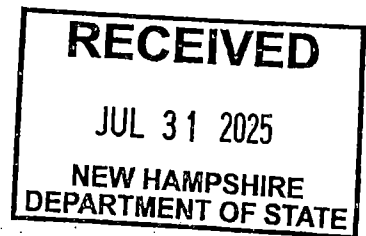




STATE OF NEW HAMPSHIRE
2025 Statement of Income and
Expenses for LOBBYISTS
(RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) JAMES P BOULEY, MICHAEL P DENNEHY, & JESSICA E ESKELAND

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

DENNEHY & BOULEY GROUP LLC

(Name of partnership, firm or corporation)

17 DEPOT ST CONCORD NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)

() 603-228-1601 () _____ e-mail _____
(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:

AMERIHEALTH CARITAS

(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 30, 2025 ☐
Reports cover: activity from date of registration to 3/31/25
October 29, 2025 ☐
activity from 7/1/25 to 9/30/25

July 30, 2025 ☒
activity from 4/1/25 to 6/30/25
January 28, 2026 ☐
activity from 10/1/25 to 12/31/25

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 14-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.

J P Bouley
(Signature of lobbyist)

JAMES P BOULEY

(Print Name of lobbyist)

7/23/25
(Date)

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: DENNEY & BOULEY GROUP LLC

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): AMERIHEALTH CARITAS

Date of Report (check one):

April 30, 2025 ☐ July 30, 2025 ☒ October 29, 2025 ☐ January 28, 2026 ☐

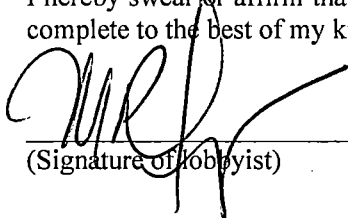
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and
the following Addendums submitted with that Statement (insert the number of Addendum forms being
submitted):

Addendum A(s). _____

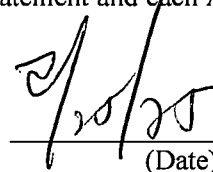
Addendum B(s). _____

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)



(Date)

MICHAEL P DENNEHY

(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.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: DENNEY & BOULEY GROUP LLC

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): AMERIHEALTH CARITAS

Date of Report (check one):

April 30, 2025 ☐

July 30, 2025 ☒

October 29, 2025 ☐

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.

J. Eskeland
(Signature of lobbyist)

7/23/25
(Date)

JESSICA E ESKELAND
(Print Name of lobbyist)