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

OCT 2 8, 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

# PLEASE PRINT

| I. Name of Lobbyist(s) Christine Cooney   |                           | ·                                  |
|---|---------------------------|------------------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if any: Cigna Corporate Services, LLC  |                           |                                    |
| (Name of partnership, firm or corporation)  | СТ                        | 06000                              |
| 900 Cottage Grove Rd., B6LPA Bloomfield   | CT                        | 06002                              |
| Business Address: (Street) (Town/City)  | (State)                   | (Zip Code)<br>@CignaHeaithcare.com |
| ( ) 804-904-3473 ( ) (Fax)  | e-mail                    |                                    |
| III. This statement covers: (Choose one – file separate reports for each reportable expense transactions which are not attributable to any one  All reportable transactions occurring in the months prior to the report   | e client).                |                                    |
| Cigna Corporate Services, LLC   | ing date relative to the  | ionowing onem.                     |
| (Full Name of Client as it appears on the Lobbyist Reg  | istration Form)           |                                    |
| OR  | isuauon roini)            |                                    |
| All reportable transactions by the lobbyist (including the lobbyist's far<br>unrelated to any particular client.  | mily), or the lobbying f  | īrm listed below which are         |
| October 30, 2024 X Jan  | July 31, 2024             |                                    |
| V. There have been no fees received and no reportable transact If this box is checked, complete just this form and submit it to the Secreta 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 Adder  ☐ If you have paid an honorarium or reimbursed expenses, you must file Expense Reimbursement  X If you, your firm, or your family has made political contributions, you | le Addendum B– Repo       | ort of Honorariums or              |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swe and complete to the best of my knowledge and belief.  (Signature of lobbyist)  Christine Cooney  (Print Name of lobbyist)   | ear or affirm that the fo | regoing information is true        |

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Christine Cooney  | <u> </u>  |
|--|---|
| II. Name of lobbyist's partnership, firm or corporation, if any:  Cigna Corporate Services, LLC  (Name of partnership, firm or corporation)  |   |
| III. Name of Client Cigna Corporate Services, LLC  | Date <u>October 30, 2024</u>  |
| 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 groreduced by any expenses:   | relations, or public relations service  |
| a) Total of all fees received in this reporting period   | a) \$_0   |
| 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 ye  | b) \$ <u>0</u>  |
| c) Total of all fees received to date (Add lines a and b)  | c) \$ _0  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$_0   |
| V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reportees. 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 mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditured under the cost was \$25.00 or less, purchase of a pen with a value of less being 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. | lient and if expenditures are made by any be filed for the lobbyist(s)/firm aggregate total of all expenses pai penses; (b) the aggregate total of a expenses; (b) the aggregate total of a expense purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); and ting period of greater than \$25.00 for expense reimbursement, or political 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) \$ 5,079.65  |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  | b) \$ <u>24.64</u>  |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$ _0.00   |

| d) Total expenses for this reporting period (Add lines a, b and c)  | d) \$ <u>5,104.29</u>                               |
|---|---|
| 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) \$ 14,546.82                                     |
| f) Total of all expenses year to date   | f) \$ 19,651.11                                     |
| VI. Other Expenses:<br>Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.             | obbying fees during this reporting                  |
| Paid to:  | Amount:   |
| None  | \$  |
|   | \$  |
|   | \$  |
|   | \$  |
| ·   | \$  |
|   | \$  |
| ·   |   |
| 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.  (Signature of lobbyist) | n that the foregoing information  / 0/24/364 (Date) |
| Christine Cooney (Print Name of lobbyist)   |   |
| (First Ivanie of foodylst)  |   |

