STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Tess	Kvenning, Kimb	elly Reeve, Kris	stine Studdard
II. Name of lobbyist's partners	hip, firm or corporation, if any:	3	
By State Promate (Name of partne	rship, firm or corporation)	tion, The	
535 Clinton 5 Business Address: (Street)	Street Bow (Town/City)	NH (State)	03304 (Zip Code)
(100 3) <u>228</u> : 28: 20 (Telephone)	(603) <u>228, 246</u> (Fax)	e-mail	
	oose one – file separate reports f s which are not attributable to a		y file a separate report for
☐ All reportable transactions oc	curring in the months prior to the	reporting date relative to th	e following client:
(Full Nam	e of Client as it appears on the Lobby	ist Registration Form)	
	the lobbyist (including the lobbyis	st's family), or the lobbying	firm listed below which are
	, 2017 🗹 e of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
	25, 2017	January 31, 2018 activity from 10/1/17 to 12/31/	717
	eceived and no reportable tra ust this form and submit it to the So		
VI. Check if additional reports	are attached:		
•	made expenditures, you must file A		•
☐ If you have paid an honorarion Expense Reimbursement	ım or reimbursed expenses, you m	nust file Addendum B — Rep	port of Honorariums or
•	nily has made political contributio	ns, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation I I have read R&A 15, RSA 15-B, I and complete to the best of my ki	RSA 14-C and RSA 664 and hereb	by swear or affirm that the f	oregoing information is true
(Signature of Jabbyist)		1//3// 1 (Dat	RECEIVED
Tess Kuennink (Print Name of lobbyist)	3)		APR 2 0 2017

NEW HAMPSHIEE DEPARTMENT OF STATE

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: Bi State Primary Care Association. Tre. 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, 2017 ☑ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □
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):
3 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 Jobbyist) (Date)

LEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Tess Kvenning			
II. Name of lobbyist's partnership, firm or corporation, if any:			
Bi-State Primary Care Association, Inc. (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 grandled by any expenses:	t relations, or public relations services oss fee amount reported shall not be		
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			
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 report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ 26.373.90		
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	6)\$ c)\$		
c) Total of all itemized expenditures reported in detail in section VI.	0)\$ <u>8,550.00</u>		

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_34,923.9C
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	ns 34.923.90
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Secretary of State	s50.00
Secretary of State Deport Group	s 8,000.00
Leg IT Systems, LC	s500.00
	\$
	\$
	\$
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
Ten / wm/	4/13/17
(Signature of løbbyist)	(Date)
(Print Name of lobbyist)	

E A S E P R I N

STATE OF NEW HAMPSHIRE

11115

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) <u>Kimberly</u> Reeve		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Bi-State Promany Care Association (Name of partnership, firm excorporation)	in. Inc.	
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 pu oss fee amount	blic relations services reported shall not be
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 year).		
c) Total of all fees received to date (Add lines a and b)	c) \$	
 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 reffees. 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 example 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 lobbied (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 greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if experiment and i	enditures are made by the lobbyist(s)/firm. of all expenses paid aggregate total of all seed during a business is given to the person if \$25.00 or less); and reater than \$25.00 for in \$25, purchase of a not greater than \$50, ursement, 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) \$	50.00

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	f) \$50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Secretary of State	s <u>50.00</u>
	\$
	\$
	\$
	\$
	\$
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)	april 12, 2017
Kimberly Reeve (Print Name of lobbyist)	

LEASE PRIN

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Kristine Staddard	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Bi. State Primary Care Associ	ation, Inc.
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 grandled by any expenses: a) Total of all fees received in this reporting period	t relations, or public relations services
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	
c) Total of all fees received to date (Add lines a and b)	c)\$
 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 greater 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 ss 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)\$ 19,564.77
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	5000

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 19.614.77
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	ns 19.1014.77
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Secretary of State	\$50.00
	\$
	\$
	\$
	\$
	\$
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)	(Date)
Kristine Stoddard (Print Name of lobbyist)	
(1 This Traine of 1000) 15t)	

525 Clinton Street Bow, NH 03304

Voice: 603-228-2830 Fax: 603-228-2464

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

www.bistatepca.org

61 Elm Street Montpelier, VT 05602

> Voice: 802-229-0002 Fax: 802-223-2336

April 14, 2017

NH Secretary of State's Office State House – Room 204 Concord, NH 03301

To Whom It May Concern:

Enclosed please find Bi-State's report relative to lobbying and government expenses due April 26, 2017.

Bi-State Primary Care Association is a small non-profit who, as part of its mission, performs advocacy and government relations work.

Kristen Stoddard, Kimberly Reeve and Tess Kuenning are employees of Bi-State, who are hired to perform these activities for Bi-State. All expenses included on this report are related to the activities of Bi-State and those employees. Kristine Stoddard is away from the office for an extended period and therefore is unable to sign the attached documents.

Please contact me should you have any questions at 603-228-2830 ext. 122.

Sincerely,

Kimberly Martin

Accounting Department