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

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Brendan W. Williams

	(Name of partnership, fire	n or corp	oration)	F-95.	***
5	Sheep Davis F	Road	Pembroke	NH	03275
siness A	ddress: (Street)	_R	(Town/City)	(State)	(Zip Code)
, 60	03-226-4900	΄ γ		_{e-mail} bwilliams	@nhhca.org
/(Telephone)	` '_	(Fax)		
. This s	tatement covers: (Choose on	e – file s	eparate reports for e	ach client. OR you may	file a senarate re
portable	e expense transactions which	are not	attributable to any	one client).	and a soparate top
A 11			54 · 8 54		
All rep	ortable transactions occurring	in the m	onths prior to the repo	orting date relative to the	following client:
)R	(Full Name of Clie	nt as it ap	pears on the Lobbyist R	egistration Form)	
_	ortable transactions by the labb	rrict (inc	ludina tha labbriatia	Samiles on the Indianal C	1:-4 - J 1 - J J
related	ortable transactions by the lobb to any particular client.	yist (inc.	luding the lobbyist's i	amily), or the loobying if	rm listed below wh
	■ And on Excitation to Section to the Control of			<u> 985 </u>	
	f Report April 30, 202	5		July 30, 2025	
eports cov	er: activity from date of registra	tion to 3/	31/25 activi	ty from 4/1/25 to 6/30/25	
	October 29, 202			anuary 28, 2026	
	activity from 7/1/25 to 9	0/30/25	activity	from 10/1/25 to 12 /31/2 5	
. There	have been no fees received	l and n	n ranartahla trans	actions made since the	last roport
this box	is checked, complete just this f	orm and	submit it to the Secre	tary of State's Office. 107	North Main Stree
ate Hous	e, Room 204, Concord, NH 03	301.			
		achad.			
[Check	if additional reports are atte			•	
	if additional reports are atta have received fees or made ex		ec von must file Add	andum A. Foos and Evn.	ancac
If you	have received fees or made ex	penditur			
If you If you		penditur			
If you If you pense R	have received fees or made ex have paid an honorarium or re eimbursement	penditur imbursed	d expenses, you must	file Addendum B- Repo	rt of Honorariums
If you If you opense R	have received fees or made ex have paid an honorarium or re	penditur imbursed	d expenses, you must	file Addendum B- Repo	rt of Honorariums
If you If you xpense R	have received fees or made ex have paid an honorarium or re eimbursement	penditur imbursed	d expenses, you must	file Addendum B- Repo	rt of Honorariums
If you If you kpense R If you,	have received fees or made ex have paid an honorarium or re eimbursement your firm, or your family has	penditur imbursed made po	d expenses, you must	file Addendum B- Repo	rt of Honorariums
If you If you kpense R. If you, If you, worn Stanave read	have received fees or made ex have paid an honorarium or re eimbursement your firm, or your family has tement/Affirmation by Lobb RSA 15, RSA 15-B, RSA 14-	penditur imbursed made po	d expenses, you must litical contributions, y SA 664 and hereby sy	file Addendum B – Repo you must file Addendum	rt of Honorariums C- Political Contr
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If you If you keepense R. If you, If you, If you, worn Standad complete	have received fees or made ex have paid an honorarium or re eimbursement your firm, or your family has tement/Affirmation by Lobb RSA 15, RSA 15-B, RSA 14-	penditur imbursed made po	d expenses, you must litical contributions, y SA 664 and hereby sy	file Addendum B- Repovou must file Addendum wear or affirm that the for	rt of Honorariums C- Political Contr egoing information
If you If you spense R. If you, If you, vorn Stanave read do comple	have received fees or made ex have paid an honorarium or re eimbursement your firm, or your family has tement/Affirmation by Lobb RSA 15, RSA 15-B, RSA 14-ete to the best of my-knowledge	penditur imbursed made po	d expenses, you must litical contributions, y SA 664 and hereby sy	file Addendum B- Repo you must file Addendum wear or affirm that the for	rt of Honorariums C- Political Control egoing information