| I. Name of Lobbyist(s) Ch  | ristine Cooney  |                         |  |
|--|---|-------------------------|--|
| II. Name of lobbyist's par   | tnership, firm or cor   | poration, if any:       |  |
| Cigna Corporate Serv   | ices, LLC   |                         |  |
|  | nership, firm or corporation)   | <del>- 4</del>          |  |
| III. Name of Client _ Cigna  | Corporate Service   | es, LLC<br>             | <sub>Date</sub> October 30, 2024   |
| Political Contributions For each political contribut client/lobbyist and lobbyin |   |                         | pter 664 paid on behalf of the   |
| Full name of candidate: Namount of contribution \$                               | (Last Name)   | (First Name)            | se Democrats (Middle Name/Initial) Ing House of Reps.                          |
| If the contribution is an in-kin   | d contribution, provide a   | description of the goo  | ds or services provided, and enter the ution. If the actual cost is not known, |
| Full name of candidate:  | IH Senate De  | mocratic Cau            | cus  |
| Amount of contribution \$ 25   | (Last Name)   | (First Name)            | (Middle Name/Initial)  |
| If the contribution is an in-kin   | d contribution, provide a ribution on the line abov he word "estimate." | e for amount of contrib | ds or services provided, and enter the ution. If the actual cost is not known, |
| Full name of candidate:  | Watters   | David                   |  |
|  | (Last Name)   | (First Name)            | (Middle Name/Initial)  |
| Amount of contribution \$ 50   | JU.UU   | Office Candidate is See | Senator  |

| actua | l cost | of the | in-kind contr | d contribution<br>ribution on the<br>he word "estin | e line above | description of for amount | of the goods<br>of contribut | or services pro<br>tion. If the actu | ovided, and ent<br>aal cost is not k | er the<br>nown, |
|-------|--------|--------|---------------|---|--------------|---------------------------|------------------------------|--------------------------------------|--------------------------------------|-----------------|
|       |        |        |               |   |              |                           |                              |                                      |                                      |                 |
|       |        |        |               |   |              |                           |                              |                                      |                                      |                 |
|       |        |        |               | • •   |              |                           |                              |                                      | <del></del>                          |                 |
|       |        |        |               |   |              |                           |                              |                                      |                                      |                 |
|       |        |        |               |   |              |                           |                              |                                      |                                      |                 |

| P                | I. Name of Lobbyist(s) Christine Cooney   |
|------------------|---|
| L<br>E           | II. Name of lobbyist's partnership, firm or corporation, if any:  |
| A<br>S<br>E      | Cigna Corporate Services, LLC (Name of partnership, firm or corporation)  |
| P                | III. Name of Client Cigna Corporate Services, LLC Date Oct. 30, 2024  |
| R<br>I<br>N<br>T | 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 (Last Name) (First Name) (Middle Name/Initial)  |
|                  | Amount of contribution \$ 1,000.00 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: Perkins-Kwoka Rebecca (Last Name) (First Name) (Middle Name/Initial)  |
|                  | Amount of contribution \$ 1,000.00 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: Prentiss Suzanne  |
|                  | (Last Name) (First Name) (Middle Name/Initial)  |
|                  | Amount of contribution \$ 500.00 Office Candidate is Seeking Sentor   |

| he contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th<br>ual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know<br>er an estimated value and the word "estimate." |   |
|--|---|
| er an estimated value and the word "estimate,"   |   |
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|  |   |
|  |   |
| more than three contributions were made, report additional contributions on separate addendum C forms.)  | - |

| I. Name of Lobbyist(s) Christine Cooney   |
|---|
| II. Name of lobbyist's partnership, firm or corporation, if any:  |
| Cigna Corporate Services, LLC   |
| (Name of partnership, firm or corporation)  III. Name of Client Cigna Corporate Services, LLC Date October 30, 2024   |
| 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: Altschiller Debra   |
| (Last Name) (First Name) (Middle Name/Initial)  |
| Amount of contribution \$ 500.00 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." |
|   |
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|   |
| Full name of candidate: Fenton Donovan  (Last Name) (First Name) (Middle Name/Initial)  |
| Amount of contribution \$ 500.00 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." |
|   |
|   |
| Ett. Chandley Observed  |
| Full name of candidate: Chandley Shannon  (Last Name) (First Name) (Middle Name/Initial)  |
| Amount of contribution \$ 500.00 Office Candidate is Seeking Senator  |

| actual cost of | f the in-kir | d contribution and the wor | n on the line | above for an | ount of contrib | oution. If the ac | provided, and enter<br>ctual cost is not kno | wn, |
|----------------|--------------|----------------------------|---------------|--------------|-----------------|-------------------|--|-----|
|                |              |                            |               |              |                 |                   |  |     |
|                |              |                            |               |              |                 |                   | <del></del>                                  |     |
|                |              |                            |               |              |                 |                   |  |     |

