

**RECEIVED** 

JUN 15 2017

**NEW HAMPSHIRE** DEPARTMENT OF STATE

		STATE OF NEW HAMPSHIRE
		2017 Statement of Income and Expenses
LAH		for LOBBYISTS
		(RSA Chapter 15)
	PLEASE PRINT	

I. Name of Lobb	yist(s) Steve A	hnen, Paula Minnehan, k	Cathleen Bizarro-Thunber	g, Travis Boucher
II. Name of lobb	yist's partnersh	.ip, firm or corporation, if	any:	
New Hampshir	re Hospital Ass	ociation		
	(Name of partners	ship, firm or corporation)		
125 Airport Ro	ad	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
( 603) 225-0 ( Felepho		(603 <sub>.)</sub> 225-4346 (Fa		nehan@nhha.org
		ose one – file separate rep which are not attributabl		ou may file a separate report
All reportable	e transactions occ	curring in the months prior t	to the reporting date relative	e to the following client:
<u>OR</u>	(Full Name	e of Client as it appears on the	Lobbyist Registration Form)	
All reportable unrelated to any p		the lobbyist (including the lo	obbyist's family), or the lob	obying firm listed below which
IV. Date of Repo		2017 V of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6	
		25, 2017 . 17/1/17 to 9/30/17	January 31, 201 activity from 10/1/17 to	
	ked, complete ju	eceived and no reportab st this form and submit it to		nce the last report. fice, State House, Room 204,
VI <u>.</u> Check if add	litional reports :	are attached:		
		nade expenditures, you mus	t file Addendum A– Fees a	and Expenses
Expense Reimbu	rsement		•	3- Report of Honorariums or
If you, your !	firm, or your fam	ily has made political contr	ibutions, you must file Ado	lendum C Political Contribut
and complete to t	15, RSA 15-B, R he best of my kn	y Lobbyist ISA 14-C and RSA 664 and owledge and belief.		t the foregoing information is t
(Signature of lob	onyist) - /			(Date)

Paula Minnehan

(Print Name of lobbyist)

# P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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 groreduced by any expenses:	relations, or public relations service
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)	b) \$ear)
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 rep fees. 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 exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being 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 greate 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 aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (a) the person of the person of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political expenses.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$27,363.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
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) \$
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) \$ 27,363.00
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:
	\$
the sum of the suite of the sum o	\$
	\$
	\$
	\$
	\$
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.	
(Signature of lobbyist)	(0/13/17 (Date)
Paula Minnehan	
(Print Name of lobbyist)	

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II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:	
New Hampshire Hospita	al Association	•	
	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions	oution that is reportable	pursuant to RSA Chap	oter 664 paid on behalf of the
Full name of candidate:	Feltes	Dan	
	(Last Name)		(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate is	s Seeking Senate
enter an estimated value and			
enter an estimated value and	Senate Democratic C		
Full name of candidate:	Senate Democratic C	aucus (First Name)	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-l	Senate Democratic C (Last Name) 500 kind contribution, provide ontribution on the line above	aucus  (First Name)  Office Candidate is a description of the good	(Middle Name/Initial)  5 Seeking _Senate  ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind co	Senate Democratic C (Last Name) 500 kind contribution, provide ontribution on the line above	aucus  (First Name)  Office Candidate is a description of the good we for amount of contribu	(Middle Name/Initial)

# (Lity)

# STATE OF NEW HAMPSHIRE

II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
New Hampshire Hospita		porturion, ir unj.	
	irtnership, firm or corporation)		
(Name of pa	indicismp, firm of corporation)		
III. Name of Client			Date
Political Contributions For each political contrib client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Lasky	Bette	
<u>-</u>	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate i	is Seeking Senate
actual cost of the in-kind co enter an estimated value and	ntribution on the line abo	ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known
actual cost of the in-kind co enter an estimated value and	ntribution on the line abo I the word "estimate."	ve for amount of contrib	ution. If the actual cost is not know
actual cost of the in-kind co enter an estimated value and	ntribution on the line abo I the word "estimate."  Kahn	ve for amount of contrib	ution. If the actual cost is not know
actual cost of the in-kind co enter an estimated value and	ntribution on the line abo	ve for amount of contrib	ution. If the actual cost is not know
actual cost of the in-kind co enter an estimated value and 	ntribution on the line abo I the word "estimate."  Kahn	Jay (First Name)	ution. If the actual cost is not know
actual cost of the in-kind co enter an estimated value and Full name of candidate:  Amount of contribution \$	Kahn  (Last Name)  250  ind contribution, provide ntribution on the line abo	Jay  (First Name)  Office Candidate is a description of the good	(Middle Name/Initial)
actual cost of the in-kind coenter an estimated value and Full name of candidate:  Amount of contribution \$  If the contribution is an in-kactual cost of the in-kind co	Kahn  (Last Name)  250  ind contribution, provide ntribution on the line abo	Jay  (First Name)  Office Candidate is a description of the good	(Middle Name/Initial) s Seeking _Senate ds or services provided, and enter t

