

### STATE OF NEW HAMPSHIRE

### 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

APR 2 6 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

| I. Name of L     | <sub>obbyist(s)</sub> Matthew S. H   | oude                          |   | <del> </del>                      |
|------------------|--|-------------------------------|---|-----------------------------------|
|                  | lobbyist's partnership, firm or  | corporation, if any:          |   |                                   |
| Dartmou          | ith Health   |                               |   |                                   |
| _                | (Name of partnership, firm or o  |                               |   |                                   |
| One              | Medical Center Dr.   | Lebanon                       | NH                                      | 03756                             |
| Business Addre   |  | (Town/City)                   | (State)                                 | (Zip Code)                        |
| ( )              | 6.653.1910   | ) 603.653.1906                | matthew.s.ho<br>e-mail                  | oude@hitchcock.org                |
| (Tel             | lephone)   | (Fax)                         |   |                                   |
|                  | tement covers: (Choose one – fi  |                               |   | y file a separate report for      |
| reportable ex    | xpense transactions which are  | not attributable to any or    | ie client).                             |                                   |
| All report       | table transactions occurring in th   | e months prior to the repor   | ting date relative to the               | e following client:               |
|                  | ıth Health   | P                             |   |                                   |
|                  |  | it appears on the Lobbyist Re | gistration Form)                        |                                   |
| <u>OR</u>        | •  |                               | ,                                       |                                   |
| 1 -              | able transactions by the lobbyist  | (including the lobbyist's fa  | amily), or the lobbying                 | ; firm listed below which are     |
| unrelated to a   | ny particular client.  |                               |   |                                   |
| IV. Date of F    | • • • —  |                               | July 27, 2022                           |                                   |
| Reports cover:   | · · · · · · · · · · · · · · · · · · ·  |                               | y from 4/1/22 to 6/3 <u>0/22</u>        | 1                                 |
|                  | October 26, 2022<br>activity from 7/1/22 to 9/3  |                               | January 25, 2023 <u> </u>               | <u> </u><br> /22                  |
|                  | activity from WD22 to M.   | JU/ZZ uciivii                 | y ji om 10/1/22 to 12/31/               |                                   |
| If this box is o | ave been no fees received an<br>checked, complete just this form<br>Room 204, Concord, NH 03301. | and submit it to the Secrete  |   |                                   |
| VI. Check if     | additional reports are attache   | d:                            |   |                                   |
|                  | ve received fees or made expend  |                               | ndum A– Fees and Ex                     | rpenses                           |
|                  | ve paid an honorarium or reimbi  | ırsed expenses, you must f    | ile <b>Addendum B</b> – Re <sub>l</sub> | oort of Honorariums or            |
| Expense Rein     |  |                               |   | or O. Dellaterat Community of the |
| II you, yo       | our firm, or your family has mad   | e political contributions, ye | ou must file Addendu                    | m C— Political Contribution       |
|                  |  |                               |   |                                   |
| I have read R    | ment/Affirmation by Lobbyist<br>SA 15, RSA 15-B, RSA 14-C ar<br>to the best of my knowledge an   |                               | ear or affirm that the f                | oregoing information is true      |
|                  | -) ~ (A  |                               | April 17, 2023                          |                                   |
| (Signature of    | f lobbyist)  |                               | (Dat                                    | e)                                |
| ` •              | S. Houde   |                               | •                                       |                                   |
| (Print Name      |  |                               |   |                                   |

