First Name) (Middle Name/Initial) Imount of contribution \$	olitical Contributions or each political contri	bution that is reportable p	pursuant to RSA Chapter 664 paid on behalf of the
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, inter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Office Candidate is Seeking NH House full 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,	full name of candidate:		(First Name) (Middle Name/Initial)
Full name of candidate: (Last Name) Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seevices provided, and enter the actual cost is not known, represented 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, and 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,	Amount of contribution \$	100	Office Candidate is Seeking NH Sonate.
	actual cost of the in-kind c	ontribution on the line above	ve for amount of contribution. If 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,	Full name of candidate:		(First Name) (Middle Name/Initial)
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,	A company of the state of the s	IDO	Office Candidate is Seeking NH House
	Amount of contribution 5		
	If the contribution is an in- actual cost of the in-kind c	ontribution on the line above	
Full name of candidate: William Cannon (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking 100 100 100 100 100 100 100 100 100 10	If the contribution is an in- actual cost of the in-kind c enter an estimated value an	nontribution on the line about the word "estimate."	(First Name) (Middle Name/Initial)

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: (Last Name) Office Candidate is Seeking WH House If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the catual 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." Office Candidate is Seeking WH Sevote (Middle Name/Initial) Office Candidate is Seeking WH Sevote (Initial) Office Candidate is Seeking WH Sevote (Initial)	(Name of Client		Date
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ \(\begin{array}{ c c c c c c c c c c c c c c c c c c c	For each political cont	ribution that is reportabl	
Full name of candidate: (Last Name) Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seeking Office Candidate is Seevices provided, and enter the candidate is services provided, and enter the candidate is services provided. If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the candidate in the contribution on the line above for amount of contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution. If the actual cost is not known to contribution.		(Last Name)	
(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$Office Candidate is SeekingNH	If the contribution is an i	n-kind contribution, provide	de a description of the goods or services provided, and enter the
Amount of contribution \$Office Candidate is SeekingNHSevo-tended, and enter to actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known as the contribution of the goods or services provided, and enter to actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known as the contribution of the goods or services provided, and enter to actual cost of the in-kind contribution on the line above for amount of contribution.			pove for amount of contribution. If the actual cost is not know
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know	enter an estimated value	and the word "estimate."	
	enter an estimated value	and the word "estimate." e: Keun A (Last Name)	Vard for NH Senate (First Name) (Middle Name/Initial)

I. Name of Lobbyist(s)	15en Brad	ley
II. Name of lobbyist's p	artnership, firm or corp	\ poration, if any:
Ganite	Healt	•
(Name of p	partnership, firm or corporation)	
III. Name of Client		Date
		oursuant to RSA Chapter 664 paid on behalf of the llowing:
Full name of candidate:	NH Serot (Last Name)	1 Democratic Caucus (First Name) (Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is Seeking NH Sevote
	ontribution on the line abov	a description of the goods or services provided, and enter the re for amount of contribution. If the actual cost is not known,
Full name of candidate:	Martha (Last Name)	Hennessey for NH Senate (First Name) (Middle Name/Initial)
Amount of contribution \$	IDD	Office Candidate is Seeking NH Serate
	ontribution on the line abov	a description of the goods or services provided, and enter the we for amount of contribution. If the actual cost is not known,
Full name of candidate:	Bette (Last Name)	asky for NH Sevate (First Name) (Middle Name/Initial)
Amount of contribution \$	OOI	Office Candidate is Seeking NH Sevate

I. Name of Lobbyist(s) Sen 500	dley
II. Name of lobbyist's partnership, firm o	r corporation, if any:
Gravite Health	
(Name of partnership, firm or corpora	ation)
III. Name of Client	Date
Political Contributions For each political contribution that is report client/lobbyist and lobbying firm, indicate t	table pursuant to RSA Chapter 664 paid on behalf of the he following:
Full name of candidate: (Last Name)	
Amount of contribution \$	Office Candidate is Seeking NH Sevale
	ovide a description of the goods or services provided, and enter the e above for amount of contribution. If the actual cost is not known, ."
Full name of candidate: Last Name)	Doodburn for NH Senate (First Name) (Middle Name/Initial)
Amount of contribution \$ _\100	Office Candidate is Seeking NH Swate
If the contribution is an in-kind contribution, pr	ovide a description of the goods or services provided, and enter the le above for amount of contribution. If the actual cost is not known,
Full name of candidate:(Last Name)	(First Name) (Middle Name/Initial)
· ·	Office Condidate is Seeking
Amount of contribution C	LITTICA L'ANGIGATA IL NACVING

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) A. 26.17 (Date)
Benjamin Bradley (Print Name of lobbyist)