|  |  | oney                                      |   |
|--|--|---|---|
| II. Name of lobbyist's pa  | artnership, firm or c  | orporation, if any:                       |   |
| Cigna Corpo  | rate Services  | LLC                                       |   |
| III. Name of ClientC   | igna Corporat  | te Services, LLC                          | Date October 30, 202  |
| Full name of candidate:  |  | Mary Jane                                 |   |
| Amount of contribution \$  | (Last Name)  | (First Name)  Office Candidate is Seeking | (Middle Name/Initial)  Representative                                     |
| If the contribution is an in-k   | kind contribution, provi   | de a description of the goods             | or services provided, and enter the ion. If the actual cost is not known, |
|  |  |   |   |
|  |  | <del>_</del>                              |   |
| E 11   | Milholm  | Matthau                                   |   |
| Full name of candidate:  | Wilhelm<br>(Last Name)   | Matthew<br>(First Name)                   | (Middle Name/Initial)   |
| Full name of candidate:  Amount of contribution \$ 1                                     | (Last Name)  |   |   |
| Amount of contribution \$ 1  | (Last Name) ,000.00  kind contribution, proviontribution on the line al                          | (First Name)  Office Candidate is Seeki   |   |
| Amount of contribution \$ 1  If the contribution is an in-kactual cost of the in-kind co | (Last Name) ,000.00  kind contribution, proviontribution on the line al                          | (First Name)  Office Candidate is Seeki   | ng Representative or services provided, and enter the                     |
| Amount of contribution \$ 1  If the contribution is an in-kactual cost of the in-kind co | (Last Name) ,000.00  kind contribution, proviontribution on the line al                          | (First Name)  Office Candidate is Seeki   | ng Representative or services provided, and enter the                     |
| Amount of contribution \$ 1  If the contribution is an in-kactual cost of the in-kind co | (Last Name)  ,000.00  sind contribution, provious tribution on the line ald the word "estimate." | (First Name)  Office Candidate is Seeki   | ng Representative or services provided, and enter the                     |

| If the contribution is an in-kind contribution, provide a description of the g<br>actual cost of the in-kind contribution on the line above for amount of cont<br>enter an estimated value and the word "estimate." | • * |
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| I. Name of Lobbyist(s) _   | Christine Cod            | oney                                   |  |
|--|--------------------------|--|--|
| II. Name of lobbyist's p   | partnership, firm or     | corporation, if any:                   |  |
| Cigna Corpo  | orate Services           | s, LLC                                 |  |
| _  | _                        |  |  |
| Political Contribution For each political contr client/lobbyist and lobb | ibution that is reportab | ole pursuant to RSA Chapter following: | 664 paid on behalf of the  |
| Full name of candidate:  |                          | David                                  |  |
|  | (Last Name)              | (First Name)                           | (Middle Name/Initial)  |
| Amount of contribution \$  | <u>250.00</u>            | Office Candidate is Seeking            | <u>Senator</u>   |
| <u>.</u>   |                          | ,                                      |  |
| Full name of candidate:  | Reardon (Last Name)      | Tara<br>(First Name)                   | (Middle Name/Initial)  |
| Amount of contribution \$  | , , ,                    | Office Candidate is Seeking            | ,  |
| If the contribution is an in-  | kind contribution, provi | de a description of the goods or       | services provided, and enter the n. If the actual cost is not known, |
| Full name of candidate:  | Spier                    | Carrie                                 |  |
|  | (Last Name)              | (First Name)                           | (Middle Name/Initial)  |
| Amount of contribution \$  | 500.00                   | Office Candidate is Seeking            | 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." |  |
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|   |  |

|   | Cigna Corporate Services, LLC (Name of partnership, firm or corporation)  |
|---|---|
|   | III. Name of Client Cigna Corporate Services, LLC Date October 30, 2  |
|   | 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: Ayotte Kelly  (Last Name) (First Name) (Middle Name/Initial)  |
|   | Amount of contribution \$ 2,000.00 Office Candidate is Seeking Governor   |
| _ | Full name of candidate: Committee to Elect House Republicans  |
|   | (Last Name) (First Name) (Middle Name/Initial)  |
| Ι | Amount of contribution \$2,500,00 Office Candidate is Seeking House of Reps.  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." |
| E | chief all estimated value and the word estimate.  |

