



STATE OF NEW HAMPSHIRE
2016 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

RECEIVED

APR 22 2016

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Matthew S. Houde

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

Dartmouth-Hitchcock

(Name of partnership, firm or corporation)

One Medical Center Drive, Lebanon, NH 03756

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

603 653-1974

(Telephone)

(603 653-1906

(Fax)

c-mail matthew.Houde@hitchcock.org

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: employer

Dartmouth-Hitchcock

(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 27, 2016
Reports cover: activity from date of registration to 3/31/16

July 27, 2016
activity from 4/1/16 to 6/30/16

October 27, 2016
activity from 7/1/16 to 9/30/16

January 25, 2017
activity from 10/1/16 to 12/31/16

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, 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 and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Matthew S. Houde
(Signature of lobbyist)

4/19/16
(Date)

Matthew S. Houde
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

Addendum A

(RSA Chapter 15:6)

PLEASE PRINT

I. Name of Lobbyist(s) Matthew S. Houde

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

III. Name of Client Dartmouth-Hitchcock Date 4/19/16

IV. Fees Received * Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying...

- a) Total of all fees received in this reporting period a) \$ 6,000
b) Total of all fees received this calendar year, prior to this reporting period b) \$ 0
c) Total of all fees received to date c) \$ 6,000
d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$ 0

V. Expenses: * employed by Dartmouth-Hitchcock Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees...

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. a) \$ 0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. b) \$ 0
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 e) \$ 0
 (This should be the amount on line f of addendum A for last month's report)

f) Total of all expenses year to date f) \$ 0

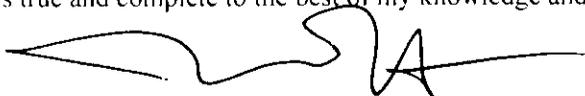
VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:	Amount:
_____	\$ <u>N/A</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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)	<u>4/19/16</u> _____ (Date)
<u>Matthew S. Houde</u> _____ (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) Matthew S. Houde

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

E Dartmouth - Hitchcock (Name of partnership, firm or corporation)

A employer Dartmouth - Hitchcock Date 4/19/16

S III. Political Contributions

R 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: Kuster Ann McLane (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 100.00 Office Candidate is Seeking U.S. Representative

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."

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."

(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)

4/19/16

(Date)

Matthew S. Houde

(Print Name of lobbyist)