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Matthew S. Houde   |   |
|---|---|
| II. Name of lobbyist's partnership, firm or corporation, if any:  |   |
| Dartmouth Health  |   |
| (Name of partnership, firm or corporation) III. Name of Client Dartmouth Health   | <sub>Date</sub> 4/17/23   |
| 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 greened reduced by any expenses:   | relations, or public relations services<br>oss fee amount reported shall not be   |
| a) Total of all fees received in this reporting period  | <sub>a) \$</sub> 10,000   |
| 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)  | a) \$ 10,000<br>b) \$ 0<br>ear)   |
| c) Total of all fees received to date (Add lines a and b)   | c) \$ 10,000  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid  | d) S 0  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 of 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 per 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 expenditures are made by<br>may be filed for the lobbyist(s)/firm<br>e aggregate total of all expenses paid<br>expenses; (b) the aggregate total of alle: meals purchased during a business<br>ss than \$10 that is given to the person<br>ed with a value of \$25.00 or less); and<br>orting period of greater than \$25.00 for<br>the of greater than \$25, purchase of a<br>er than \$25, but not greater than \$50,<br>expense reimbursement, or politica |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$ <u></u>   |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | ь)\$  |
| c) Total of all itemized expenditures reported in detail in section VI.   | c) \$ 0   |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$ 0                            |  |  |  |  |
|--|------------------------------------|--|--|--|--|
| 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) \$ <u>0</u>                     |  |  |  |  |
| f) Total of all expenses year to date  | n) \$ 0                            |  |  |  |  |
| 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:                            |  |  |  |  |
|  | \$                                 |  |  |  |  |
|  | \$                                 |  |  |  |  |
|  | \$                                 |  |  |  |  |
|  | \$                                 |  |  |  |  |
|  | \$                                 |  |  |  |  |
|  | \$                                 |  |  |  |  |
|  |                                    |  |  |  |  |
|  |                                    |  |  |  |  |
| 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 17, 2023                     |  |  |  |  |
|  |                                    |  |  |  |  |
| Matthew S. Houde   |                                    |  |  |  |  |
| (Print Name of lobbyist)   |                                    |  |  |  |  |

## STATE OF NEW HAMPSHIRE

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

| I. Name of Lobbyist(s) Matt       | thew S. Houde               |   |   |
|-----------------------------------|-----------------------------|---|---|
| II. Name of lobbyist's part       | nership, firm or c          | orporation, if any:                     |   |
| Dartmouth Health                  | -                           | •                                       |   |
|                                   | ership, firm or corporation |   |   |
| III. Name of Client Dartmo        | outh Health                 |   | Date 4/17/23  |
| emplo                             | yer                         | _                                       |   |
| Political Contributions           | on that is renortable       | le nurquent to DSA Cher                 | oter 664 paid on behalf of the  |
| client/lobbyist and lobbying      | _                           | -                                       | of the part of the  |
|                                   | ,                           |   |   |
|                                   |                             |   |   |
| Full name of candidate: So        | oucy, Donna                 |   |   |
| run name of candidate.            | (Last Name)                 | (First Name)                            | (Middle Name/Initial)   |
| Amount of contribution \$ 25      | 0                           | Office Candidate is Seeki               | ng NH State Senate  |
|                                   |                             |   |   |
| If the contribution is an in-kind | d contribution, provi       | de a description of the goo             | ds or services provided, and enter the ution. If the actual cost is not known,  |
| enter an estimated value and the  |                             | bove for amount of contro               | ution. If the actual cost is not known,   |
|                                   |                             |   |   |
| <del></del>                       |                             |   | <del></del>   |
|                                   |                             | <u></u>                                 |   |
|                                   |                             |   |   |
|                                   |                             |   |   |
| Full name of candidate:           | (Last Name)                 |   | <del></del>   |
|                                   | (Last Name)                 | (First Name)                            | (Middle Name/Initial)   |
| Amount of contribution \$         |                             | Office Candidate is Sec                 | eking   |
|                                   |                             |   |   |
|                                   |                             |   | ds or services provided, and enter the oution. If the actual cost is not known, |
| enter an estimated value and the  |                             | • | ,   |
|                                   |                             |   |   |
|                                   |                             |   |   |
|                                   | <del></del> .               |   | <del></del>   |
|                                   |                             |   |   |
|                                   |                             |   |   |
| Full name of candidate:           | (Last Name)                 | (First Name)                            | (Middle Name/Initial)   |
|                                   | (Dase Haine)                | •                                       | •   |
| Amount of contribution \$         |                             | Office Candidate is Sec                 | alaias o  |

| 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 con  | tributions on separate addendum C forms.) |  |  |  |
| Sworn Statement/Affirmation by Lobbyist   |   |  |  |  |
| I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and  | -   |  |  |  |
| 2 H   | April 17, 2023                            |  |  |  |
| (Signature of lobbyist)   | (Date)                                    |  |  |  |
| MatthewS.Houde  |   |  |  |  |
| (Print Name of lobbyist)  |   |  |  |  |