| If the contribution is an in-kind contribution, provide a description of the g actual cost of the in-kind contribution on the line above for amount of cont enter an estimated value and the word "estimate." |          |
|---|----------|
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| 1. Name of Lobbyist(s)   | <u>Christine Coc</u>        | oney  |                              |               |  |  |  |
|--|-----------------------------|---|------------------------------|---------------|--|--|--|
| II. Name of lobbyist's   | partnership, firm or o      | corporation, if any:  |                              |               |  |  |  |
| S Cigna Corporate Services, LLC (Name of partnership, firm or corporation)         |                             |   |                              |               |  |  |  |
| III. Name of Client  | igna Corporat               | e Services, LLC   | Date October                 | <u>30,</u> 20 |  |  |  |
| Political Contribution<br>For each political cont<br>client/lobbyist and lob       |                             | ole pursuant to RSA Chapter 6 following:                          |                              | ,-            |  |  |  |
| Full name of candidate   | E Gannon (Last Name)        | Bill (First Name)   | (Middle Name/Initial)        |               |  |  |  |
| Amount of contribution 5   | , , , ,                     | Office Candidate is Seeking S                                     | ,                            |               |  |  |  |
|  |                             |   |                              | <u> </u>      |  |  |  |
| Full name of candidate   | : Gray(Last Name)           | James<br>(First Name)   | (Middle Name/Initial)        |               |  |  |  |
| Amount of contribution \$  | 500.00                      | Office Candidate is Seeking                                       | <u> </u>                     |               |  |  |  |
| If the contribution is an in actual cost of the in-kind enter an estimated value a | contribution on the line al | de a description of the goods or bove for amount of contribution. | services provided, and enter | the<br>own,   |  |  |  |
| Full name of candidate:  | Ricciardi                   | Denise  |                              |               |  |  |  |
|  | (Last Name)                 | (First Name)  | (Middle Name/Initial)        |               |  |  |  |
| Amount of contribution \$  | 500.00                      | 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." |  |
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| I. Name of Lobbyist(s)  |  |  | •   |
|---|--|--|---|
| II. Name of lobbyist's pa   | artnership, firm or c  | corporation, if any:   |   |
| _ Cigna Corpo   | rate Services  | s, LLC   |   |
| (Name of pa   | artnership, firm or corporatio   | on)  |   |
| III. Name of Client   | <u>igna Corpora</u>  | te Services, LLC   | Date_ <u>October 30, 20</u>                                     |
| <b>Political Contributions</b>  |  |  |   |
| client/lobbyist and lobby   | oution that is reportabing firm, indicate the  | ole pursuant to RSA Chapter following:   | 664 paid on behalf of the                                       |
|   |  |  |   |
|   |  |  |   |
| Full name of candidate:   |  | Keith  |   |
|   | (Last Name)  | (First Name)   | (Middle Name/Initial)   |
| Amount of contribution \$ _   | 500.00   | Office Candidate is Seeking  | <u>Senator</u>  |
| · · · · · · · · · · · · · · · · · · ·   | actionation on tile tille a  | pove for amount of contribution  | <ul> <li>If the actual cost is not known.</li> </ul>            |
| enter an estimated value and  | I the word "estimate."   | bove for amount of contributio   | n. If the actual cost is not known,                             |
| enter an estimated value and  | the word "estimate." Pearl   | Howard   |   |
| enter an estimated value and  | Pearl (Last Name)  | Howard (First Name)  | (Middle Name/Initial)   |
| Full name of candidate:   | Pearl (Last Name)  | Howard   | (Middle Name/Initial)   |
| Full name of candidate:  Amount of contribution \$ 5  If the contribution is an in-kactual cost of the in-kind contribution contribution is an in-kind contribution in-kind contribution in-kind contribution in-kind contribution in-kind contribution in-kind contribut | Pearl (Last Name) 600,00 ind contribution, providentribution on the line al                        | Howard (First Name)  Office Candidate is Seeking   | (Middle Name/Initial)   |
| Full name of candidate:  Amount of contribution \$ 5  If the contribution is an in-k actual cost of the in-kind counter an estimated value and  | Pearl (Last Name) 600,00 ind contribution, provident ribution on the line all the word "estimate." | Howard (First Name)  Office Candidate is Seeking the a description of the goods of bove for amount of contribution | (Middle Name/Initial)  Senator  services provided and enter the |
| Full name of candidate:  Amount of contribution \$ 5  | Pearl (Last Name) 600,00 ind contribution, provident ribution on the line all the word "estimate." | Howard (First Name)  Office Candidate is Seeking   | (Middle Name/Initial)  Senator                                  |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter 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." |  |
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| ,  |  |
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| hristine Cooney  |  | <u></u>  |
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| artnership, firm or c  | corporation, if any:   |  |
| rvices, LLC  |  |  |
| • • •  | •  |  |
| a Corporate Serv   | rices, LLC   | <sub>Date</sub> October 30, 2024   |
|  |  | r 664 paid on behalf of the  |
| Carson<br>(Last Name)  | Sharon (First Name)  | (Middle Name/Initial)  |
| 500 00   | Office Candidate is Seeking  | Senator  |
| ntribution on the line ald the word "estimate."                                | bove for amount of contribution  | on. If the actual cost is not known,   |
| Innis<br>(Last Name)   | Daniel<br>(First Name)   | (Middle Name/Initial)  |
| 500.00   | Office Candidate is Seekir   | s <u>Senator</u>   |
| ind contribution, provion<br>ntribution on the line at<br>the word "estimate." | de a description of the goods o | or services provided, and enter the on. If the actual cost is not known,   |
|  |  |  |
|  |  |  |
| Lang<br>(Last Name)  | Tim<br>(First Name)  | (Mîddle Name/Initial)  |
|  | cartnership, firm or corporation and Corporate Servention that is reportable ing firm, indicate the Carson (Last Name)  Carson (Last Name)  The word "estimate."  Innis (Last Name)  Coo.00  Ind contribution, provident in the word "estimate."   | retnership, firm or corporation, if any:  rvices, LLC annership, firm or corporation)  ra Corporate Services, LLC  rution that is reportable pursuant to RSA Chapter  ring firm, indicate the following:  Carson  (Last Name)  (First Name)  Contribution, provide a description of the goods on the line above for amount of contribution on the line above for amount of contribution on the line above for amount of contribution on the line above for amount of the goods of the contribution on the line above for amount of contribution on the line above for amount of the goods of the contribution on the line above for amount of contribution on the line abov |