Brendan W. Williams

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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(Name of partnership, firm or corporation)	¥ - 50
III. Name of Client	Date 10/29/25
IV. Fees Received	
Indicate the gross amount of all fees received from the client identified a	bove that are related, directly or indirectly
to lobbying, including fees for services such as public advocacy, govern-	ment relations, or public relations service
including research, monitoring legislation, and related legal work. Th reduced by any expenses:	e gross fee amount reported shall not t
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting peri	iod b) \$
(This should equal the total of all prior monthly reports for this calend	lar year)
c) Total of all fees received to date	
(Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not	
yet been paid	d) \$
V. Expenses:	5
Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to	
fees. Separate reports are to be filed for expenditures made relative to e the lobbyist(s)/firm that are unrelated to any one client a separate rep	ach client and it expenditures are made b
Expenses are to be reported in one of three categories of expenses: (a	of the aggregate total of all expenses no
during the reporting period for salaries, benefits, support staff, and office	ce expenses: (b) the aggregate total of a
individual expenses where the expenditure was of \$25.00 or less (for ex-	ample: meals purchased during a busine
lunch where the cost was \$25.00 or less, purchase of a pen with a value	of less than \$10 that is given to the person
being lobbied, purchase of a ceremonial object given to a person being lo	obbied with a value of \$25.00 or less); ar
(c) an itemized statement of each individual expenditure made during this	reporting period of greater than \$25.00 f
any purpose not covered by (a) (for example: purchase of a meal with	value of greater than \$25, purchase of
ceremonial object to be given to the subject of lobbying with a value g	
restaurant expenses for a legislative reception). Expenses for honorari	ums, expense reimbursement, or politic
contributions will be reported on separate addendums and should not be re	eported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	_{a) \$} 5537	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь) \$	
a) Total of all iteminates and the second of	0	

c) Total of all itemized expenditures reported in detail in section VI.

a) Total aggregate expenses for this reporting period for salaries, benefits,

b) \$	0	
c) \$	0	a 100-005

d) Total expenses for this reporting period	_{d)} \$ 5537
(Add lines a, b and c)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) \$ 8475
f) Total of all expenses year to date	_{f)} \$ 14,012
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:
	\$
<u> </u>	\$
	\$
	\$
	\$
	\$
,	
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
	10/29/25
(Signature of lobbyist)	(Date)
Brendan W. Williams	•
(Print Name of lobbyist)	

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

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P	I. Name of Lobbyist(s) Brendan W. Williams		<u></u>
L E	II. Name of lobbyist's partnership, firm or corpo	oration, if any:	
AS	New Hampshire Health Care Association		
E	(Name of partnership, firm or corporation)		-
P	III. Name of Client		Date 10/29/25
R I Ñ T	Political Contributions For each political contribution that is reportable puclient/lobbyist and lobbying firm, indicate the following firm.		64 paid on behalf of the
	Full name of candidate: Howard Pearl (Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$ 150 Offi	ice Candidate is Seeking	Senate
	If the contribution is an in-kind contribution, provide a actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	description of the goods or for amount of contribution	services provided, and enter the . If the actual cost is not known,
	Full name of candidate: Daryl Abbas (Last Name)	(First Name)	(Middle Name/Initial)
-			Senate
	If the contribution is an in-kind contribution, provide a cactual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	description of the goods or	services provided, and enter the
	Full name of candidate: Lang	Tim	
	(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$ 260.73	Office Candidate is Seeking	Senate

		-
· · · · · · · · · · · · · · · · · · ·		-
(If more than three contributions were made, re	port additional contributions on sep	arate addendum C forms.)
Sworn Statement/Affirmation by Lo	bbyist	
Sworn Statement/Affirmation by Lor I have read RSA 15, RSA 15-B and RS is true and complete to the best of my k	SA 664 and hereby swear or a	ffirm that the foregoing inform
I have read RSA 15, RSA 15-B and RS	SA 664 and hereby swear or a	ffirm that the foregoing inform

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

I: Name of Lobbyist(s) Bren	dan W. Williams		
II. Name of lobbyist's partn	ership, firm or cor	poration, if any:	
New Hampshire Health	Care Association	n	
	rship, firm or corporation)		 -
III. Name of Client			Date 10/29/25
Political Contributions	9		
For each political contribution client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate: Ke	elly Ayotte	(First Name)	(Middle Name/Initial)
200		N N	
Amount of contribution \$ 208	5.20	Office Candidate is Seeki	ng Governor
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is See	eking
If the contribution is an in-kind actual cost of the in-kind contri enter an estimated value and the	bution on the line abo	ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(A) (A)	mi vi	COLUMN AT A STATE OF
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$			

	escription of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above f enter an estimated value and the word "estimate."	or amount of contribution. If the actual cost is not known
(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	4
I have read RSA 15, RSA 15-B and RSA 664 and h is true and complete to the best of my knowledge an	ereby swear or affirm that the foregoing information and belief.
	44
	10/29/25
(Signature of lobbyist)	(Date)
Brendan W. Williams	
(Print Name of lobbyist)	-

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