New Hampshire Hospita (Name of pa	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Soucy	Donna	M
•	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate i	is Seeking Senate
enter an estimated value and	d the word "estimate."		
		et House Republicans (First Name)	
Full name of candidate:	Committee to Elec	et House Republicans (First Name)	
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-kactual cost of the in-kind co	Committee to Elec (Last Name) 500 kind contribution, provide ontribution on the line abo	t House Republicans (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	Committee to Elec (Last Name) 500 kind contribution, provide ontribution on the line abo	t House Republicans (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking ds or services provided, and enter t

recer i amponic i lospite	al Association		
(Name of pa	armership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contrib client/lobbyist and lobby			oter 664 paid on behalf of the
Full name of candidate:	Birdsell	Regina	
i di l'allo di dallaradio.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate i	s Seeking Senate
Full name of candidate:	Woodburn (Last Name)	Jeff (First Name)	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-	Woodburn (Last Name) 500  Sind contribution, provide ontribution on the line abo	Jeff (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking Senate ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kactual cost of the in-kind co	Woodburn (Last Name) 500  Sind contribution, provide ontribution on the line abo	Jeff  (First Name)  Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial)  s Seeking Senate  ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:  Amount of contribution \$	Woodburn (Last Name) 500  Kind contribution, provide ontribution on the line about the word "estimate."	Jeff  (First Name)  Office Candidate is a description of the good ve for amount of contributions.	(Middle Name/Initial) s Seeking Senate ds or services provided, and enter the

New Hampshire Hospital			
(Name of par	tnership, firm or corporation	1)	
III. Name of Client			Date
Political Contributions For each political contribu client/lobbyist and lobbyir			oter 664 paid on behalf of the
Full name of candidate:		Harold	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate i	s Seeking Senate
			Р
Full name of candidate:  Amount of contribution \$	Gray (Last Name)	James (First Name)	Р
Full name of candidate:  Amount of contribution \$	Gray (Last Name) 250 ind contribution, providentribution on the line al	James  (First Name)  Office Candidate is de a description of the good	P (Middle Name/Initial) s Secking Senate ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$	Gray (Last Name) 250 ind contribution, providentribution on the line al	James  (First Name)  Office Candidate is de a description of the good	P (Middle Name/Initial)  s Seeking Senate  ds or services provided, and enter tl ution. If the actual cost is not know
Full name of candidate:  Amount of contribution \$  If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	Gray  (Last Name)  250  Ind contribution, provientribution on the line all the word "estimate."	James  (First Name)  Office Candidate is description of the good pove for amount of contrib	P (Middle Name/Initial) s Secking Senate ds or services provided, and enter the

II. Name of lobbyist's pa	utnovehin fium ou co-	monation if an-	
	• *	poration, if any:	
New Hampshire Hospita			
(Name of pai	rtnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbyist			er 664 paid on behalf of the
Full name of candidate: _	Morse	Chuck	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500	Office Candidate is	ScekingSenate Presiden
	Avord	Vovin	****
Full name of candidate:	Avard (Last Name)	Kevin (First Name)	(Middle Name/Initial)
_	(Last Name)	(t nat rame)	(Winduic Ivanic/Initial)
Amount of contribution \$	250	Office Candidate is S	Seeking Senate
If the contribution is an in-ki	ind contribution, provide	a description of the goods	seeking
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	ind contribution, provide ntribution on the line abo the word "estimate."	a description of the goods ve for amount of contribut	or services provided, and enter the
If the contribution is an in-ki actual cost of the in-kind cor	ind contribution, provide	a description of the goods	Seeking Senate or services provided, and enter the ion. If the actual cost is not known  (Middle Name/Initial)