| If the contribution is an in-kind contribution, provide a desc<br>actual cost of the in-kind contribution on the line above for<br>enter an estimated value and the word "estimate." | • |
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| I. Name of Lobbyist(s) _(   | Christine Cooney                 |   |  |
|---|----------------------------------|---|--|
| II. Name of lobbyist's p  | artnership, firm or              | corporation, if any:  |  |
| Cigna Corporate Se  | ervices, LLC                     |   |  |
| (Name of  | partnership, firm or corporation | on)   | -  |
| III. Name of Client Cig   | na Corporate Ser                 | vices, LLC  | _ <sub>Date</sub> <u>October</u> 30, 2024                              |
| Political Contributions<br>For each political contri<br>client/lobbyist and lobby             | bution that is reportal          | ole pursuant to RSA Chapter<br>e following:                           | 664 paid on behalf of the  |
| Full name of candidate:   | Birdsell                         | Regina  |  |
|   | (Last Name)                      | (First Name)  | (Middle Name/Initial)  |
| Amount of contribution \$   | 500.00                           | Office Candidate is Seeking   | <u>Senator</u>   |
|   | ontribution on the line a        |   | r services provided, and enter the n. If the actual cost is not known, |
| Full name of candidate:   |                                  | Sherman   |  |
| Amount of contribution \$   | (Last Name)<br>1,000.00          | (First Name) Office Candidate is Seeking                              | (Middle Name/Initial)  Representative                                  |
| If the contribution is an in-<br>actual cost of the in-kind of<br>enter an estimated value an | ontribution on the line a        | ide a description of the goods or<br>above for amount of contribution | r services provided, and enter the n. If the actual cost is not known, |
| Full name of candidate:   | Potucek                          | John  |  |
| run name of candidate:  | I OLUCEN                         |   |  |
|   | (Last Name)                      | (First Name)  | (Middle Name/Initial)  |

| actual cost of the<br>enter an estimate | in-kind contri | bution on the I | ine above for a | amount of contri | ibution. If the a | provided, and enter the ctual cost is not known, |
|---|----------------|-----------------|-----------------|------------------|-------------------|--|
|   |                | <del></del>     |                 |                  |                   |  |
|   |                |                 |                 |                  |                   |  |
|   |                |                 |                 |                  |                   |  |

