

# STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# RECEIVED

OCT 2 2 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

I. Name of I	Lobbyist(s) Matthew	S. Ho	ude		
	lobbyist's partnership, fi uth Health	rm or co	rporation, if any:		
	(Name of partnership, f	irm or cor	poration)		
One	Medical Cente	r Drive	Lebanon	NH	03756
Business Add	ress: (Street)		(Town/City)	(State)	(Zip Code)
( ) 603	3.653.1910	( )		e-mail matthew.s	.houde@hitchcock.org
(To	elephone)		(Fax)		
III. This sta	tement covers: (Choose o	ne – file	separate reports fo	r each client, OR you i	may file a separate report for
	expense transactions which				The order of the control of the con
✓ All repor	rtable transactions occurring	a in the r	nonths prior to the r	enorting data relative to	the following client:
	uth Health	ig in the i	nonthis prior to the r	eporting date relative to	the following chefit.
Dartinot		1:	4 7 11 3	. B	
OR	(Full Name of C	ment as it a	ppears on the Lobbyis	t Registration Form)	
	able transactions by the lo	bbyist (in	cluding the lobbyist	's family), or the lobbying	ng firm listed below which are
	any particular client.	*			
IV. Date of Reports cover	Report April 30, 20 : activity from date of regist October 29, 20 activity from 7/1/25 to	tration to .		July 30, 2025  tivity from 4/1/25 to 6/30/2  January 28, 2026  ity from 10/1/25 to 12/31/2	
If this box is	ave been no fees receiv checked, complete just this Room 204, Concord, NH	s form an			
If you ha	f additional reports are a ave received fees or made ave paid an honorarium or	expenditu			
Expense Rei		remours	ed expenses, you mi	ist me Audendum b-1	report of Honorariums of
If you, y	our firm, or your family ha	as made p	olitical contribution	s, you must file Addend	dum C- Political Contributions
I have read I	ement/Affirmation by Lo RSA 15, RSA 15-B, RSA 1 to the best of my knowle	4-C and		or swear or affirm that the October 13, 2	e foregoing information is true
(Signature o	of lobbyist)				Date)
	S. Houde			,	*
(Print Name	of lobbyist)				

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# STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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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	Date 10/13/2025
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 gre reduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 10,000 b) \$ 40,000
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).	b) \$ 40,000
c) Total of all fees received to date (Add lines a and b)	c) \$ 50,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	c) \$ 50,000 d) \$ 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 pen with a value of lessing 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 aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (a) that is given to the person of with a value of \$25.00 or less); and or ting period of greater than \$25.00 for the of greater than \$25, purchase of a 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) \$ 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 expanditures reported in detail in section VI	a.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) § 0
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 loperiod, 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
	October 13, 2025
(Signature of lobbyist)	(Date)
Matthew S. Houde	

(Print Name of lobbyist)