Amount of contribution \$250	New Hampshire Hospit	al Association		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behald client/lobbyist and lobbying firm, indicate the following:    Giuda	(Name of part	nership, firm or corporation	)	
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behaclient/lobbyist and lobbying firm, indicate the following:    Giuda	II. Name of Client		<del></del> -	Date
Full name of candidate:  (Last Name) (First Name) (Middle Name/Ir 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 actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost enter an estimated value and the word "estimate."  Full name of candidate:  Clark Martha Fuller  (Last Name) (First Name) (Middle Name/Ir Amount of contribution)  Office Candidate is Seeking Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost actual cost of the in-kind contribution on the line above for amount of contribution.	or each political contribu			apter 664 paid on behalf of the
Amount of contribution S250	full name of candidate:	Giuda	Bob	
Amount of contribution \$250	an name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost enter an estimated value and the word "estimate."  Full name of candidate:  Clark Martha Fuller  (Last Name) (First Name) (Middle Name/Ir Senate)  Amount of contribution \$  Office Candidate is Seeking Senate  If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost				e is Seeking Senate
(Last Name) (First Name) (Middle Name/Ir  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 actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost				
If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost		Clark	Martha	Fuller
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost	ull name of candidate:	Clark (Last Name)		
		(Last Name)	(First Name)	(Middle Name/Initial)
	amount of contribution \$  f the contribution is an in-kinctual cost of the in-kind con	(Last Name) 250  and contribution, provide tribution on the line ab	(First Name)  Office Candidate  e a description of the go	(Middle Name/Initial)  Senate  sods or services provided, and enter the
Full name of candidate: D'Allesandro Lou	amount of contribution \$  f the contribution is an in-kinctual cost of the in-kind con	(Last Name) 250  and contribution, provide tribution on the line ab	(First Name)  Office Candidate  e a description of the go	(Middle Name/Initial)  Senate  sods or services provided, and enter the
(Last Name) (First Name) (Middle Name/It	Amount of contribution \$  f the contribution is an in-kinctual cost of the in-kind contract an estimated value and	(Last Name) 250  and contribution, provide tribution on the line about the word "estimate."	(First Name)  Office Candidate  le a description of the go ove for amount of contr	(Middle Name/Initial)  Senate  sods or services provided, and enter the



New Hampshire Hosp	oital Association		
(Name of pa	artnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contrib client/lobbyist and lobby	•		oter 664 paid on behalf of the
Full name of candidate:	Ward	Ruth	
di name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate i	s Seeking Senate
Full name of candidate:	Innis (Last Name)	Dan (First Name)	
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-l	Innis (Last Name) 250  cind contribution, provide ontribution on the line abo	Dan  (First Name)  Office Candidate is a description of the good	(Middle Name/Initial)  Senate s Seeking  ds or services provided, and enter the
Full name of candidate:  Amount of contribution \$ _  If the contribution is an in-kand cost of the in-kind co	Innis (Last Name) 250  cind contribution, provide ontribution on the line abo	Dan  (First Name)  Office Candidate is a description of the good	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the good actual cost of the in-kind contribution on the line above for amount of contribution enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on separat	e addendum (* forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi is true and complete to the best of my knowledge and belief.	rm that the foregoing information
(Signature of lobbyist)	6/13/17
Paula Minnehan	(Bate)
(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.

Name of Lobbying partr	nership, firm, or corpor	ration: New Hampshire F	lospital 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 o	ne):		
April 26, 2017	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
			d Expenses described above, and imber of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of r			at and each Addendum is true and
Steve Ahnen			
(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.

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Assoc	iation
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and	d 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 de the following Addendums submitted with that Statement (insert the number of Adde submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Adecomplete to the best of my knowledge and belief.	dendum is true and
(Signature of lobbyist)  (Signature of lobbyist)  (Date)	7
Paula Minnehan	
(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.

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 of	one):		
April 26, 2017	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
$Addendum \Lambda(s)$	).		
Addendum B(s)	ı <b>.</b>		
Addendum C(s)			
I hereby swear or affirm complete to the best of t			nt and each Addendum is true and
Kathle A. A. (Signature of lobbyist)	Jan - Mu	bey _	(Date)
Kathleen Bizarro-Thun	berg		
(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.

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, 2017 <b>4</b>	July 26, 2017 □	October 25, 2017 🗆	January 31, 2018 □	
			nd Expenses described above, and umber of Addendum forms being	
Addendum A(	s).			
Addendum B(	s).			
Addendum C(s	s).			
· · · · · · · · · · · · · · · · · · ·	my knowledge and bel		and each Addendum is true and $\frac{6/(3/i)}{(Date)}$	
Travis Boucher				
(Print Name of lobbyis	st)			