



**STATE OF NEW HAMPSHIRE**  
**2021 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

**RECEIVED**

OCT 26 2021

NEW HAMPSHIRE  
DEPARTMENT OF STATE

PLEASE PRINT

**I. Name of Lobbyist(s)** Ashley Calabrese

**II. Name of lobbyist's partnership, firm or corporation, if any:**

Novartis Services, Inc.

(Name of partnership, firm or corporation)

38      Warren Road      Sturbridge      MA      01518

Business Address: (Street)      (Town/City)      (State)      (Zip Code)

203 410-7936      ( )      e-mail ashley.calabrese@novartis.com  
 (Telephone)      (Fax)

**III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).**

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

Novartis Services, Inc.

(Full Name of Client as it appears on the Lobbyist Registration Form)

**OR**

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

**IV. Date of Report**      April 28, 2021       July 28, 2021   
*Reports cover: activity from date of registration to 3/31/21      activity from 4/1/21 to 6/30/21*  
    October 27, 2021       January 26, 2022   
    *activity from 7/1/21 to 9/30/21      activity from 10/1/21 to 12/31/21*

**V. There have been no fees received and no reportable transactions made since the last report.**   
*If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.*

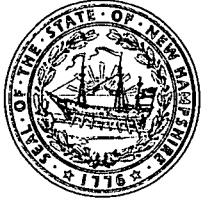
**VI. Check if additional reports are attached:**  
 If you have received fees or made expenditures, you must file **Addendum A– Fees and Expenses**  
 If you have paid an honorarium or reimbursed expenses, you must file **Addendum B– Report of Honorariums or Expense Reimbursement**  
 If you, your firm, or your family has made political contributions, you must file **Addendum C– Political Contributions**

**Sworn Statement/Affirmation by Lobbyist**  
 I have read RSA 15, RSA 15-B, RSA 15-C 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)

10/19/2021  
 (Date)

Ashley Calabrese  
 (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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

P I. Name of Lobbyist(s) Ashley Calabrese

L II. Name of lobbyist's partnership, firm or corporation, if any: Novartis Services, Inc. (Name of partnership, firm or corporation)

A III. Name of Client Novartis Services, Inc. Date 10/19/2021

R 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: NH Senate Democratic Caucus (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 500.00 Office Candidate is Seeking State Senate Democrats

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."

N/A

Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ Office Candidate is Seeking

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)

Amount of contribution \$ Office Candidate is Seeking

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."

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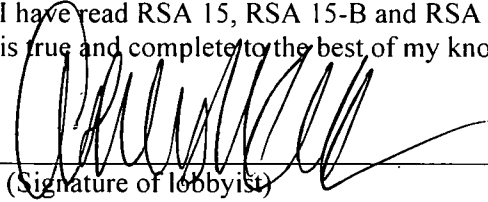
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**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)

10/25/21  
\_\_\_\_\_  
(Date)

Ashley Calabrese  
\_\_\_\_\_  
(Print Name of lobbyist)