| 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:   Hunt  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution \$ 500.00  Office Candidate is Seeking  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:   Osborne  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution \$ 500.00  Office Candidate is Seeking  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:   Infantine  Will  (Last Name)  (Middle Name/Initial)  | 1. Name of Lobbyist(s)   | hristine Cooney  |                                 |  |  |  |  |  |
|--|--|--|---------------------------------|--|--|--|--|--|
| (Name of partnership, firm or corporation)  III. Name of Client Cigna Corporate Services, LLC  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: Hunt  (Last Name)  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution \$ 500.00  Office Candidate is Seeking 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: Osborne  (Last Name)  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of 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: Infantine  (Last Name)  (First Name)  (Middle Name/Initial)  (Middle Name/Initial)  (Middle Name/Initial)   | II. Name of lobbyist's p                                       | II. Name of lobbyist's partnership, firm or corporation, if any: |                                 |  |  |  |  |  |
| 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: Hunt John  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking 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: Osborne Jason  (Last Name) Office Candidate is Seeking Representative  If the contribution \$ 500.00 Office Candidate is Seeking 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 in 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: Infantine Will  (Last Name) (First Name) (Middle Name/Initial)   | Cigna Corporate Se   | Cigna Corporate Services, LLC                                    |                                 |  |  |  |  |  |
| 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:     Hunt  |  | •  |                                 | · .  |  |  |  |  |
| Full name of candidate:     Source   Clast Name   Clast N | III. Name of Client Cig  | na Corporate Serv  | ices, LLC                       | Date October 30, 2024  |  |  |  |  |
| (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking 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: Osborne Jason  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking 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: Infantine Will (Last Name) (Middle Name/Initial)  | For each political contri                                      | bution that is reportabl   |                                 | 664 paid on behalf of the  |  |  |  |  |
| Amount of contribution \$ 500.00 Office Candidate is Seeking 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: Osborne (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking 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: Infantine (Last Name) (Middle Name/Initial)  | Full name of candidate:  |  |                                 | OCIAL No. of the St.   |  |  |  |  |
| 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:     Osborne  |  |  |                                 |  |  |  |  |  |
| Full name of candidate: Osborne Jason  (Last Name) (First Name) (Middle Name/Initial)  Amount of 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: Unfantine   Will    (Last Name) (First Name) (Middle Name/Initial)   | Amount of contribution \$                                      | <u> </u>   | Office Candidate is Seeking     | <u>kepresentativ</u> e   |  |  |  |  |
| (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 500.00 Office Candidate is Seeking 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: Infantine   Will   (Last Name) (First Name) (Middle Name/Initial)   | actual cost of the in-kind co                                  | ontribution on the line al                                       | de a description of the goods o | r services provided, and enter the n. If the actual cost is not known, |  |  |  |  |
| 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:    Infantine   Will   (Last Name)   (Middle Name/Initial)  | Full name of candidate:  |  |                                 | (Middle Name/Initial)  |  |  |  |  |
| 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:     Infantine  | Amount of contribution \$ !                                    | 500.00   | Office Candidate is Seeking     | Representative   |  |  |  |  |
| (Last Name) (First Name) (Middle Name/Initial)   | If the contribution is an in-<br>actual cost of the in-kind co | kind contribution, providentribution on the line ab              | de a description of the goods o | r services provided, and enter the                                     |  |  |  |  |
|  | Full name of candidate:  |  |                                 | (Middle Non-Alice)   |  |  |  |  |
| Amount of contribution \$ 500 00 Office Candidate is Seeking 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." |  |              |             |  |  |  |
|---|--|--------------|-------------|--|--|--|
|   |  | <del>-</del> | <del></del> |  |  |  |
|   |  |              | ···         |  |  |  |

