

## STATE OF NEW HAMPSHIRE

## 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PECEIVED

JUL 1 8 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lot	obyist(s)	P. BOULEY	, ALEXANDER J.	KOUTROUBAS & MIC	HAEL P. DENNEHY
		- :	orporation, if any		
DENINEY	& BOULE				
17	(Name of partners	-	-	D NH	03301
· ·		01016	CONCOR (Town/City)	(State)	(Zip Code)
Business Address	,		(TOWIDCHy)	(State)	(Zip Code)
,	228-1601 hone)	(	(Fax)	e-mail	<del></del>
(Telep	monej		(rax)		
					i may file a separate report f
eportable exp	ense transactions	which are i	ot attributable to	iny one chent).	
<b>イ</b> All reportal	ole transactions occ	urring in the	months prior to the	reporting date relative t	o the following client:
	TH CARE	_	_		-
				yist Registration Form)	
)R	(i un ivano	or chem us	cupped son the 2000	, ist registration i offin,	
All reportab	le transactions by t	he lobbyist (	including the lobby	ist's family), or the lobb	ying firm listed below which a
inrelated to any	y particular client.				
ar Baraca		-	7	I.I. 21 2024	7
V. Date of Re Reports cover:	port April : activity from date of	24, 2024 Tregistration (		July 31, 2024 Date of 32, 2024 Date of 3	10/24
	October 3		7	January 29, 2025	
	activity from 7/		ā ac	tivity from 10/1/24 to 12/3	1/24
lf this box is ch	re been no fees ro recked, complete ju oom 204, Concord,	st this form o	I no reportable to and submit it to the	ransactions made sing Secretary of State's Office	ce the last report.
VI. Check if a	dditional reports :	are attached	:		
	-			Addendum A- Fees an	d Expenses
		m or reimbu	rsed expenses, you	nust file Addendum B-	- Report of Honorariums or
Expense Reimb				. 71 11	
If you, you	ir firm, or your fam	ily has made	political contributi	ons, you must file Adde	ndum C- Political Contribution
Sworn Statem	ent/Affirmation b	y Lobbyist	1001.664 11	. or allo	d Committee to the committee of the comm
nave read RS. and complete to	A 15, KSA 15-B, F of the best of my kn	owledge and	u KSA 004 and nen belief.	by swear or armin that	the foregoing information is tr
.4	KG	¥		n/ /.	
(Signature of I	obbyist)			2/17/2	(Date)
. 5	P. BOULEY				

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

IAMES D. POULEY ALSYANDED I VOUTDOU	DAG CHICHAELD DENNEUR
I. Name of Lobbyist(s) JAMES P. BOULEY, ALEXANDER J. KOUTROU	BAS, & MICHAEL P. DENNEHY
II. Name of lobbyist's partnership, firm or corporation, if any: DENNEHY & BOULEY GROUP LLC	
(Name of partnership, firm or corporation)	
III. Name of Client NH HEALTH CARE ASSOCIATION	N Date 06/30/24
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 greated by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 13,749.99
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).	<sub>b) \$</sub> 1 <u>3,</u> 7Ч9,99
c) Total of all fees received to date (Add lines a and b)	0)\$ 27,499.98
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	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 of the 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 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. 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) \$
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) \$

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)\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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 affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Sly	7/ why
(Signature of lobbyist)	(Date)
JAMES P. BOULEY	
(Print Name of lobbyist)	

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# 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 particular client): NH HEALTH CARE ASSOCIATION	any
Date of Report (check one):	
April 24, 2024 □ July 31, 2024 □ October 30, 2024 □ January 29, 2025 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, the following Addendums submitted with that Statement (insert the number of Addendum forms b 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 complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)	and
ALEXANDER J. KOUTROUBAS	
(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.

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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)  MICHAEL P. DENNEHY
(Print Name of lobbyist)
(1 THE INDIAN OF TODOYISE)