



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Leslie Melby, Steve Ahnen, Kathleen Bizarro-Thunberg, Paula Minnehan
II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association

III. Name of Client Date

Political Contributions

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: Soucy Donna M. (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Clark Martha Fuller (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Committee to Elect House Republicans (Last Name) (First Name) (Middle Name/Initial)

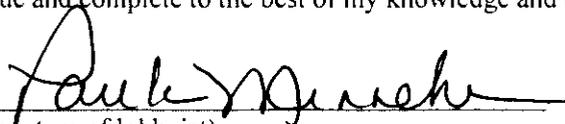
Amount of contribution \$ 250 Office Candidate is Seeking

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)

10/7/15

(Date)

Paula Minnehan

(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: New Hampshire Hospital Association

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

Date of Report (check one):

April 29, 2015

July 29, 2015

October 28, 2015

January 27, 2016

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):

X Addendum A(s).

_____ Addendum B(s).

X 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.

Paula Minnehan
(Signature of lobbyist)

10/2/15
(Date)

Paula Minnehan
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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Sworn Statement/Affirmation by Lobbyist
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Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): _____

Date of Report (check one):

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July 29, 2015

October 28, 2015

January 27, 2016

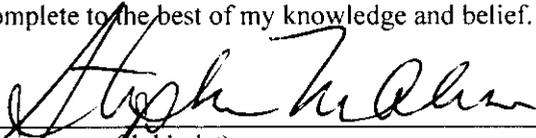
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

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X 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)

12/7/15
(Date)

Steve Ahnen
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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Sworn Statement/Affirmation by Lobbyist
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X Addendum A(s).

_____ Addendum B(s).

X 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.

Leslie Melby
(Signature of lobbyist)

9/8/15
(Date)

Leslie Melby
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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Income and Expense Statements and related Addendums.

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Statement of Income and Expenses for:

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X Addendum A(s).

_____ Addendum B(s).

X 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.

Kathy A. Bizarro-Thunberg
(Signature of lobbyist)

10/7/15
(Date)

Kathy Bizarro-Thunberg
(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hospital Association

III. Name of Client Date

Political Contributions

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: NH Senate Democratic Caucus

Amount of contribution \$ 250 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.

Full name of candidate: Feltes Dan

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Boutin David

Amount of contribution \$ 250 Office Candidate is Seeking Senator



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P I. Name of Lobbyist(s) Leslie Melby, Steve Ahnen, Kathleen Bizarro-Thunberg,
L Paula Minnehan
E II. Name of lobbyist's partnership, firm or corporation, if any:
A New Hampshire Hospital Association
S _____
E (Name of partnership, firm or corporation)

P III. Name of Client _____ Date _____
R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Carson Sharon
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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: Bradley Jeb
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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: Pierce David
 (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

(turn over to continue →)



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Full name of candidate: Morse Chuck
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

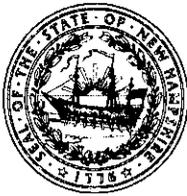
Full name of candidate: Kelly Molly
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: D'Allesandro Lou
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator



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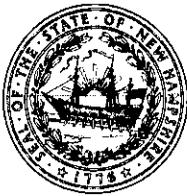
Full name of candidate: Prescott Russell
Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Lasky Bette
Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Little Jerry
Amount of contribution \$ 250 Office Candidate is Seeking Senator



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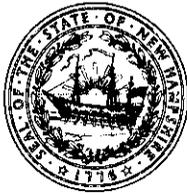
Full name of candidate: Forrester Jeanie
Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Watters David
Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Daniels Gary
Amount of contribution \$ 250 Office Candidate is Seeking Senator



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Full name of candidate: Cataldo Sam (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Woodburn Jeff (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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.

Full name of candidate: Committee to Elect House Democrats (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250 Office Candidate is Seeking Senator

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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.

Paula Minnehan
(Signature of lobbyist)

9/8/15
(Date)

Paula Minnehan
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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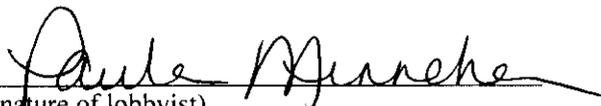
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(Date)

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(Print Name of lobbyist)

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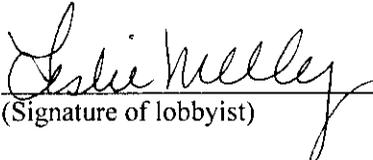
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(Signature of lobbyist)

 9/8/15
(Date)

 Leslie Melby
(Print Name of lobbyist)

State of New Hampshire
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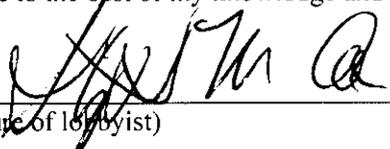
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(Signature of lobbyist)

2/2/15
(Date)

Steve Ahnen

(Print Name of lobbyist)

State of New Hampshire
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Kathy A. Bizarro-Thunberg
(Signature of lobbyist)

 9/9/15
(Date)

Kathy Bizarro-Thunberg
(Print Name of lobbyist)