| I. Name of Lobbyist(s)   | Christine Cooney                 | <u> </u>  |  |
|--|----------------------------------|---|--|
| II. Name of lobbyist's p   | partnership, firm or             | corporation, if any:  |  |
| Cigna Corporate So   | ervices, LLC                     | •   |  |
|  | partnership, firm or corporation | on)   |  |
| III. Name of Client Cig  | na Corporate Sen                 | vices, LLC  | <sub>Date</sub> October 30, 2024   |
| Political Contribution:<br>For each political contri<br>client/lobbyist and lobb             | bution that is reportab          | ole pursuant to RSA Chap<br>e following:                      | ter 664 paid on behalf of the  |
| Full name of candidate:  | Cole (Last Name)                 | Brian (First Name)  | (Middle Name/Initial)  |
| Amount of contribution \$  | ,                                | ,   | g Representative   |
| If the contribution is an in-<br>actual cost of the in-kind c<br>enter an estimated value an | ontribution on the line a        | ide a description of the good<br>above for amount of contribu | s or services provided, and enter the tion. If the actual cost is not known, |
| Full name of candidate:  |                                  | Keith   |  |
| Amount of contribution \$  | (Last Name)<br>250.00_           | (First Name) Office Candidate is Seek                         | (Middle Name/Initial) sing Representative                                    |
| If the contribution is an in-<br>actual cost of the in-kind center an estimated value are    | ontribution on the line a        | de a description of the goods                                 | s or services provided, and enter the tion. If the actual cost is not known, |
|  |                                  |   |  |
| <del></del>  |                                  |   | <del></del>  |
| Full name of candidate:  | Edwards<br>(Last Name)           | Jess<br>(First Name)  |  |
|  | (Lastinaine)                     |   |  |
| Amount of contribution \$  | ,                                | Office Candidate is Seek                                      | (Middle Name/Initial) ing Representative                                     |

| ctual cost of the in | is an in-kind contribution on the second in | n the line above fo |       |             |  |
|----------------------|---|---------------------|-------|-------------|--|
|                      |   |                     | <br>- |             |  |
|                      |   |                     |       | <del></del> |  |
|                      |   |                     | <br>  |             |  |

| P                | I. Name of Lobbyist(s) Christine Cooney  II. Name of lobbyist's partnership, firm or corporation, if any:   |  |  |  |  |
|------------------|---|--|--|--|--|
| L<br>E           |   |  |  |  |  |
| A<br>S           | Cigna Corporate Services, LLC   |  |  |  |  |
| Ē                | (Name of partnership, firm or corporation)  |  |  |  |  |
| P                | III. Name of Client Cigna Corporate Services, LLC Date October 30, 2024   |  |  |  |  |
| R<br>I<br>N<br>T | 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: Post Lisa  (Last Name) (First Name) (Middle Name/Initial)   |  |  |  |  |
|                  | Amount of contribution \$ 250.00 Office Candidate is Seeking 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: Kenney Joseph (Last Name) (First Name) (Middle Name/Initial)  |  |  |  |  |
|                  | Amount of contribution \$ 400.00 Office Candidate is Seeking Exec. Council  |  |  |  |  |
|                  | 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: Stevens Janet  (Last Name) (First Name) (Middle Name/Initial)   |  |  |  |  |
|                  | Amount of contribution \$ 400.00 Office Candidate is Seeking Exec. Council  |  |  |  |  |

| the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the tual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ter an estimated value and the word "estimate." |  |
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|   |  |
|   |  |
|   |  |

| I. Name of Lobbyist(s) Ch  | ristine Cooney                |   |  |  |  |
|--|-------------------------------|---|--|--|--|
| II. Name of lobbyist's par   |                               |   |  |  |  |
| Cigna Corporate Sen  | vices, LLC                    | •   |  |  |  |
|  | tnership, firm or corporation | ·   |  |  |  |
| III. Name of Client Cigna  | a Corporate Sen               | vices, LLC  | Date October 30, 2024  |  |  |
| Political Contributions  For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of client/lobbyist and lobbying firm, indicate the following: |                               |   |  |  |  |
| Full name of candidate:  | Stephen<br>(Last Name)        | John<br>(First Name)  | (Middle Name/Initial)  |  |  |
| Amount of contribution \$ 4  | 00.00                         | Office Candidate is Seeking   | ,  |  |  |
| If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and  | tribution on the line a       | de a description of the goods o<br>bove for amount of contributio   | r services provided, and enter the n. If the actual cost is not known, |  |  |
| Full name of candidate:  | Wheeler<br>(Last Name)        | David (First Name)  | (Middle Name/Initial)  |  |  |
| Amount of contribution \$ 4  | 00.00                         | Office Candidate is Seeking   | Exec. Council  |  |  |
| If the contribution is an in-kir<br>actual cost of the in-kind cont<br>enter an estimated value and t  | ribution on the line al       | de a description of the goods or<br>bove for amount of contribution | r services provided, and enter the n. If the actual cost is not known, |  |  |
| 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   |   |
| 1 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)  (Date)  (Print Name of lobbyist)  |   |

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